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ABSTRACT

This study was designed to identify areas in the vocational rehabilitation (VR) field in which long-term training is likely to alleviate existing labor shortages and areas in which short-term training is critically necessary to ensure adequate service to VR clients. The study sought to paint a national picture of training needs affecting individuals eligible for state VR services. Data were collected in 1992 from 80 state VR directors, 402 facilities, 139 centers for independent living, and 48 client assistance programs. Highlights of the findings include: (1) the number of rehabilitation professionals employed by state agencies was relatively stable over the previous year, while providers of purchased services to state VR clients reported growth; (2) personnel shortages that could be alleviated by increasing long-term training opportunities include general rehabilitation counselors, counselors for the deaf, and orientation and mobility specialists; (3) possible shortages of outside providers exist in the areas of orientation/mobility specialists, rehabilitation engineers, technology specialists, and interpreters for the deaf; and (4) directors of state agencies reported critical training needs in the areas of general rehabilitation counselors, counselors for the deaf, orientation/mobility specialists, rehabilitation administrators, blindness specialists, rehabilitation teachers, and vocational evaluators. Appendices include 20 tables of survey data, 13 figures, and copies of survey forms. (JDD)

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FINAL REPORT

Jon Cohen
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FINAL REPORT

**Jon Cohen
Diane Pelavin**

September 1992

Prepared for the Office of Policy
and Planning
U.S. Department of Education
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COTR: Robert Barnes

**PELAVIN ASSOCIATES, INC.
2030 M Street, N.W., Suite 800
Washington, D.C. 20036**

EXECUTIVE SUMMARY

Pelavin Associates conducted the *1992 Survey of Personnel Shortages and Training Needs in Vocational Rehabilitation* for the U.S. Department of Education. This study, based on similar 1987 and 1989 studies, sought to identify personnel shortages and both long-term and short-term training needs. The data collection was designed to identify:

- Areas in which long-term training is likely to alleviate existing labor shortages; and
- Areas in which short-term training is critically necessary to ensure adequate service to VR clients.

The study sought to paint a national picture of training needs affecting individuals eligible for State VR services. Towards this end, we collected data from four respondent groups:

- Directors of State VR Agencies;
- Directors of recipients of Federal grants to Centers for Independent Living;
- Directors of recipients of Federal grants to Client Assistance Programs; and
- A sample of outside providers of purchased services of rehabilitation services to State VR clients.

Response to the survey was good. We received responses from all but two of the State agencies, and from at least 75 percent of eligible respondents from every other respondent group. The details of the response rates are outlined in Table ES-1.

Table ES-1: Survey Response Rates

	Response Rate After Removing Out-Of-Samples
State Directors	80/82 = 98%
Facilities	402/536 = 75%
Centers for Independent Living	139/181 = 77%
Client Assistance Programs	48/56 = 86%

Personnel Shortages and Long Term Training Needs

Personnel shortages and long-term training needs were limited. Overall, the number of rehabilitation professionals employed by State agencies was relatively stable over the previous year: approximately the same number of agencies reported staff increases as reported decreases. However, providers of purchased services to State VR clients reported growth over the preceding year--44 percent of respondent organizations reported staff increases, while only 14 percent reported decreases.

In the following occupations we found personnel shortages directly affecting State agencies that are likely to be alleviated by increasing long-term training opportunities:

- **General Rehabilitation Counselor.** The modal minimum educational requirement for this profession is a rehabilitation-specific bachelor's degree;
- **Counselors for the Deaf.** These positions also commonly require a rehabilitation-specific bachelor's degree; and
- **Orientation and Mobility Specialist.** Positions in this field generally require a rehabilitation-specific master's degree.

We also found that State directors reported difficulty locating facilities to provide Supported Employment services. Analysis of the data collected from the providers of purchased services indicated that a personnel shortage did, in fact, exist. However, analysis of the role of inadequate training in this shortage revealed a contradiction. Many respondents reported that their problems stemmed from inadequately-trained personnel. However, few positions required any rehabilitation-specific education. Indeed, over half of the Supported Employment positions required only a high school education.

The personnel situation at State agencies was complicated by the stress currently rending State budgets. Informal discussions with personnel at a few State agencies revealed that some States are reserving vacant positions for personnel already employed within the State government. Thus, while the positions are vacant and the agencies may actively be working to fill them, newly-trained professionals will not be eligible for the jobs.

If many States are (formally or informally) reserving positions for personnel already employed by the State, *short-term* training may be a priority: many State government employees without rehabilitation-specific education or experience are being inducted into the State agencies. The implications for long-term training are less clear. The average bachelor's degree program takes four years. Certainly, the economic climate (and the limitations on State hiring policies) are likely to change in that time period.

Finally, we found four areas in which possible shortages of outside providers exist:

- **Orientation and Mobility Specialists;**
- **Rehabilitation Engineers;**

- Technology Specialists; and
- Interpreters for the Deaf.

These are areas in which State directors reported problems locating providers, and very few providers exist. While it is impossible to infer shortages without more complete information about the demand for services, the small numbers of providers estimated to exist in the country provide reason to suspect that shortages exist. It is not clear that additional long-term training is the answer to this particular problem because new graduates will not readily find employers. On the other hand, the most enterprising among them might find a lucrative market.

Short-term Training Needs

The 1992 SOPS identified professional specialties in which personnel currently employed by the respondent organizations required additional training. Unsurprisingly, occupations in which personnel shortages were identified commonly appeared on the lists of occupations in which currently-employed personnel required additional training.

Directors of State agencies reported critical training needs in seven occupations:

- General Rehabilitation Counselor;
- Counselors for the Deaf;
- Orientation and Mobility Specialist;
- Rehabilitation Administrator;
- Blindness Specialist;
- Rehabilitation Teacher; and
- Vocational Evaluator.

Little consensus emerged about the type of training required by these personnel. Where some consensus did emerge, General Counselors were reported to need training in case management; specialized counselors (deafness and blindness) needed training in their specialties; vocational evaluators needed training in assessment of functional skills; and administrators needed training in leadership, human resources, and supervision of rehabilitation personnel.

Directors of CAPs and CILs reported critical training needs in the few occupations that they generally employ:

- CAP directors reported training needs for CAP Administrators and Client Assistance Personnel; and
- CIL directors reported a critical training need for Independent Living Administrators and Independent Living Personnel.

Directors of outside providers of purchased services identified critical training needs in three occupations in which State directors reported difficulty procuring services:

- Supported Employment Personnel;
- Job development/placement personnel; and
- Vocational Evaluator.

The provider organizations also reported critical training needs in six other occupations:

- Facility Administrator;
- Other Administrator;
- General Rehabilitation Counselor;
- Work Adjustment Specialist;
- Production Supervisor; and
- Vocational Instructor.

The diversity of responses from these organizations prevented reasonably-precise estimates of the content of the training required in these areas.

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CHAPTER 1

BACKGROUND

Section 304 of the rehabilitation amendments of 1984 (Public Law 98-221) requires that the Commissioner of the Rehabilitation Services Administration (RSA) determine the training needs of professionals serving handicapped individuals through the State and Federal vocational rehabilitation system. This act requires the Commissioner to develop a long-term plan to target resources to address manpower shortages. Along with the budget submission for subsequent years, the commission must prepare and submit to Congress an annual report detailing the allocation of training funds by professional discipline and other program areas during the fiscal year prior to submission. This annual report must contain:

- Findings on personnel shortages;
- The allocation of funds, proposed for the succeeding fiscal year under the President's budget proposal; and
- The justification for these allocations, based on personnel shortages.

In 1987, the U.S. Department of Education (ED) responded to this directive by funding the first *National Vocational Rehabilitation Personnel Shortages and Training Needs Assessment*; Pelavin Associates conducted this study. The study provided useful information that helped RSA more effectively target its resources. In order to keep abreast of the changing training needs in vocational rehabilitation, ED contracted with Pelavin Associates to improve the survey instrument and repeat the study in 1989.

The 1992 study represents a further refinement of the earlier studies. The instrument has been updated to include more powerful indicators of personnel shortages, and the study design has been modified to provide a broader and more complete picture of training needs in Vocational Rehabilitation. These modifications are discussed below.

Purposes of this Study

The 1992 *Survey of Personnel Shortages and Training Needs in Vocational Rehabilitation* (SOPS) will help RSA allocate training funds effectively. RSA allocates training funds among six programs:

- long-term training programs;
- experimental and innovative training programs;
- State vocational rehabilitation unit in-service training programs;
- rehabilitation continuing education programs;

- short-term training programs; and
- training programs for interpreters for deaf individuals.

The six RSA training programs can be broadly categorized as long- or short-term training. This report defines "long-term training" programs as university training programs that provide scholarships for students pursuing degrees in vocational rehabilitation and "short-term training" as non-degree training such as having the Regional Rehabilitation Continuing Education Programs (RRCEPs) and the State agencies' in-service training programs. This study seeks to:

- Identify the occupations in which increasing long-term training opportunities will help alleviate personnel shortages; and
- Identify specific training areas in which increased short-term training will help improve services to clients.

This is a national study. In general, we do not attempt to isolate personnel shortages or training needs on a regional level. For this reason, we target our analyses to identify needs that appear widespread.

Study Design

Pelavin Associates and ED surveyed four groups to obtain data for this study:

- Directors of all State Vocational Rehabilitation Agencies;
- Directors of all organizations receiving Federal grants to operate Centers for Independent Living (CIL);
- Directors of all organizations receiving Federal grants to run Client Assistance Programs (CAP); and
- Directors of a sample of non-State organizations approved by State agencies to provide services to State VR clients.

The central mission of the first three of these organizations, State agencies, CILs, and CAPs, is to provide services to clients eligible for services under Federal law. RSA's successful fulfillment of its mandate is directly dependent upon the ability of these organizations to hire qualified personnel. These three types of organizations receive a substantial portion of their funding from the Federal government.

The final group, private providers of rehabilitation services, does not generally receive public funds except as payment for services provided to eligible State clients. Thus, personnel shortages affecting this group become a public policy concern when those shortages affect the private providers' abilities to serve State clients. We will use data from this source to identify personnel and training shortages in those areas in which State directors indicate difficulty locating

providers. Because personnel and training needs at these facilities are of some intrinsic interest in themselves, we also identify personnel shortages and training needs that have not resulted in a noticeable gap in services to State clients.

Sample Design

The universe of State agencies, CAPs, and CILs is relatively small and manageable. Therefore, we surveyed the entire universe. The universe of outside providers, however, consisted of over 4700 organizations. Therefore, we selected a sample of these organizations.

We selected a stratified random sample design to obtain estimates as precise as possible. A stratified sample can provide more precise estimates than a simple random sample if the strata are selected to minimize within-strata variation and maximize between-strata variation of key variables. Because most of our analyses focus on particular occupations, and because organizations are quite heterogeneous in the occupations they employ, we chose the available stratifier that was most likely to provide a relatively homogenous distribution of occupations within strata and more variation between strata. This stratifier was facility type.

Each State provided a list of approved service providers in each of the following areas:

- Medical Facilities;
- Vocational Facilities;
- Comprehensive Facilities;
- Supported Employment Facilities; and
- Facilities Serving Individuals who are Blind or Visually-Impaired.¹

We designed the sample to provide approximately the same precision within each strata. Because the size of the strata varied widely, we used a disproportionate sampling scheme. The actual sample selection was computerized. The computer generated a pseudo-random number from a uniform distribution, and selection was based on that number. Thus, the selection probability and proportion of the universe selected are not always exactly equal. Table 1.1 presents the population size, probability of selection, and actual sample size for each strata.

¹ In addition, our sample frame contained 17 facilities that were listed as Centers for Independent Living but which did not appear on our list of grantees. We surveyed these 17 facilities separately.

Table 1.1: Stratified Sample Design for Facilities Survey

Organization type	Population Size	Probability of Selection	Sample Size
Medical	316	.33	116
Vocational	3125	.04	137
Comprehensive	186	.46	88
Supported Employment	864	.14	124
Blind	281	.35	88
Centers for Independent Living*	17	1.0	17
Total	4769	.12	570

* Centers for Independent Living receiving no RSA grant.

General Approach

The data collected from the directors of State agencies form the core of the study. State agencies represent the largest employers among Federal grant recipients. Shortages and training needs among the other groups will supplement those identified from the State agency data.

We take a three-stage approach to identifying long-term training needs:

- Identify occupations in which personnel shortages exist;
- Identify those shortages that are attributed to inadequate training; and finally,
- Identify the type and content of training most appropriate to alleviate these personnel shortages.

Short-term training needs emerge from a two-stage analysis:

- Identify occupations in which personnel require additional training because they were hired with minimal skills or they need to keep up with changing demands; and
- Identify the type and content of training that employers believe will meet this need.

Data from the 1992 Survey

Pelavin Associates initiated data collection on January 10, 1992 and concluded it on April 27, 1992. While in the process of collecting data, we determined that some of our designated respondents did not belong in our sample for reasons to be discussed in the following paragraphs. Table 1.2 presents the response rates obtained for each of the four surveyed groups before and after out-of-sample determinations were made.

Table 1.2: Survey Response Rates

	Response Rate Before Removing Out-Of-Samples	Response Rate After Removing Out-Of-Samples
State Directors	80/82 = 98%	80/82 = 98%
Facilities	402/570 = 71%	402/536 = 75%
Centers for Independent Living	139/202 = 69%	139/181 = 77%
Client Assistance Programs	48/56 = 86%	48/56 = 86%

Eighty-two directors received the "Questionnaire for Directors of State Vocational Rehabilitation Agencies."² The 82 directors represented 32 combined agencies, 25 blind agencies, and 25 general agencies in 50 States, the District of Columbia, and six protectorates/territories.³ Eighty of these 82 directors returned completed surveys -- only American Samoa and Palau did not -- yielding a 98 percent response rate.

The "Questionnaire for Directors of Medical, Vocational, and Comprehensive Rehabilitation Facilities and Supported Employment Programs" went to the directors of 553 facilities: 116 medical facilities, 137 vocational rehabilitation facilities, 88 comprehensive facilities, 88 facilities serving primarily clients who are blind, and 124 supported employment programs, and 17 centers for independent living (non-RSA grant recipients). A total of 34 facilities were deemed out-of-sample because they did not meet critical criteria, i.e., we were unable to locate them, they were State-operated facilities, they had gone out of business, they received duplicate surveys, or they were identified as rehabilitation facilities in error, yielding an overall facility

² Originally 83 surveys were sent, but early this year Rhode Island's Services for the Blind and Vocational Rehabilitation divisions merged to form one agency, and the state returned one complete survey for the merged agency.

³ Puerto Rico, Virgin Islands, Guam, American Samoa, Palau, and the Commonwealth of the Northern Marianas.

response rate of 402 of 536, or 75 percent. Table 1.3 illustrates facility response rates by strata before and after out-of-samples were eliminated.

Table 1.3: Facilities Response Rate Broken Down by Strata (Facility Type)

	Facilities Response Rate Before Removing Out-Of-Samples	Facilities Response Rate After Removing Out-Of-Samples
Blind	58/88 = 66%	58/80 = 73%
Medical	82/116 = 71%	82/112 = 73%
Vocational	109/137 = 80%	109/131 = 83%
Comprehensive	52/88 = 59%	52/84 = 62%
Supported Employment	91/124 = 73%	91/115 = 79%
Centers for Independent Living	10/17 = 59%	10/14 = 71%
TOTAL	402/570 = 71%	402/536 = 75%

The Rehabilitation Services Administration assisted us in our attempt to identify independent living service facilities -- as distinct from central administrative offices -- by providing us with the names and addresses of 202 centers for independent living which receive RSA grants. These 202 organizations received the "Questionnaire for Directors of Independent Living Centers." Twenty-one of these facilities were deemed out-of-sample for one of three reasons: the centers could not be located, they are out of business or no longer provide CIL services, or the organization's administrative headquarters responded to the survey for the entire organization, including the branch offices that received surveys and would have been providing duplicate responses. Based on these determinations, 139 of 181 CILs, or 77 percent, responded to the survey.

The "Questionnaire for Directors of Client Assistance Programs" went to 56 RSA grantee organizations: one in each State, the District of Columbia, and five protectorates/territories. (The CAP grantee in Palau was not surveyed.) Forty-eight of the 56 (86 percent) returned completed surveys. The non-respondents were the CAPs in Idaho, Maine, Massachusetts, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Marianas.

Limitations of the Study

With each iteration, Departmental review and input from the field improve the *Survey of Personnel Shortages and Training Needs in Vocational Rehabilitation*. Still, the study has several limitations. In order to use the information presented here, it is important to understand these limitations.

Here, we discuss three limitations that are particularly relevant to the purposes of this study:

- limitations on the comparability with earlier studies;
- limitations imposed by the available sample frame and response rates; and,
- limitations inherent in conducting a needs assessment covering so many particular fields.

Comparability With Earlier Studies

Readers must resist the temptation to compare important statistics from this survey with apparently similar statistics from the 1987 or 1989 SOPS. The survey instrument contains at least two critical changes that make such longitudinal comparisons difficult. First, the specific list of occupational specialties under investigation has evolved with each passing study. With each shift, the boundaries between occupations change.

The second, and perhaps more critical, change is the way in which the 1992 study measures vacancies. Unlike earlier studies, we ask that respondents only report as vacant positions for which they are actively seeking applicants. The wording of the question explicitly excludes positions to which "budget freezes or other administrative holds apply." This wording is more consistent with that used by the Bureau of Labor Statistics in a recent pilot study on job vacancies, and we believe that it provides a better indicator of potential labor shortages.

Furthermore, in many of the multiple-response questions, we offered respondents more response opportunities in this version of the survey. Given the breadth of the survey's subject, we believe this provides a more complete picture of several issues.

The survey does include one question that provides some longitudinal perspective on employment in rehabilitation-related fields. We ask each organization to report the change in the number of full-time-equivalent positions from one year earlier. This information is reported in Chapter 2.

Sampling Limitations

Three of the four groups surveyed were relatively small, well-defined populations. Outside providers of purchased services, however, constituted a much larger, more diverse group. Thus, while it was prudent to survey the entire population of the State agencies, CILs, and CAPs, we

surveyed only a sample of the outside providers. Problems encountered in the implementation of the sample design impose limitations on the results presented here. While none of these limitations is devastating, the reader must remain aware that they exist. Those limitations discussed below are:

- The scope of the sample includes only those facilities approved by State agencies to provide services to State VR clients;
- Response rates are below 100 percent; and
- Delineation between strata was implemented.

Scope of the Sample

The sample of outside organizations includes only those organizations that report having served clients of State agencies within the last year. Thus, it represents only a portion of the labor market in the occupations analyzed.

This also presents a potential problem when identifying the availability of services. It is possible that organizations exist that do not provide services to State agencies. In our sample State VR clients account for only 40 percent or fewer of clients served by 75 percent of the organizations that serve State clients. Thus, there is a substantial market for rehabilitation services outside the State/Federal VR system.

The existence of a substantial number of providers who do not serve State VR clients is particularly plausible if State VR agencies are not willing to pay the market rate for services. Providers of VR services may market their services to other State agencies, worker's compensation insurers, or other more lucrative markets.

The study design does not investigate these questions. The sample is limited to include only those facilities approved to serve State clients.

Response Rates

Overall, response to this survey was quite good. Still, whenever response is less than 100 percent, there is some risk of bias. The maximum extent of that bias is defined by the extent of nonresponse. In other words, we know very little about the 25 percent of the sample that failed to respond to the survey. Thus, there is some risk of bias inherent in any estimates that we extrapolate from the sample to the universe of providers of purchased services.

Using data from the survey of outside providers, we present estimates of the national figures. These estimates are based on the sample weights proportional to the inverse of the probability of selection within strata. For example, we selected one-third of the Blind organizations for our sample. Thus, each selected organization represents three organizations in the population. In order to gain national estimates, we count responses from facilities serving the blind three times.

Nonresponse complicates these estimates. Overall, about one-fourth of the sampled organizations did not respond to the survey. We did not readjust the sample weights to account for this nonresponse. The common practice of re-weighting samples for nonresponse often exacerbates rather than ameliorates bias. This practice can be understood in simple terms: increase the weight given to respondents who appear most similar to nonrespondents. Thus, for example, we might increase the sample weight associated with medical facilities to make-up for medical facilities that failed to respond to the survey. However, respondents are not generally like nonrespondents. For example, we have some reason to suspect that larger medical facilities were less likely to respond because the survey was less likely to reach the appropriate contact. Thus, increasing the weight given to respondents from medical facilities would essentially count smaller facilities even more times, exacerbating our underestimate of the size of medical facilities. The size of medical facilities is only one example of how nonrespondents may differ from respondents. Re-weighting for nonresponse can cause great mischief with a host of estimates.

Rather than re-weighting for nonresponse, we offer the reader this caution: the national estimates here represent estimates about only the 75 percent of organizations that are similar to our respondents. We know much less about the nonrespondents and the 25 percent of the population that they represent.

Delineation Between Strata

The study employed a stratified sample to obtain more precise results than would be possible with a simple random sample. These benefits arise from two sources:

- If responses are similar within strata and different between strata, a stratified sample improves the precision of estimates over a random sample; and,
- If organizations within a strata employ similar sets of occupations, then stratification may increase the number of organizations in the sample employing personnel in less common professions. By increasing this sub-group sample size, stratification can increase the precision of estimates presented by profession.

The stratification seems to have been largely effective, but the delineation between strata was not perfect. Thus the variation within strata was not as small as it could have been. Similarly, the variation between strata might have been greater. This problem, described in detail below, limited the benefits of stratification.

One question on the survey provides the opportunity for a partial check on the delineation between strata. We asked respondents to indicate which (if any) of the following accurately described their organizations:

- Medical Rehabilitation Facility;
- Vocational Rehabilitation Facility;
- Comprehensive Rehabilitation Facility; or
- Supported Employment Program.

Respondents were asked to indicate as many of the above as they believed applied. We could then check the degree to which these self-classifications matched our prior classification of the sampled organizations into the four corresponding strata. Detailed analysis of their responses gives rise to Table 1.4. Each column in Table 1.4 represents one strata. The rows represent one of four possible outcomes. The numbers in the first row indicate the percent of organizations in the strata whose self-classification matched the strata definition exactly. The second row includes organizations who indicated that a) they were the type of facility defined by the strata, and b) they were also another type of facility such that the combination of facilities should have placed them in another strata (e.g., facilities that are medical and vocational should have been in the "comprehensive" strata). Organizations in the third row of the table indicated that they were a different type of facility than that identified. Finally, the last row of the table includes facilities that did not identify themselves.

Table 1.4: Comparison between strata definition and self-identification of respondent organizations.

Response Category	Percent of Strata Falling into Category			
	Medical	Vocational	Comprehensive	Supported Employment
Self-identification matches strata definition exactly	46	61	56	45
Multiple self-identifications include strata definition, but should place organization in another category	40	18	0	31
Self-identification does not match strata	4	10	40	13
No self-identification offered	10	10	4	11

Table 1.4 illustrates that only about half of the organizations within each strata were perfectly placed in the defined strata prior to sampling. On the other hand, the errors that were made were not too harmful. Organizations that were wrongly placed in the medical or vocational strata were most often comprehensive, and the organizations most often wrongly placed in the comprehensive strata were either medical or vocational. These misclassifications served to reduce between-strata variation vis-a-vis within-strata variation, thereby reducing the potential precision of the sample.

We have not analyzed the extent to which the initial misclassification of some organizations lowered the precision of our estimates. However, such analysis could be quite beneficial for future studies to determine the extent to which extra effort on the front-end would allow the precision of the estimates to be improved without incurring the costs associated with increasing the size of the sample.

Breadth of the Study

Finally, the breadth of the study limits the depth of the analysis of specific occupations. The survey is structured to collect information about personnel in over 40 occupational specialties. As such, it is not possible to obtain detailed information about the training needs in each occupation.

The most significant result of this limitation appears in our analysis of the particular type of occupational short-term training needs. The survey adequately identifies the occupations that respondents most often cite as having personnel in need of training. Analysis beyond this is tenuous. Because respondents select from such a rich menu of occupations, relatively smaller numbers of respondents mention any particular occupation as in need of training. Thus, responses about the *type* of training required are limited to the respondents mentioning the occupation in which the training is required.

The dispersion of responses about the type of training required made it quite difficult to generalize about the specific content of required short-term training.

Along another line, this study was designed to describe personnel shortages and training needs nationally. Thus, while the regional and State-level estimates are possible for the universe surveys (State agencies, CILs and CAPs) the sample of facilities will not support sub-national regional estimates.

CHAPTER 2

OVERVIEW OF RESPONDENT ORGANIZATIONS

As described in the Introduction, four different types of rehabilitation organizations participated in this survey:

- State Vocational Rehabilitation Agencies;
- Client Assistance Programs;
- Centers for Independent Living; and
- Outside Providers of Rehabilitation Services (Facilities).

This chapter provides an overview of these agencies, their missions, and their characteristics.

State Vocational Rehabilitation Agencies

State Vocational Rehabilitation Agencies (State agencies) are set up to provide for the vocational rehabilitation needs of clients; the ultimate objective for clients is remunerative or gainful employment (Wright, p.4). Services toward this end include evaluation of vocational rehabilitation potential, counseling and guidance, physical and mental restoration services, vocational training, transportation, reader services for the blind, interpreter services for the deaf, employment placement, post-employment services, the provision of occupational licenses, and basic living expenses necessary for obtaining the full benefit of services being provided (U.S. Government Printing Office, p. 301).

State agencies reported an average 224 budgeted professional positions in their organizations during the most recent twelve month reporting period. This number, which excluded support staff positions, ranged from a low of 6 to a high of 1,032. Ninety-five percent reported 651 or fewer positions. Forty-four percent of the State agencies reported that no change in number had occurred in the past year, 29 percent reported an increase, and 27 percent reported a decrease (See Figure 2.1). Of the 21 organizations reporting an increase, the increases ranged from one to 22 positions. The average change in number was eight, and 95 percent reported an increase of 20 or fewer.

Twenty organizations reported a decrease in the number of professional positions during the past year. Within specific organizations the change ranged from one to 55 positions. The average decrease was 12, and 95 percent of the State agencies reported a decrease of 53 or fewer positions.

Forty-four State agencies reported that they directly operate rehabilitation facilities. Of the 44, 22 operate VR centers, 2 operate medical centers, 13 operate comprehensive centers, 13 operate evaluation centers, and 16 operate other types of centers (See Figure 2.2).

STATE VOCATIONAL REHABILITATION AGENCIES

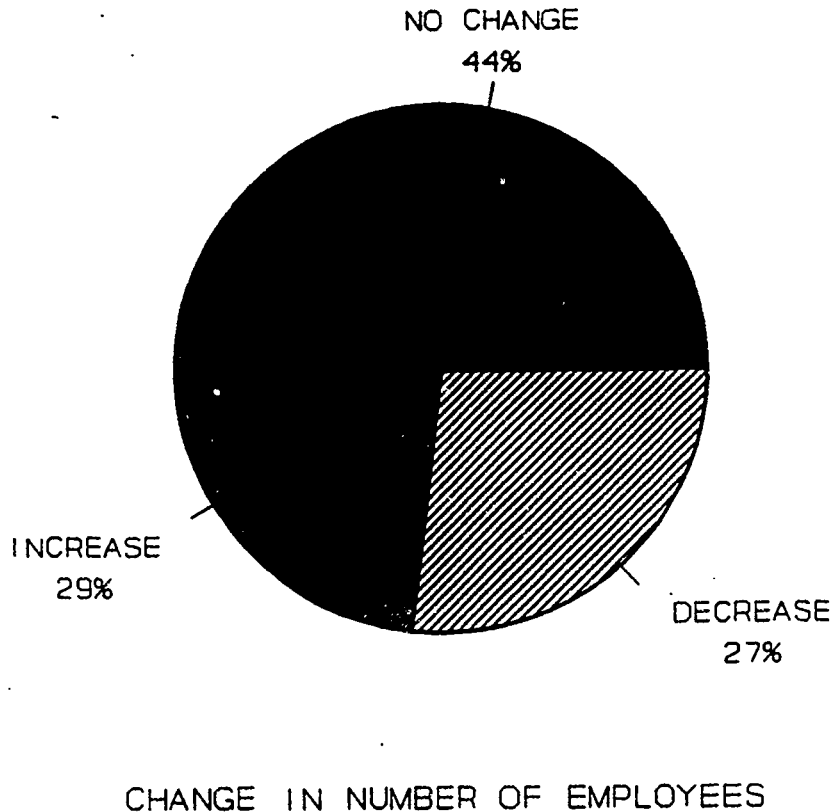


Figure 2.1: Change in number of State agency employees in the past year.

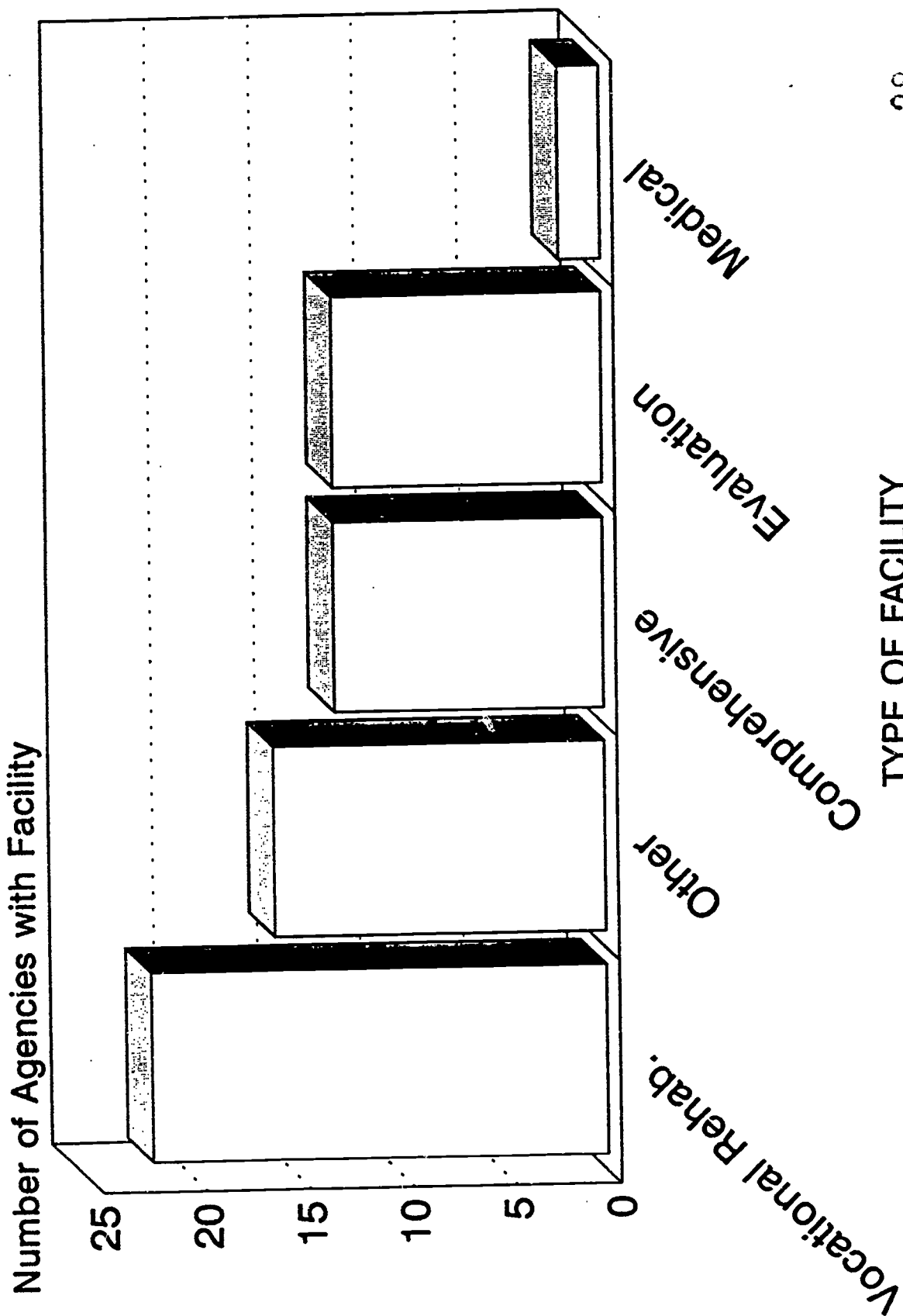
The 22 State-run VR centers have an average of 33 professional staff positions, with the reports ranging in number from two to 123. Ninety-five percent operate with 89 or fewer staff members. The two medical centers operate with an average of 78 professional staff members; one center reported 154 staff members while the other reported one staff member.

The professional staff for the 13 comprehensive centers averaged 58. The numbers for specific organizations ranged from three to 237, and 90 percent reported 94 or fewer staff members. Evaluation center professional staff averaged 22. The numbers for the 13 specific organizations ranged from one to 102, with 90 percent reporting 70 or fewer staff members.

Client Assistance Programs

The purpose of Client Assistance Programs (CAPs) is to advise and inform clients of all benefits available to them under the Rehabilitation Act of 1973. These programs also assist clients in relationships with related programs and facilities (U.S. Government Printing Office, p. 361).

FIGURE 2-2
Number of Agencies Running Each Type of Facility



The CAPs reported an average number of three budgeted CAP professional positions, excluding support staff, in their organizations for the most recent twelve month reporting period. Within specific organizations, the number ranged from one to thirteen positions. Ninety-five percent employed eight or fewer professional staff members.

Seventy-nine percent reported no change in numbers of employees from the previous year, 13 percent reported a decrease, and eight percent experienced an increase (See Figure 2.3).

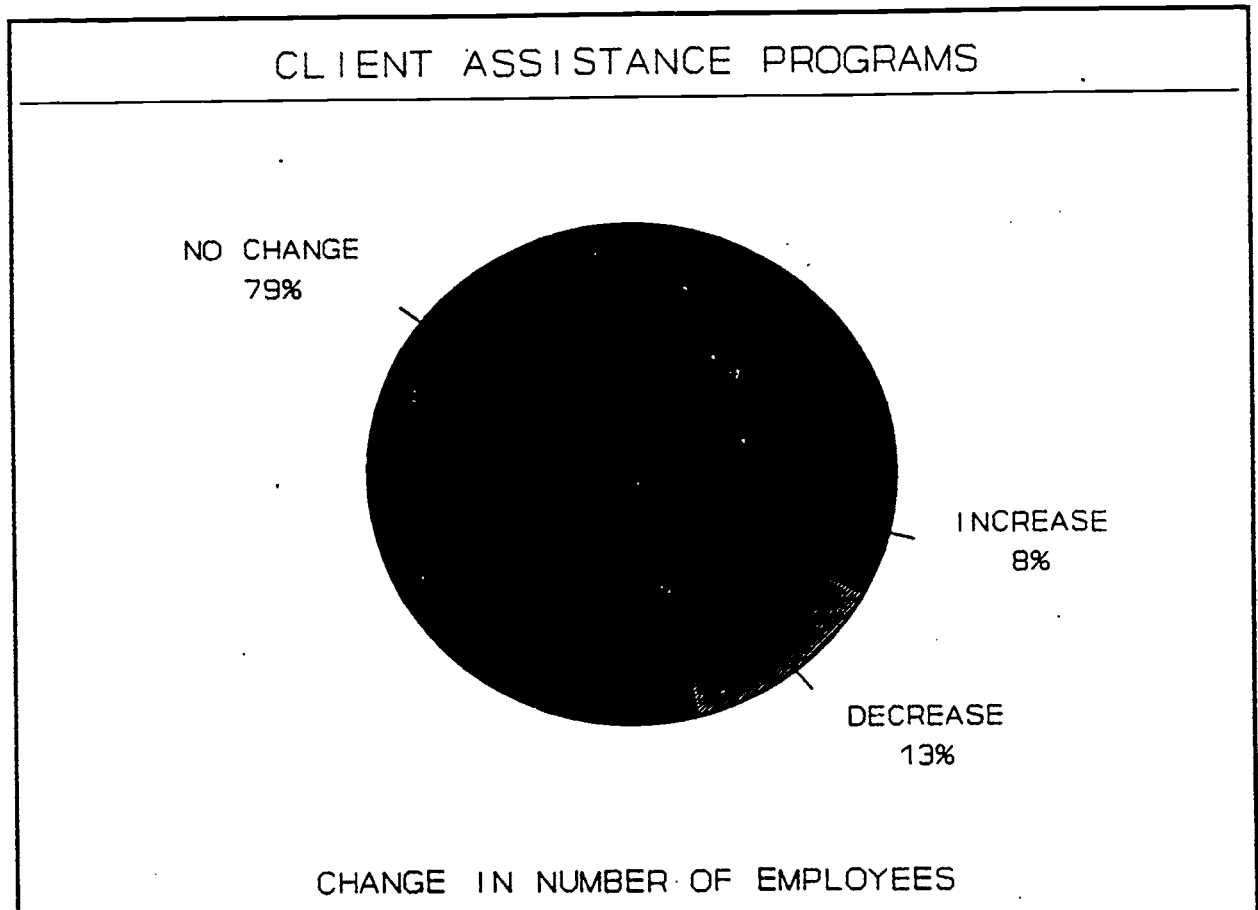


Figure 2.3: Change in number of CAP employees

Four organizations reported increases, and the average increase was one position. The six organizations that reported decreases also averaged a change of one position.

The average total caseload in the reporting year for these organizations was 236. This number ranged from a low of 29 caseloads to a high of 1,100 caseloads, with 95 percent of the organizations reporting 695 or fewer caseloads. A comparison of the average number of caseloads with the average number of professional positions at each agency indicates a ratio of one professional position to every 79 cases.

The average number of clients served last year by the CAPs was 369. The lowest number of clients served was 29 and the highest was 2,348. Ninety-five percent served 1,326 or fewer clients. Comparing the average number of professional positions with the average number of clients, we find a ratio of one professional position to every 123 clients.

The CAPs that were surveyed are found primarily in large urban/suburban areas. Almost 74 percent indicated this as their location, with another 17 percent indicating a small urban area location and the remaining 9 percent indicating a rural area location (See Figure 2.4).

Of these organizations, exactly half describe themselves as Protection and Advocacy Agencies, 22 percent are State Vocational Rehabilitation Agencies, 9 percent are Governor's Offices, and 20 percent describe themselves in other ways.

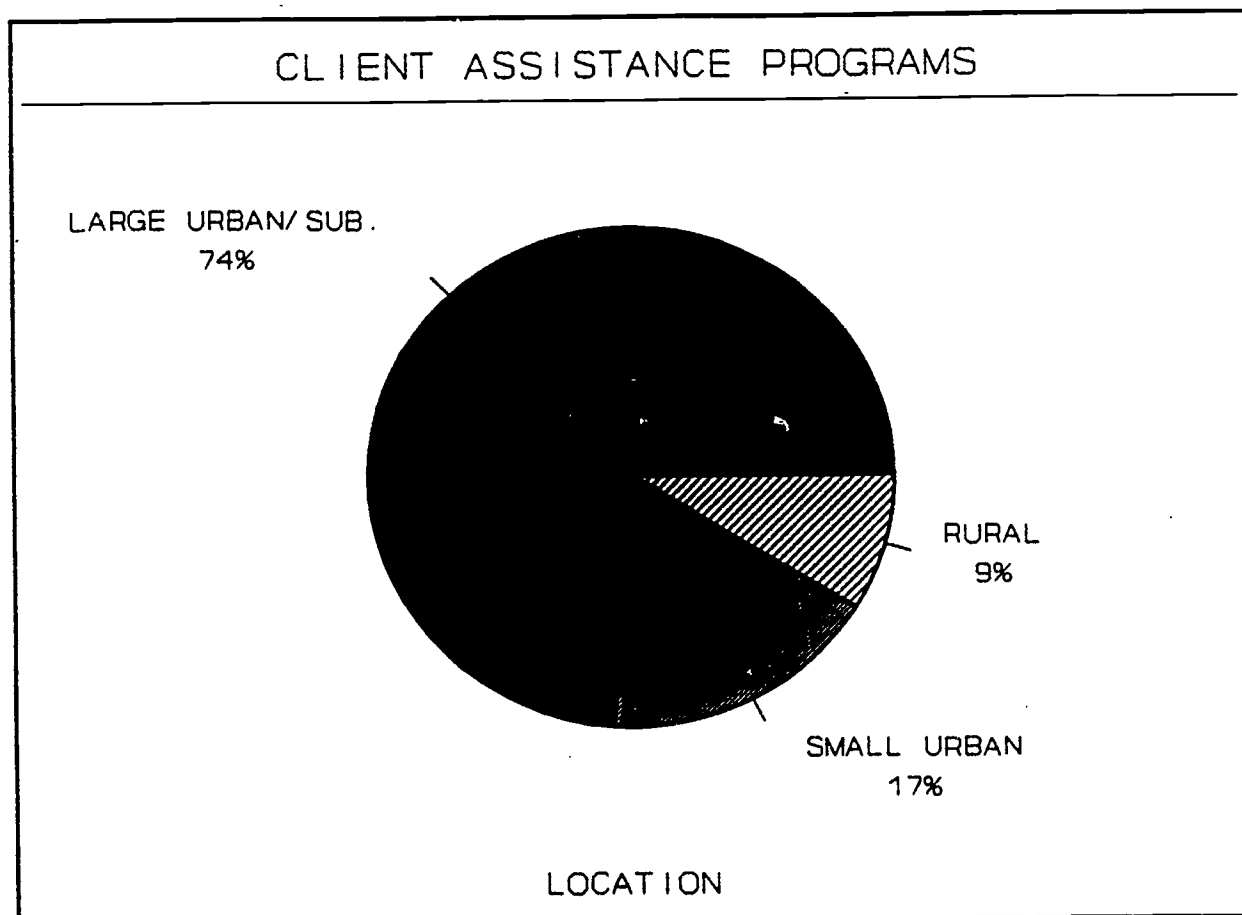


Figure 2.4: Location of Client Assistance Programs

Centers for Independent Living

The primary goal of Centers for Independent Living (CILs) is to offer services to individuals with severe disabilities that will enable them to live more independently or to secure

and maintain employment. CILs do not necessarily provide all services on the premises; rather, it is through these centers that services are made available. Programs and services include professional counseling, peer counseling, help with attendant care, advocacy for legal and economic rights and benefits, the teaching of independent living skills, help with housing and transportation, arrangements for group living, social and recreational activities, and health maintenance, as well as other needed assistance (Wright, p. 739).

Based on the most recent twelve month reporting period, the CILs reported an average of 10 professional positions in their organizations, excluding support staff. This number ranged from a low of one to a high of 95 positions. Ninety-five percent of the CILs employed 27 or fewer professional employees. Fifty-one percent reported that this number had not changed from the previous year, 36 percent reported that they had experienced an increase, and 13 percent reported that they had experienced a decrease (See Figure 2.5). Of the 17 organizations reporting decreases, the number of positions decreased by an average of two. The 49 organizations experiencing increases gained an average of two positions.

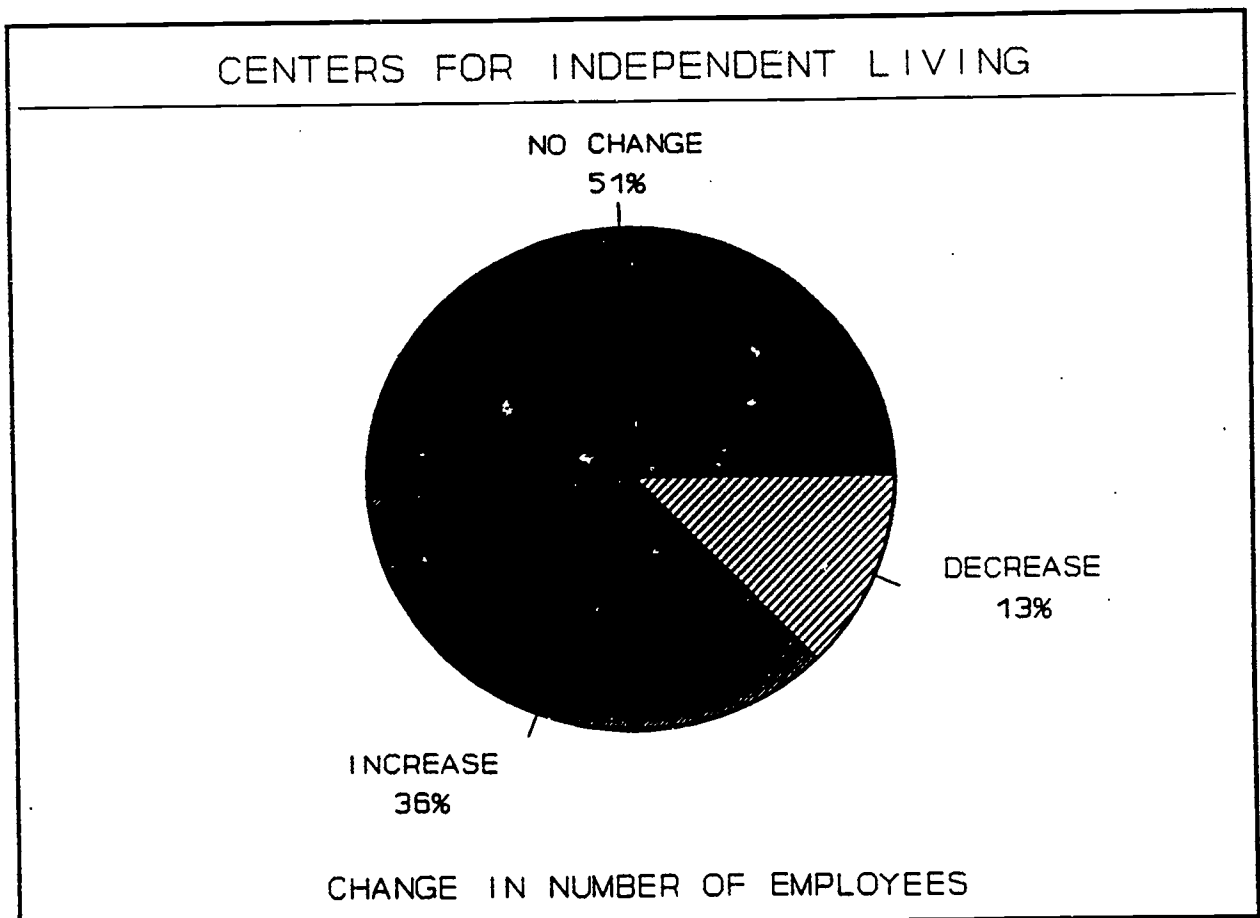


Figure 2.5: Change in number of CIL employees

For the reporting year, the average total CIL caseload was 632 cases. The lowest number of reported caseloads was eight and the highest was 8,100. Ninety-five percent handled 2,100 or fewer cases in the reporting year. A comparison of the average caseload with the average number of professional positions indicates a ratio of one professional position to every 63 cases.

The average number of clients referred to CILs by a State agency in the last year was 83. Within specific organizations, this number ranged from a low of zero to a high of 2,270, with 95 percent reporting 250 or fewer State VR client referrals.

The majority of CILs (44 percent) describe themselves as Private Non-Profit organizations. The remaining organizations are CILs that are administered either by Combined (General/Blind) Vocational Rehabilitation (VR) Agencies (21 percent), by General VR Agencies (29 percent), or by Blind VR Agencies (6 percent).

With only 19 percent of the CILs indicating rural locations, the majority of CILs are in urban areas. Thirty-one percent are in small urban areas, 37 percent are in large urban-suburban areas, and 13 percent are in large urban/suburban areas with other satellite locations throughout the State (See Figure 2.6).

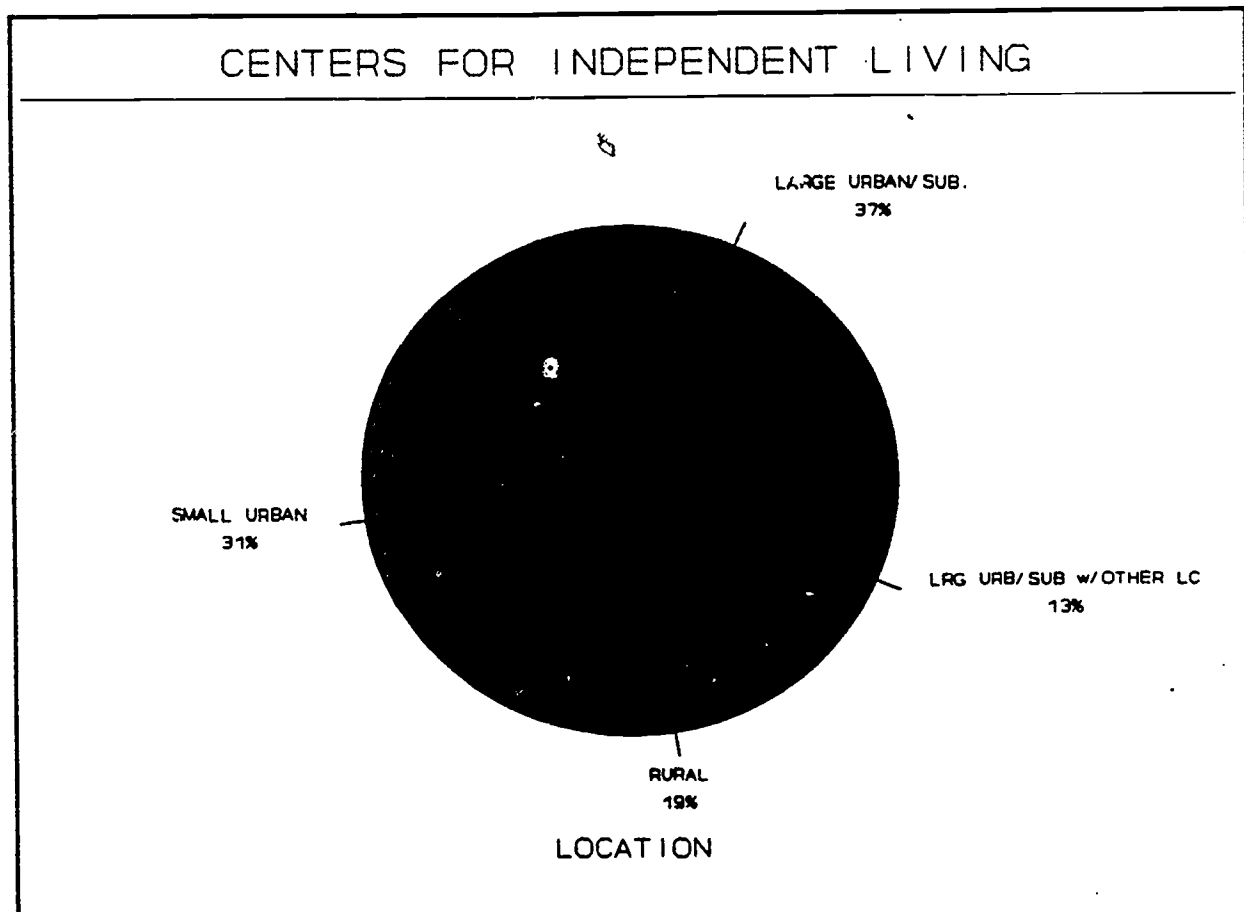


Figure 2.6: Location of Centers for Independent Living

Outside Providers of Rehabilitation Services (Facilities)

Rehabilitation facilities help individuals with disabilities correct, overcome, or adjust to their limitations (Wright, p. 188). Specific services include programs for the blind, medical evaluation, health maintenance, mobility training, vocational training, employment placement, and post-employment services. The State agencies described in the first section of this chapter use these private facilities to provide services to State VR clients.

The sample of directors of rehabilitation facilities was stratified on medical, vocational, blind, comprehensive facilities, and supported employment programs. Each reported the number of professional positions (excluding support staff) at the facility during the reporting year, if this number has changed from the previous year, and if so, by how much.

Facilities for the blind reported an average of 25 professional positions for the reporting year. Forty-one percent reported no change in the number of employees since the previous year, 29 percent reported an increase, and 31 percent experienced a decrease (See Figure 2.7). The average increase was six positions and the average decrease was two positions.

Medical facilities employed an average of 62 professional positions for the reporting year. Thirty-three percent reported that this number had not changed from the previous year, 47 percent reported an increase, and 20 percent reported a decrease (See Figure 2.7). The average increase was five positions and the average decrease was six positions.

The vocational rehabilitation facilities reported an average of 29 professionals. Forty-three percent reported that this number had not changed from the previous year, 44 percent indicated an increase, and 13 percent indicated that a decrease had occurred (See Figure 2.7). The average increase in positions was four and the average decrease was three.

Comprehensive rehabilitation facilities employed an average of 74 professional positions. Comparing this number with the number of professional positions from the previous year, 33 percent reported no change, 56 percent reported an increase, and 11 percent reported a decrease (See Figure 2.7). The average increase in positions was 10 and the average decrease was five.

For the reporting year, supported employment programs had an average 26 professional positions. Compared with the previous year, this number had not changed for 50 percent of the programs, had increased for 34 percent, and had decreased for 16 percent (See Figure 2.7). The average increase was five positions and the average decrease was three positions.

The rehabilitation facilities as a whole employed an average of 29 professional positions. Compared with the previous year, this number had not changed for 42 percent of the facilities, had increased for 44 percent, and had decreased for 14 percent (See Figure 2.7). The average increase was four positions and the average decrease was three positions.

The average caseload in the reporting year for the rehabilitation facilities is as follows:

- Rehabilitation facilities for the blind reported an average 1,529 cases.

REHABILITATION FACILITIES CHANGE IN NUMBER OF EMPLOYEES

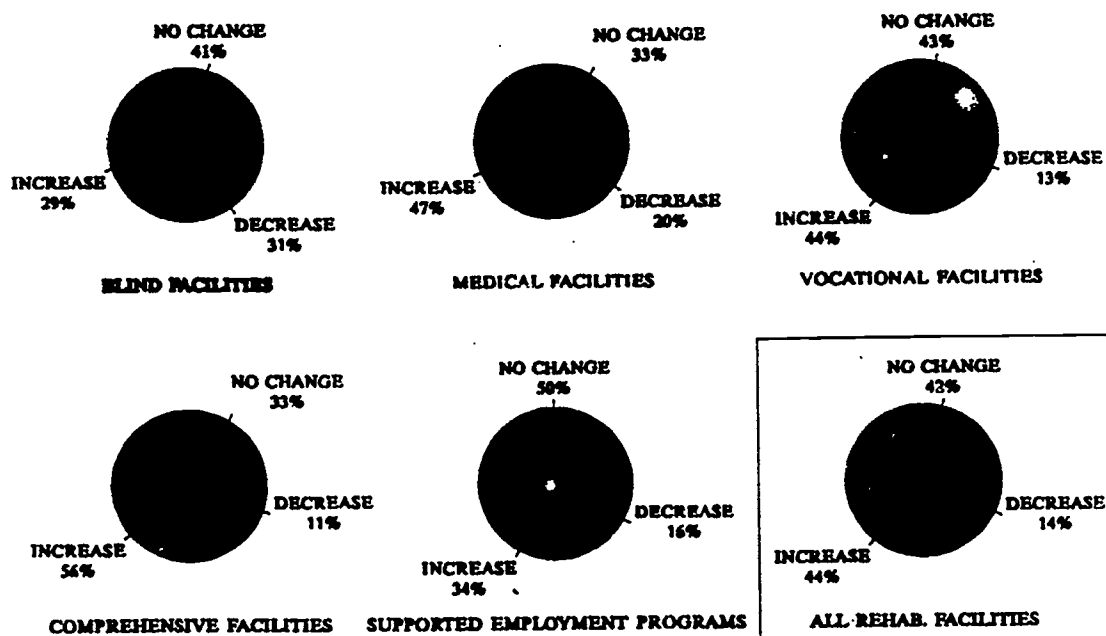


Figure 2.7: Change in number of employees at all rehabilitation facilities.

- Medical rehabilitation facilities reported an average 1,864 cases.
- Vocational rehabilitation facilities reported an average 1,214 cases.
- Comprehensive rehabilitation facilities reported an average 1,119 cases.
- Supported employment programs reported an average 422 cases.
- All rehabilitation facilities reported an average 1,169 cases.

The rehabilitation facilities also indicated whether or not they provide services for State agencies, and, if so, the average number of clients referred by the State agencies:

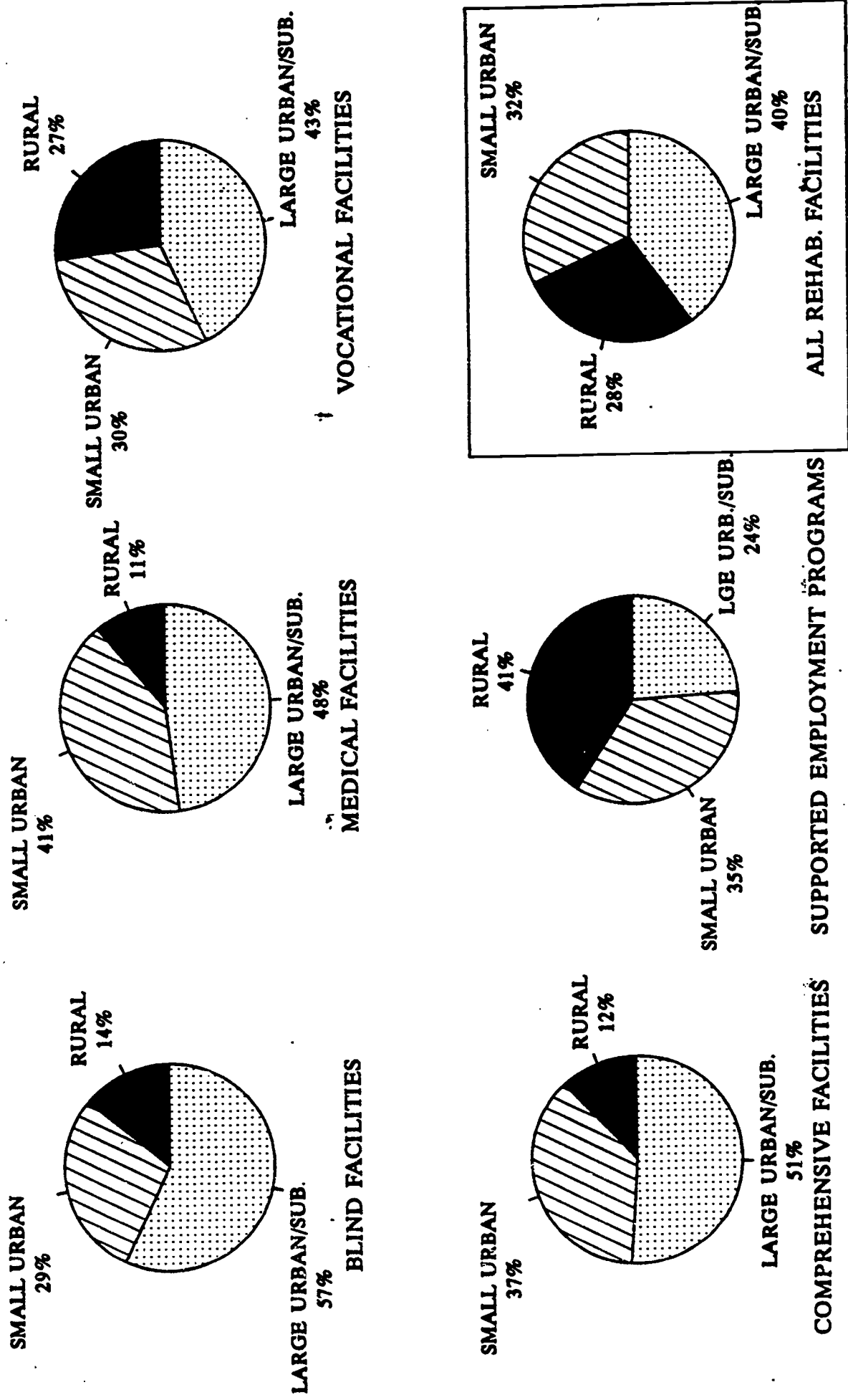
- Ninety percent of the Rehabilitation facilities for the blind provide services for State agencies; an average of 167 clients are referred to these facilities by the State agencies.
- Sixty-three percent of the Medical rehabilitation facilities provide services for an average 44 clients referred by the State agency.

- Eighty-seven percent of the Vocational rehabilitation facilities provide services for an average of 106 referred clients referred by the State agency.
- Eighty percent of the Comprehensive rehabilitation facilities provide services for an average of 112 clients referred by the State agency.
- Eighty-one percent of the Supported employment programs provide services for an average of 32 clients referred by the State agencies.
- All together, 84 percent of the responding facilities provide services to an average of 101 clients referred by State agencies.

Information pertaining to rehabilitation facility location is presented in Figure 2.8. Facilities indicated whether they were located in rural areas, small urban areas, or large urban areas.

FIGURE 2-8

LOCATION OF REHABILITATION FACILITIES



CHAPTER 3

PERSONNEL SHORTAGES AND LONG-TERM TRAINING NEEDS

Long-term training can be an effective mechanism to alleviate some personnel shortages. Here, we identify rehabilitation occupations experiencing personnel shortages that appear to stem largely from inadequate long-term training opportunities. We then identify the specific types of long-term training that appear to be most appropriate to alleviate these shortages.

The first step towards identifying long-term training needs is identifying existing personnel shortages. Personnel shortages can appear in three distinct forms:

- Vacancies;
- Employees with skill deficiencies; or
- A shortage of outside providers of services.

When faced with a shortage of personnel, VR agencies may allow positions to remain vacant until a suitably-skilled candidate can be found. Alternatively, VR agencies may prefer to hire personnel whose skills do not meet all of their expectations rather than leave a position vacant. Finally, many States contract with outside providers to provide some professional services to State VR clients.

The first analytical step, identifying occupations in which personnel shortages exist, entails compiling a list of occupations experiencing shortages. In the second step of the analysis, we examine the factors that employers believe contribute to these shortages for evidence that they stem from inadequate training opportunities. Finally, we look at the specific types of pre-service training that are likely to help alleviate the identified shortages.

Vacant Positions

As mentioned above, personnel shortages can often result in vacant positions. However, not all vacancies indicate a personnel shortage. Vacancies, even in large numbers, may be easily filled. Labor shortages are characterized by vacancies that are difficult to fill.

In previous years, Pelavin Associates identified personnel shortages based on the number or proportion of vacancies in a particular occupation. Occupations with large numbers or proportions of vacancies were identified as potential areas of shortage.

The 1992 study improves upon the previous approach by explicitly identifying *persistent* vacancies, that is, vacancies that are long lived or resist material attempts (i.e., lowering requirements or increasing salary offerings) to attract qualified personnel. This year we have

expanded the survey instrument to include three indicators that help identify persistent vacancies indicative of actual shortages of trained personnel:

- The number of positions that have been vacant for at least 90 days;
- Whether or not the agency raised the salary offered to help fill vacant positions; and
- Whether or not the agency lowered its minimum requirements to fill vacant positions.

Below, we examine the numbers and percentages of vacancies identified by Federal grantees. In occupations exhibiting a vacancy problem, we examine the three indicators above for evidence that the vacancies signal an actual personnel shortage.

State Agencies

Table 3.1 presents the number of budgeted and unfilled positions at state agencies in the 50 states and DC.¹ The table also presents the number and percent of budgeted positions that have remained vacant for at least 90 days. This information provides a first-glance indication of vacancies that are hard to fill.

In this first step in identifying personnel shortages, we focus on professions that have above-average vacancy rates or large numbers of vacancies. Across all occupations, slightly over six percent of all positions were vacant at the time of our survey. We also take a preliminary look at positions remaining vacant for at least 90 days. A large number of vacancies persisting for at least 90 days may suggest an occupation experiencing an inadequate supply of personnel, while quickly-filled vacancies may indicate turnover rather than shortage.

Table 3.2 summarizes the occupations that appear to have vacancy problems. The rows in Table 3.2 divide the occupations by the size of the occupation. The columns indicate the reason that the occupation warrants attention. Thus, the occupations listed in the top left cell are large occupations that experience a high vacancy rate.

Large Occupations with High Vacancy Rates

State agencies hire General Rehabilitation Counselors in the largest numbers. Our respondents employed a total of over 6,800 people in this profession.² State agency respondents reported 508 vacant positions, accounting for half of all vacant positions. Of those 508 vacancies, 214, or 42 percent, had been vacant for at least 90 days.

¹ Table A-1 in the Appendix contains this data for the outlying territories.

² This does not include those employed in the territories.

TABLE 3.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			UNFILLED OVER 90 DAY POSITIONS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	53	6827	43	508	7	24	214	3
	DEAFNESS COUNSELOR	45	358	14	19	5	11	13	4
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	48	1002	12	28	3	5	5	0
	MENTAL ILLNESS COUNSELOR	17	246	5	10	4	2	2	1
	SPECIFIC LEARNING DISABILITY COUNSELOR	6	146	1	5	3	0	0	0
	TRAUMATIC BRAIN INJURY COUNSELOR	11	60	1	1	2	1	1	2
	OTHER SPECIALTY COUNSELOR	36	271	8	13	5	4	6	2
	COUNSELOR AIDE	15	331	6	26	8	1	6	2
REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	72	2244	30	93	4	20	46	2
	OTHER ADMINISTRATION	32	406	8	22	5	6	7	2
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	36	195	13	19	10	12	17	9

Note: Excludes territories and protectorates.

(CONTINUED)

TABLE 3.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES

		BUDGETED POSITIONS		UNFILLED POSITIONS			UNFILLED OVER 90 DAY POSITIONS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
REHABILITATION OF THE BLIND	REHABILITATION TEACHER FOR THE BLIND	41	529	11	21	4	8	13	2
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	38	252	10	16	6	9	10	4
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPE	14	56	2	2	4	2	2	4
	REHABILITATION NURSE	22	203	9	32	16	7	21	10
	REHABILITATION DENTIST	2	2	0	0	0	0	0	0
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	2	15	1	3	20	1	1	7
PHYSICAL THERAPY	PHYSICAL THERAPIST	10	46	4	5	11	4	5	11
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	13	51	6	10	20	5	7	14
REHABILITATION TECHNOLOGY	REHABILITATION ENGINEER	23	38	4	4	11	3	3	8
	TECHNOLOGY SPECIALIST	26	58	3	4	7	2	3	5
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	33	370	9	25	7	5	8	2

Note: Excludes territories and protectorates.

(CONTINUED)

TABLE 3.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			UNFILLED OVER 90 DAY POSITIONS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
VOC EVAL AND WORK ADJUSTMENT	WORK ADJUSTMENT SPECIALIST	12	169	4	13	8	2	2	1
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	14	70	1	1	1	1	1	1
	PRODUCTION SUPERVISOR	12	93	0	0	0	0	0	0
	VOCATIONAL INSTRUCTOR	23	226	9	15	7	6	9	4
	BUSINESS ENTERPRISE SPECIALIST	42	245	11	24	10	4	10	4
REHABILITATION PSYCHOLOGY	PSYCHOLOGIST PSYCHIATRIST	24	82	3	3	4	2	2	2
	PSYCHOLOGICAL THERAPIST	6	30	2	4	13	2	3	10
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	18	83	5	10	12	1	1	1
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	40	78	3	3	4	0	0	0
	INDEPENDENT LIVING PERSONNEL	30	213	5	8	4	2	3	1

Note: Excludes territories and protectorates.

(CONTINUED)

TABLE 3.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES

		BUDGETED POSITIONS		UNFILLED POSITIONS			UNFILLED OVER 90 DAY POSITIONS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	2	5	0	0	0	0	0	0
	SPEECH LANGUAGE PATHOLOGIST	6	23	1	1	4	1	1	4
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	15	74	5	13	18	2	7	10
JOB DEVELOPMENT-PLACEMENT	JOB DEVELOPMENT-PLACEMENT PERSONNEL	35	265	7	12	5	3	3	1
CLIENT ASSISTANCE	CLIENT ASSISTANCE ADMINISTRATION	15	22	1	1	5	0	0	0
	CLIENT ASSISTANCE PERSONNEL	11	30	1	1	3	0	0	0
OTHER	SOCIAL WORKER	20	156	4	7	4	1	1	1
	RECREATION THERAPIST	15	79	3	4	5	1	2	3
OTHER RESPONSES FROM DIRECTORS	OTHER POSITIONS	52	417	11	32	8	5	13	3
ALL OCCUPATIONS	ALL OCCUPATIONS	76	16,066		1,018	6		448	3

Note: Excludes territories and protectorates.

Table 3.2: Summary of occupations in which vacancies may indicate a labor shortage.

Occupation Size	Occupations with vacancy rates greater than average	Occupations with lower vacancy rates but many vacancies (at least 5% of all vacancies)
At least 150 budgeted positions	General Rehabilitation Counselors Counselor Aides O&M Specialists Rehabilitation Nurses Vocational Evaluators Work Adjustment Specialists Vocational Instructors Business Enterprise Specialists	Rehabilitation Administration
30 - 150 budgeted positions	Physical Therapists Rehabilitation Engineers Technology Specialists Occupational Therapists Psychological Therapists Supported Employment Personnel Interpreters for the Deaf	
Fewer than 30 budgeted positions	Prosthetists/Orthotists	

The other professional specialties in this category include:

- Rehabilitation Nurse. Thirty-two vacancies were distributed across nine agencies. Twenty-one of these vacancies persisted for at least 90 days. The vacancy rate was 16 percent.
- Counselor Aides. Twenty-six vacancies were distributed across six agencies. Six of these vacancies persisted for at least 90 days. The vacancy rate was eight percent.
- Orientation and Mobility Specialists. Nineteen vacancies were distributed across 13 agencies. Seventeen of these vacancies persisted for at least 90 days. The vacancy rate was 10 percent.
- Vocational Evaluators. Twenty-five vacancies were distributed across nine agencies. Eight of these vacancies persisted for at least 90 days. The vacancy rate was seven percent.
- Work Adjustment Specialists. Thirteen vacancies were distributed across four agencies. Two of these vacancies persisted for at least 90 days. The vacancy rate was eight percent.
- Vocational Instructors. Fifteen vacancies were distributed across nine agencies. Nine of these vacancies persisted for at least 90 days. The vacancy rate was seven percent.
- Business Enterprise Specialists. Twenty-four vacancies were distributed across 11 agencies. Ten of these vacancies persisted for at least 90 days. The vacancy rate was 10 percent.

Of the professions experiencing high vacancy rates, only three -- rehabilitation nurse, orientation and mobility specialist, and vocational instructor -- have high incidence of vacancies persisting for 90 or more days. Hard-to-fill vacancies may indicate that vacancies exist due to an inadequate supply of personnel rather than to turnover. However, Directors did not report difficulty in filling two of these positions, rehabilitation nurse and vocational instructor (see our analysis below). This suggests that agencies may not be actively seeking applicants for these positions.

Occupations with many Vacancies but Lower Vacancy Rates

Only one occupation accounted for at least five percent of all vacancies yet had a lower-than-average vacancy rate: Rehabilitation Administration. There were 93 Rehabilitation Administration positions vacant at the time of our survey (nine percent of all vacant positions). The vacancy rate in this occupation was only four percent. About one-half of the vacant positions (46) had been vacant for at least 90 days.

Smaller Professions with High Vacancy Rates

State directors reported high vacancy rates in eight professional specialties. In all cases, these vacancies affected six or fewer agencies. In no case did the number of vacancies exceed 13.

Due to the small numbers involved, these rates are susceptible to dramatic fluctuations with the addition or subtraction of very few positions. These occupations are listed in the second and third rows of Table 3.2.

Vacancy Rates in the Territories

The territories and protectorates of the U.S. experience different problems from those experienced by the States and D.C. (See Table A.1 in Appendix A for an aggregate tabulation of data from the territories.) Most notably, Puerto Rico reports dramatic vacancy rates in many positions. For example, 17 of 20 positions in Rehabilitation Administration were reported vacant. Twenty-two of 39 positions in physical therapy were reported vacant.³ They reported many similar vacancy rates in other occupations, and they reported that virtually all of these positions had remained vacant for at least 90 days. At the same time, they reported no vacancies in Rehabilitation Counselor positions.

The reader should note that Puerto Rico reported many more positions in specialized occupations than did other states. For example, they reported 43 budgeted positions for Occupational Therapists. All of the States combined reported only 51 budgeted positions. Puerto Rico reported 39 budgeted positions for Prosthetists and Orthotists. Combined, the States reported a total of 15 budgeted positions in these specialties.

In the other territories and protectorates the few vacancy problems were apparent. An overview is as follows:

- Guam reported one vacancy in Rehabilitation Administration, and two vacancies for Rehabilitation Counselors.
- The Commonwealth of the Northern Marianas reported no vacancies.
- The Virgin Islands reported one vacancy for a Vocational Evaluator.

CAPs and CILs

No vacancy problems appeared in the responses from Client Assistance Programs. No occupation exhibited a vacancy rate above 4.5 percent, and the largest group of vacancies was in Counselor Aides assisting Client Assistance Personnel.

The data from the Centers for Independent Living revealed few widespread vacancy problems. By far the most frequently employed professional specialty is Independent Living Personnel, accounting for 467 positions (35 percent of all budgeted positions). This occupation experienced a five percent vacancy rate. Fourteen of 98 organizations employing such personnel reported a total of 25 vacancies. The majority of these vacancies (19) had been open for at least 90 days.

³Puerto Rico accounted for 39 of the 40 physical therapist positions in the territories.

Personnel in most other occupations were employed only rarely, so vacancy rates are very volatile. However, the fact that four out of 25 budgeted positions for Rehabilitation Teachers were vacant warrants mention. All these vacancies were distributed over three of the eight organizations that report hiring personnel in this specialty, and all four vacancies persisted for at least 90 days.

Complete tabulations of this information are included in Appendix A. Table A.2 tabulates responses from directors of CAPs, and Table A.3 tabulates responses from directors of CILs.

Vacancy Problems that Stem from Personnel Shortages

Vacancy problems emerged from our review of the State agency data. The first two rows of Table 3.2 list the occupations in which high vacancy rates or large numbers of vacancies may signal a labor shortage.

Our analysis of CAP and CIL data revealed no additional problem areas. Thus, the second stage of the analysis (identifying occupations in which vacancies appear to signal shortages) examines data about the 16 occupations listed in the first two rows of Table 3.2. Because of the small size of the profession, we exclude Prosthetics and Orthotics from subsequent analysis.

In order to identify vacancy problems that appear to have stemmed from personnel shortages, SOPS asked respondents several questions to elicit whether or not vacancies were particularly persistent. Specifically, the instrument asked directors who report difficulties filling vacancies if salary offerings have been raised or requirements lowered to fill positions. Combined with information about vacancies that persist for at least 90 days, these items reveal the occupations in which vacancies appear to have resulted from actual shortages of trained personnel. Table 3.3 tabulates the responses to this item from directors of State agencies that have vacancies. The table includes all professions with notable vacancies.

The first three columns of Table 3.3 present the number of agencies with vacancies who answered affirmatively to one of the indicators of personnel shortages. The final column is an unduplicated count of the agencies that answered affirmatively to at least one of the indicators of personnel shortages.

Of the 16 occupations in which vacancy problems appear, three occupations were mentioned by at least ten respondents as having the sort of persistent vacancies that indicate a personnel shortage:

- General Rehabilitation Counselors;
- Rehabilitation Administration; and
- Orientation and Mobility Specialists.

Additionally, Counselors for the Deaf appeared to experience persistent vacancies as well. As indicated in Table 3.1, 19 Counselors for the Deaf positions were vacant at the time of the survey.

Table 3.3: Indicators of personnel shortage by occupation among agencies reporting difficulties filling vacancies in those occupations.

OCCUPATION EXPERIENCING VACANCIES	Number of Agencies with Vacancies Reporting Difficulty Filling Them and Responding Affirmatively to Indicators of Personnel Shortage			
	A. Positions Vacant 90 days	B. Raised Salary Offering	C. Lowered Minimum Requirements	Any Indicator of Shortage (A, B or C)
General Rehabilitation Counselor	14	10	2	19
Counselor Aide	0	0	0	0
Rehabilitation Administrator	20	1	2	20
Orientation and Mobility Specialist	11	4	2	12
Rehabilitation Nurse	7	5	0	7
Physical Therapist	4	4	0	4
Rehabilitation Engineer	0	0	0	0
Technology Specialist	0	0	0	0
Vocational Evaluator	3	1	1	4
Work Adjustment Specialist	1	1	0	1
Vocational Instructor	0	0	0	0
Business Enterprise Specialist	1	0	0	1
Occupational Therapist	5	5	0	5
Psychological Therapist	2	0	0	2
Supported Employment/Job Coach	0	0	0	0
Interpreter for the Deaf	2	2	0	3
OTHER OCCUPATIONS WHERE PROBLEMS APPEAR				
Counselors for the Deaf	7	4	2	8

These vacancies were distributed over 14 agencies, suggesting a widespread problem. Thirteen of the 19 vacancies had been vacant for at least 90 days.

These four professions (the three bulleted above, plus Counselors for the Deaf) constitute the first set of occupations that appear to suffer personnel shortages.

A Word of Caution

The SOPS defined budgeted positions as those positions that "...are currently filled, or for which applicants are actively being sought, and to which no budget or administrative holds or freezes apply." This language is similar to the definition used by the Bureau of Labor Statistics in the recent Employee Turnover and Job Openings Survey (see BLS, 1991). The BLS wording excluded jobs to be filled by recall from temporary layoffs and within establishment transfers, promotions, or demotions. SOPS did not provide this further guidance on the meaning of "actively being sought."

Anomalous data drew our attention to the data collected from several states. Further investigation revealed that in some states openings are limited to individuals transferring from other state agencies. Essentially, many State positions were reserved for personnel laid off from other State positions.

Shortages under these circumstances do not indicate an immediate need for further long-term training. Vacant positions exist, but they are not available to new graduates.

This problem may be quite wide-spread. Figure 3.1 provides a brief feel for the potential scope of this problem. It reports on our findings from the few, unrepresentative follow-up calls that we made. That chart illustrates the percentage of vacant General Rehabilitation Counselor positions that are reserved for employees transferring from other state employment.

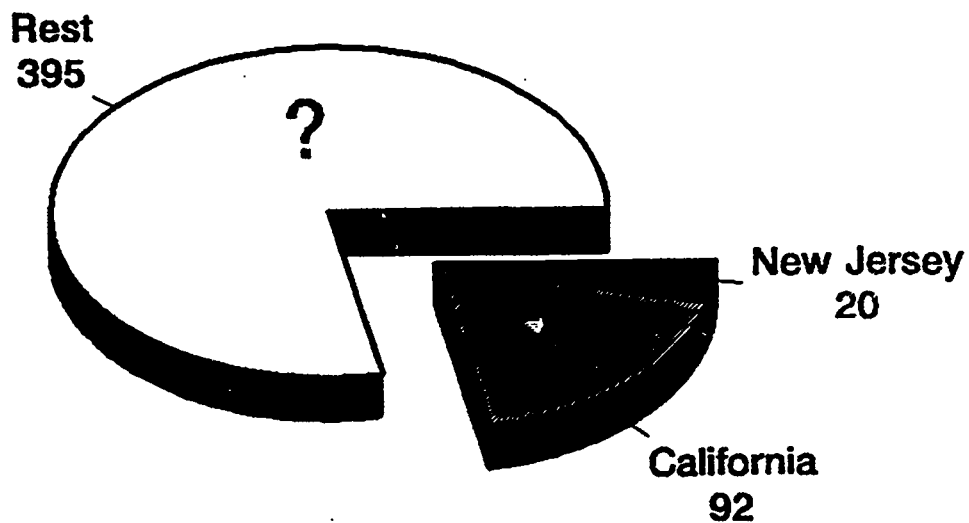
Figure 3.1 illustrates, when reserved positions are removed from the number of budgeted and unfilled positions, the vacancy rate for Rehabilitation Counselors drops from around seven percent to about five percent. This is a substantial difference. The question mark in the rest of the graph indicates that we simply do not know the extent of this phenomenon. We only made follow-up contact with the few States that caught our attention.

Readers should take keep this background information in mind while reading this report. However, since the positions are vacant, and because we do not know the number of positions reserved, we continue to count these positions as vacant.

Skill Deficiencies

As discussed above, shortages of adequately-prepared personnel need not result in vacancies. Some agencies find that shortages of trained personnel affect clients least if they fill the position with personnel who are only minimally qualified. Therefore, some personnel shortages may not result in any notable pattern of vacancies. Occupations experiencing such shortages will comprise the second component of our list of occupations that may be experiencing shortages. The SOPS asks employers to identify occupations in which difficulty filling positions has forced them to hire personnel who are educationally qualified but only minimally skilled.

Vacant Counselor Positions Reserved for State Employees



During the current recession some states have limited recruitment to state employees. We know this is the case in California and New Jersey, but we have not checked with all states. The vacancy rate excluding these positions is 5.7%

Figure 3.1: Vacant positions reserved for State employees.

State Agencies

Table 3.4 presents State directors' responses to the question about hiring minimally-skilled applicants. The first column of Table 3.4 indicates the number of State agencies that employ persons in the profession listed in the row heading. The second column indicates the number of agencies with budgeted positions that report hiring minimally-skilled personnel. The final column presents the percent of those agencies that employ personnel in a specialty that report hiring only minimally-skilled applicants.

At least five directors of State agencies indicated that they hired only minimally skilled applicants in occupations in four occupational specialties:

- Eighteen directors reported hiring minimally-skilled applicants for General Rehabilitation Counselor positions. This represents 34 percent of the 53 agencies employing personnel in this profession.

TABLE 3.4: NUMBER OF BUDGETED POSITIONS AND NUMBER OF SITES HIRING MINIMALLY SKILLED APPLICANTS BY OCCUPATION AT STATE AGENCIES

		BUDGETED PROFESSIONS	HIRED MINIMALLY SKILLED APPLICANTS	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATION			
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	53	18	34
	DEAFNESS COUNSELOR	45	8	18
	BLINDNESS VISUAL IMPAIRMENT COUNSEL	48	6	13
	MENTAL ILLNESS COUNSELOR	17	1	6
	SPECIFIC LEARNING DISABILITY COUNSELOR	6	1	17
	TRAUMATIC BRAIN INJURY COUNSELOR	11	1	9
	OTHER SPECIALTY COUNSELOR	36	0	0
	COUNSELOR AIDE	15	1	7
	REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	72	1	1
	OTHER ADMINISTRATION	32	0	0
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	36	7	19
	REHAB TEACHER FOR THE BLIND	41	2	5

(CONTINUED)

TABLE 3.4: NUMBER OF BUDGETED POSITIONS AND NUMBER OF SITES HIRING MINIMALLY SKILLED APPLICANTS BY OCCUPATION AT STATE AGENCIES

		BUDGETED PROFESSIONS	HIRED MINIMALLY SKILLED APPLICANTS	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATION			
REHABILITATION FACILITY ADMINISTRATION	REHAB FACILITY ADMINISTRATION	38	0	0
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPECIALIST	14	0	0
	REHABILITATION NURSE	22	4	18
	REHABILITATION DENTIST	2	0	0
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	2	0	0
PHYSICAL THERAPY	PHYSICAL THERAPIST	10	2	20
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	13	2	15
REHABILITATION TECHNOLOGY	REHAB ENGINEER	23	0	0
	TECHNOLOGY SPECIALIST	26	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	33	3	9
	WORK ADJUSTMENT SPECIALIST	12	0	0
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	14	0	0

(CONTINUED)

TABLE 3.4: NUMBER OF BUDGETED POSITIONS AND NUMBER OF SITES HIRING MINIMALLY SKILLED APPLICANTS BY OCCUPATION AT STATE AGENCIES

		BUDGETED PROFESSIONS	HIRED MINIMALLY SKILLED APPLICANTS	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATION			
WORKSHOP FACILITY PERSONNEL	PRODUCTION SUPERVISOR	12	0	0
	VOCATIONAL INSTRUCTOR	23	1	4
	BUSINESS ENTERPRISE SPECIALIST	42	1	2
REHABILITATION PSYCHOLOGY	PSYCHOLOGICAL THERAPIST	6	2	33
	PSYCHOLOGIST PSYCHIATRIST	24	0	0
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOY PERS JOB COACH	18	0	0
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	40	0	0
	INDEPENDENT LIVING PERSONNEL	30	0	0
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	2	0	0
	SPEECH LANGUAGE PATHOLOGIST	6	0	0
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	15	2	13
JOB DEVELOPMENT PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	35	0	0
CLIENT ASSISTANCE	CLIENT ASSISTANCE ADMINISTRATION	15	0	0
	CLIENT ASSISTANCE PERSONNEL	11	0	0
OTHER	SOCIAL WORKER	20	0	0
	RECREATION THERAPIST	15	0	0

- Eight directors reported hiring minimally-skilled applicants for Counselors for the Deaf positions. This represents 18 percent of the 45 agencies employing personnel in this profession.
- Six directors reported hiring minimally-skilled applicants for Counselors for the Blind/Visually Impaired positions. This represents 13 percent of the 48 agencies employing personnel in this profession.
- Seven directors reported hiring minimally-skilled applicants for Orientation and Mobility Specialist positions. This represents 19 percent of the 36 agencies employing personnel in this profession.

Three of these four professions were identified as potential areas of shortage in the preceding analysis: General Rehabilitation Counselors, Counselors for the Deaf, and Orientation and Mobility Specialists. The fact that several directors report hiring minimally-skilled applicants underscores the possibility that these may be areas of shortage. Counselors for the Blind/Visually Impaired did not have notably high vacancy rates nor large numbers of vacancies. However, their appearance on the list above suggests that State directors may be responding to a personnel shortage by hiring personnel who are not quite up to their standards.

CAPs and CILs

Directors of Client Assistance Programs reported no instances of filling positions with individuals who did not meet employment standards completely.

Directors at Centers for Independent Living reported few instances of filling positions with personnel who are less than fully qualified. The one exception to this comes in the area of Independent Living Personnel where directors reported this problem at 18 of 98 sites (18 percent). This is reported as being the most frequently employed of all CIL positions, which suggests that directors may address personnel shortages by hiring personnel who do not fully meet their employment standards.

The reader should be aware that the picture of personnel needs at Centers for Independent Living may be less precise than that which we were able to obtain for the other respondent organizations. A wide array of position types fall under the heading Independent Living Personnel. Examples of these can include: client and community advocacy; peer counseling; independent living skills training; information and referral; and case management. The types of positions employed can vary from center to center, state to state. These discrepancies are often the result of the kinds of clients served by the centers. CILs serving specific populations, such as a particular disability group, the mentally ill, or the elderly, require different types of Independent Living Personnel. Because of this variation it is not possible to point to a specific position or type of position as being filled with less than fully-qualified personnel.

Comments from CIL directors emphasize that, in many cases, the structure of the survey instrument does not allow for an adequately precise portrayal of the personnel needs facing a Center for Independent Living. This assessment is reflected in comments such as: 1) "The basic premises and assumptions underlying the questionnaire do not relate to the basic paradigm of

Centers for Independent Living"; 2) "Perhaps a survey specific to CILs only would be more appropriate"; and 3) "Limiting one training area is too confining. Don't think you will get the breadth of the scope of needs". The specific reference to Independent Living Personnel also produced comments addressing the fact that the category could not fully address the whole of the personnel falling under it. This is best summarized in the following comment: "This survey appears to be geared toward rehabilitation disciplines not independent living as necessitated by all independent living staff members being lumped under one specialty although their expertise and training needs are very diverse and make responding in an accurate manner difficult."

Far and away, however, directors give lack of funding as the reason for hiring under-qualified staff. In many cases, systematic under-budgeting over the course of several years has kept salaries uncompetitive and necessitated the hiring of personnel who do not fully meet employment standards. This point is driven home in the comments provided by CIL directors: 1) "Our staff is the lowest paid in the state, we have difficulties attracting qualified personnel and have lowered our expectations"; and 2) "We have learned to settle for second best due to lack of salary". Such remarks are not uncommon; CIL directors point to lack of adequate funding as the principle cause of these hiring practices throughout the sample.

Complete tabulations of the CIL information appear in Appendix A, Table A.4.

Summary

Our analysis of occupations in which State directors report hiring minimally-skilled personnel identified one specialty, Counseling for the Blind/Visually Impaired, that does not have high vacancy rates or persistent vacancies, but may nonetheless be experiencing a personnel shortage. This analysis also provided evidence to support our conclusion that three other occupations identified in the preceding analysis are experiencing a labor shortage.

In addition to identifying potential personnel shortages, this information helps identify professional specialties in which in-service training may be required. This is discussed at greater length later.

Shortages of Outside Providers

The final avenue through which a personnel shortage might reveal itself is in a shortage of outside providers of professional rehabilitation services. In order to identify such shortages, the 1992 SOPS asked respondents to identify professions in which they have difficulty locating services, as well as reasons to which they attribute the problem.

A shortage of providers can manifest itself in at least two ways. First, providers of services may simply not exist. Second, providers may exist, but may be under-staffed and therefore unable to provide services to all potential clients. Both of these possibilities are investigated below.

Hard-to-Find Services

Table 3.5 tabulates the State directors' responses to the survey item that asked them to identify professional specialties in which they experienced difficulty locating outside providers. Table 3.5 also includes the directors' perceptions of the nature of the problem: high costs, long delays, or a lack of local providers.

Nine hard-to-find professional specialties stand out by virtue of being mentioned by directors of at least ten agencies:

- Seventeen State directors mentioned Orientation and Mobility Specialists;
- Eleven State directors mentioned Psychiatrists/Physicians;
- Eleven State directors mentioned Psychologists or Psychiatrists;
- Twenty-three State directors mentioned Rehabilitation Engineers;
- Sixteen State directors mentioned Technology Specialists;
- Eleven State directors mentioned Vocational Evaluators;
- Eighteen State directors mentioned Supported Employment Personnel/Job Coaches;
- Twenty-four State directors mentioned Interpreters for the Deaf; and
- Fifteen State directors mentioned Job Development/Placement Personnel.

In all of these cases, the vast majority of respondents identified a lack of local providers as a component of the problem. In all cases, a lack of providers was the most commonly-identified factor contributing to the problem.

Territories

In the four responding U.S. territories and protectorates, Technology Specialists (Puerto Rico and Guam), and Prosthetist/Orthotist (Guam, Mariana Islands, and Virgin Islands) were most commonly specified by directors as areas where they had difficulty finding outside providers. In both of these cases, the lack of local providers coupled with high costs were the predominant factors contributing to these difficulties. In most cases, however, problem areas identified were specific to each territory, with lack of local providers again being the most common contributing factor. These are specified by territory:

- Puerto Rico: Supported Employment Personnel/Job Coach and Rehabilitation Engineer;
- Virgin Islands: Speech/Language Pathologist, Occupational Therapist, and Rehabilitation Engineer;

TABLE 3.5: NUMBER OF STATE DIRECTORS INDICATING DIFFICULTIES LOCATING OUTSIDE PROVIDERS BY OCCUPATION AT STATE AGENCIES

OCCUPATIONAL CATEGORY	OCCUPATION	A HIGH COST		B LONG DELAY		C NO LOCAL PROVIDERS		ANY INDICATOR OF DIFFICULTY (A,B OR C)
		NUMBER OF SITES	PERCENT	NUMBER OF SITES	PERCENT	NUMBER OF SITES	PERCENT	NUMBER OF SITES
REHABILITATION: TECHNOLOGY	DEAFNESS COUNSELOR	1	100	0	0	1	100	1
	BLINDNESS VISUAL IMPAIR COUNSEL	1	100	0	0	1	100	1
	MENTAL ILLNESS COUNSELOR	1	33	2	67	2	67	3
	SPECIFIC LEARNING DISAB COUNSELOR	0	0	0	0	2	100	2
	TRAUMATIC BRAIN INJURY COUNSELOR	1	33	1	33	3	100	3
REHABILITATION ADMINISTRATION	OTHER ADMINISTRATION	1	100	0	0	0	0	1
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	6	35	8	47	17	100	17
	REHAB TEACHER FOR THE BLIND	1	20	0	0	5	100	5
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN	5	45	3	27	9	82	11
	REHABILITATION NURSE	1	100	0	0	0	0	1
	REHABILITATION DENTIST	1	50	0	0	1	50	2

(CONTINUED)

TABLE 3.5: NUMBER OF STATE DIRECTORS INDICATING DIFFICULTIES LOCATING OUTSIDE PROVIDERS BY OCCUPATION AT STATE AGENCIES

OCCUPATIONAL CATEGORY	OCCUPATION	A HIGH COST		B LONG DELAY		C NO LOCAL PROVIDERS		ANY INDICATOR OF DIFFICULTY (A,B OR C)
		NUMBER OF SITES	PERCENT	NUMBER OF SITES	PERCENT	NUMBER OF SITES	PERCENT	NUMBER OF SITES
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	1	50	0	0	2	100	2
PHYSICAL THERAPY	PHYSICAL THERAPIST	1	25	1	25	3	75	4
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	1	17	1	17	4	67	6
REHABILITATION TECHNOLOGY	REHAB ENGINEER	6	26	8	35	21	91	23
	TECHNOLOGY SPECIALIST	6	38	7	44	13	81	16
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	2	18	3	27	10	91	11
	WORK ADJUSTMENT SPECIALIST	2	50	3	75	3	75	4
WORKSHOP FACILITY PERSONNEL	VOCATIONAL INSTRUCTOR	1	25	2	50	2	50	4
REHABILITATION PSYCHOLOGY	PSYCHOLOGIST PSYCHIATRIST	5	45	3	27	8	73	11
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOY PERSONNEL JOB COACH	6	33	7	39	13	72	18
INDEPENDENT LIVING	INDEPENDENT LIVING PERSONNEL	0	0	0	0	5	100	5
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	0	0	0	0	2	100	2

(CONTINUED)

TABLE 3.5: NUMBER OF STATE DIRECTORS INDICATING DIFFICULTIES LOCATING OUTSIDE PROVIDERS BY OCCUPATION AT STATE AGENCIES

		A		B		C		ANY INDICATOR OF DIFFICULTY (A, B OR C)
		HIGH COST		LONG DELAY		NO LOCAL PROVIDERS		NUMBER OF SITES
OCCUPATIONAL CATEGORY	OCCUPATION	NUMBER OF SITES	PERCENT	NUMBER OF SITES	PERCENT	NUMBER OF SITES	PERCENT	NUMBER OF SITES
SPEECH PATHOLOGY AND AUDIOLOGY	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	1	100	1
REHABILITATION OF THE OEF	INTERPRETER FOR THE DEAF	8	33	10	42	20	83	24
JOB DEVELOPMENT PLACEMENT	JOB DEVELOPMENT PLACEMENT PERS	6	40	5	33	12	80	15
CLIENT ASSISTANCE	CLIENT ASSISTANCE PERSONNEL	0	0	0	0	1	100	1
OTHER RESPONSES FROM DIRECTORS	LOW VISION SPECIALIST	0	0	1	100	1	100	1
	NEUROLOGICAL EVALUATOR	1	100	1	100	1	100	1
	ORTHOPEADIC EVALUATORS	1	100	1	100	1	100	1

- Mariana Islands: Prosthetist/Orthotists; and
- Guam: Vocational Evaluator, Rehabilitation Teacher for the Blind, and Orientation and Mobility Specialist.

Availability of Providers of Hard-to-Find Services

Table 3.6 presents the estimated number of outside providers of rehabilitation services for each profession in which at least 10 State directors reported difficulty locating providers. Table 3.6 also contains the estimated number of professionals from each specialty employed. As discussed in the introduction, these numbers are national estimates, but no effort has been made to adjust for non-response. Thus, these estimates are an underestimate of the actual national total. Assuming that non-respondents are identical to respondents (an assumption that we do not believe is warranted) these numbers represent approximately 75 percent of the actual numbers.

Of course, Table 3.6 only presents half of the relevant picture: it estimates the supply of services. Information about the demand for services is beyond the scope of this study. Some relevant information is currently being collected by RSA in the form of the R911 data collection. Without the context of information about demand, it is impossible to make any more than suggestive inferences about specialties in which a lack of providers exists. Still, some numbers do appear to stand out.

Our estimates indicate that about 95 sites offer Orientation and Mobility services nationally. On average this is only about two per state. Each site employs an average of two Orientation and Mobility specialists. At the very least, this suggests that many regions of many states will be geographically distant from service providers.

A similar problem exists with Rehabilitation Engineers and Technology Specialists. Only 49 sites employ Rehabilitation Engineers, each hiring an average of about one person in this specialty. This suggests that access to these services is limited. Technology Specialists are found at 96 organizations, each employing an average of just over one specialist.

Finally, we estimated that fewer than 140 organizations offer interpretation services for the deaf, each employing (on average) fewer than two Interpreters. Again, this suggests that access would be limited.

Two occupations that seem borderline, Physicians/Physiatrists (253 sites) and Psychologists/Psychiatrists (615 sites), offer services that are available through many medical organizations not explicitly approved by State vocational rehabilitation agencies. The difficulty in finding these services identified by State directors suggests that vocational rehabilitation agencies might do well to establish more linkages with the medical community.

Three occupations stand out because, although there appear to be a large number of providers of these services, State directors experience difficulty providing services:

- Vocational Evaluators;
- Supported Employment Personnel/Job Coaches; and

Table 3.6: Availability of outside providers of rehabilitation services by professional specialty.

Professional Specialty	Estimated Number of Providers Offering Services	Estimated Number of Positions Budgeted
Orientation and Mobility Specialist	95	192
Physician/Physiatrist	253	332
Psychologist/Psychiatrist	615	1194
Rehabilitation Engineer	49	51
Technology Specialist	96	134
Vocational Evaluator	1013	1701
Supported Employment/Job Coach	1811	6592
Interpreter for the Deaf	137	191
Job Development Personnel	1656	3503

NOTE: For the reasons discussed in the introduction, these estimates have not been adjusted for non-response. Therefore, these numbers underestimate the true national figures.

- **Job Development/Placement Personnel.**

Each of these services is offered by between 1000 and 2000 sites employing a total of between 1700 and 6600 personnel. Although these numbers seem large, in the absence of demand data it is impossible to make any solid judgment about the adequacy of the availability of these services. One indication that these large numbers are insufficient is that State directors report difficulty locating the services.

One possible explanation for the apparent contradiction between the many providers and the difficulty locating services may result from the geographic distribution of services. If organizations providing these services are concentrated in the cities, for example, then locating services in rural areas will present a problem. The pie charts in Figure 3.2 describe the distribution of provider organizations across urban/rural settings. The final chart in Figure 3.2 illustrates the urban/rural distribution of all outside providers.

As illustrated in Figure 3.2, the distribution of providers of job development, supported employment, and vocational evaluation services across geographic settings is very similar to the

distribution of the general population of provider organizations. Thus, it is unlikely that this factor explains why State directors report difficulty locating these services and not others.

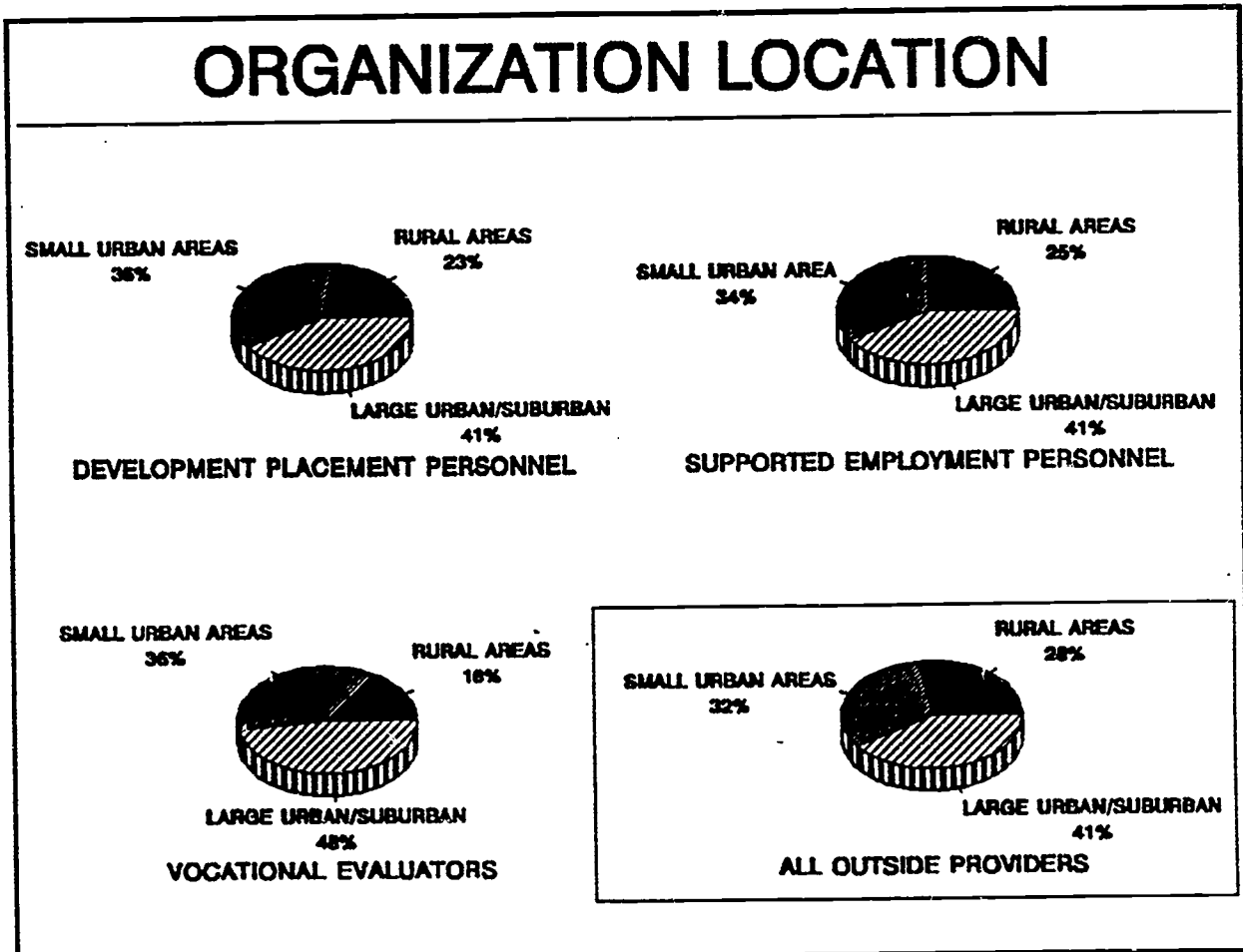


Figure 3.2: Rural/Urban location of providers of three hard-to-find services.

Personnel Shortages at Provider Organizations

Some of the problems, as reported by State directors, in locating providers may stem from under-staffed, rather than nonexistent, providers. Here, we repeat analysis of personnel shortages conducted for the other respondent groups to identify personnel shortages affecting provider organizations. We focus on the occupations in which directors of State agencies report difficulty arranging for services.

Vacancies

Table 3.7 reports estimates of budgeted positions, unfilled positions, and positions unfilled for 90 days for occupations in which State directors reported difficulty procuring services.⁴ That table also includes five other occupations in which high vacancy rates signal potential shortages that do not directly affect State directors ability to locate services.

Unfortunately, the number of respondents from three of these cells was too small to make any reasonable inferences about vacancy rates. However, where the sample size was over 30, we found high vacancy rates in eight specialties, three of which were mentioned by State directors as specialties in which purchased services were difficult to locate. The three specialties mentioned by State directors that have high vacancy rates are:

- Orientation and Mobility Specialist;
- Supported Employment Personnel; and
- Physician/Physiatrist.

The first of these, Orientation and Mobility Specialists, appeared as a shortage in the analysis of data from the State directors. Those agencies that choose to contract out this service report a problem locating these services. Table 3.7 suggests that difficulty locating services may result, at least partially, because facilities are unable to hire enough Orientation and Mobility Specialists to meet the demand.

These figures also offer one possible explanation for State directors' difficulties in locating providers of Supported Employment services despite the apparently large number of providers of these services. About nine percent of Supported Employment Personnel positions at provider organizations were vacant at the time of our survey. This suggests that providers may be experiencing difficulty staffing positions to expand services to meet the needs of State agency and other clients.

The widely accepted labor shortage in health professions goes a long way in explaining vacancies in the last profession in this group, Physicians and Physiatrists. Similarly, three of the other five occupations with high vacancy rates are health and allied health professions:

- Rehabilitation Nurses;
- Physical Therapists; and
- Occupational Therapists.

Two other specialties experienced high vacancy rates at provider organizations: Speech/Language Pathology and Social Work. Despite high vacancy rates, only a single State

⁴ In Appendix A, Table A.5 presents a complete tabulation of this data. Table A.6 presents an unweighted version of the same table that offers sample sizes.

Table 3.7: Number of Budgeted and Unfilled Positions by Occupation at Outside Providers of Purchased Services that State Directors Report Difficulty Obtaining

Professional Specialty Mentioned by State Directors	Estimated Number of Positions Budgeted	Estimated Number of Unfilled Positions	Estimated Vacancy Rate	Estimated Number of Positions Vacant for at Least 90 Days	Estimated Percent of Positions Vacant for at Least 90 Days
Orientation and Mobility Specialists	192	34	17	26	13
Physician/ Psychiatrist	332	25	8	13	4
Psychologist/ Psychiatrists	1194	35	3	12	1
Rehabilitation Engineer	51	0	*	*	*
Technology Specialist	134	7	*	*	*
Vocational Evaluator	1701	21	1	2	0
Supported Employment/Job Coach	6592	450	9	210	4
Interpreter for the Deaf	191	49	*	*	*
Job Development Personnel	3503	164	5	10	0
Other Occupations with High Vacancy Rates					
Rehabilitation Nurse	3943	279	7	193	5
Physical Therapist	2904	356	13	152	8
Occupational Therapist	1976	303	15	200	10
Speech/Language Pathologist	1472	138	9	99	7
Social Worker	2605	269	10	158	6

NOTES: For the reasons discussed in the introduction, these estimates have not been adjusted for non-response. Therefore, these numbers underestimate the true national figures.

* Less than 30 organizations in our sample employed personnel in these professions.

director reported difficulty procuring Speech/Language Pathology services, and none identified Social Work.

Vacancy Problems that Stem from Personnel Shortages

We used the same set of indicators used on the State director survey to ascertain whether or not the observed vacancies were likely to stem from actual labor shortages. As noted above, these were:

- if vacancies persisted for at least 90 days;
- if vacancies persisted despite increased salary offerings; or
- if vacancies persisted despite lowering requirements.

Responses to these questions are tabulated in the Appendix, in Tables A.7 (weighted) and A.8 (unweighted). Examining those tables, we estimate that the experience of at least 100 organizations (about two and one-half percent of our estimate of the number of organizations nationally) indicated a labor shortage in four occupations. One of these occupations was identified as an area in which State agencies have difficulty locating services: Supported Employment Personnel.

Three other occupations with high vacancy rates also appeared to be experiencing a shortage of qualified personnel:

- Physical Therapists;
- Occupational Therapists; and
- Social Workers.

As mentioned above, two of these are allied health professions that are widely believed to be experiencing a labor shortage. This data reveals that organizations were more likely to leave positions vacant for 90 days or lower minimum requirements than to raise the salaries of social workers.

Skill Deficiencies

As with the other respondent groups, we examined the data for indications that facilities were responding to labor shortages by hiring minimally-skilled personnel rather than leaving positions vacant. Again, we identified those professions in which we estimate that at least 100 organizations nationally hired personnel who were only minimally skilled. Only one of the specialties in which State directors reported difficulty procuring services was identified: Supported Employment Personnel. We estimate that over 200 providers of supported employment services hired personnel who were educationally qualified but minimally skilled. This adds further support to the conclusion that a labor shortage may exist in this area.

Two other specialties also made the list: General Rehabilitation Counselors and Job Development/Placement Personnel. This information is reported in detail in Table A.9.

Summary

The preceding analyses identified five occupations in which a personnel shortage appears to affect State agencies directly:

- General Rehabilitation Counselors;
- Counselors for the Deaf;
- Counselors for the Blind/Visually Impaired;
- Rehabilitation Administration; and
- Orientation and Mobility Specialists.

Furthermore, we identified one occupation in which a shortage of qualified personnel appears to hinder State agencies' abilities to locate services from outside providers: Supported Employment Personnel. Our analyses also identified likely personnel shortages in several health and allied health professions. However, since rehabilitation represents only one small portion of the market for these services, we do not extend our analysis of these shortages.

Finally, we found very few providers of four services that State directors reported difficulty locating:

- Orientation and Mobility Specialists;
- Rehabilitation Engineers;
- Technology Specialists; and
- Interpreters for the Deaf.

We end our analysis of these four specialties here, but recommend further investigation into ways in which the supply of these services can be increased. While training more people in these specialties may offer a partial solution, it may not be entirely appropriate. Once trained, only the most entrepreneurial graduates are likely to find a living in these fields--organizations are not out there hiring. Furthermore, structural characteristics of the demand for services may make it difficult to provide some services at a profit. For example, if the demand for Rehabilitation Engineers is very low, a national referral network might be an efficient way to increase access to this service.

Thus, we have identified six areas in which personnel shortages may be affecting services to State Agency clients. Five of these shortages affect State hiring directly, and one, Supported Employment Personnel, affects State agencies' abilities to procure purchased services. These six occupations form the basis for the next stage of the analysis.

Shortages Due to Training

As discussed above, even where personnel shortages exist, additional long-term training is not always an appropriate means to improve the situation. In order to assess the role of training in personnel shortages, we asked directors of State agencies for their insights into the factors that contributed to their problems attracting qualified applicants. One of the response options was "Inadequate Training/Education." Responses to this question for each occupation experiencing a labor shortage are tabulated in Table 3.8.

Table 3.8: Number of directors of organizations with budgeted positions reporting an inadequate pool of applicants, and the reasons to which they attribute the problem.

OCCUPATION	Number of Sites Reporting					
	A problem	Due to Low Salary	Due to Remote Location	Due to Poor Work Condition	Due to Competition	Due to Training
STATE DIRECTORS						
General Rehabilitation Counselors	26	18	13	1	15	12
Counselors for the Deaf	9	5	2	0	5	6
Blindness/ Visual Impairment Counselors	2	1	0	0	1	0
Rehabilitation Administration	6	5	3	2	4	4
Orientation and Mobility Specialists	12	5	2	0	4	8
OUTSIDE PROVIDERS (WEIGHTED ESTIMATES)						
Supported Employment Personnel/ Job Coach	252	161	53	76	81	160

At least five Directors of State agencies reported an unsatisfactory pool of applicants due to inadequate training in three of the specialties identified as areas of shortage:

- General Rehabilitation Counselors;
- Orientation and Mobility Specialists; and
- Counselors for the Deaf.

Also, we estimate that about 160 providers of purchased services believe that their difficulties in hiring Supported Employment Personnel stem, in part, from applicants' inadequate training or education. This represents almost 10 percent of the approximately 1800 organizations estimated to employ people in this specialty.

It is important to note that in all cases a substantial number of respondents indicated that low salary was a factor contributing to their hiring woes. Indeed, respondents identified low salary more often than any other factor contributing to difficulty in hiring General Rehabilitation Counselors and Supported Employment Personnel. In the other two occupations identified, Orientation and Mobility Specialists and Counselors for the Deaf, low salary finished a close second behind inadequate training.

We have identified four specialties in which employers believe that inadequate training/education is an important factor contributing to their difficulties in hiring qualified personnel. These four specialties are the shortages most likely to benefit from increased long-term training.

Specific Long-Term Training Needs

Having identified the specific professions in which additional pre-service training opportunities are likely to help alleviate personnel shortages, it is useful to identify the level of education required in each of these positions. Figure 3.3 illustrates the distribution of minimum educational requirements in each of the four professions identified. The data for General Rehabilitation Counselors, Counselors for the Deaf, and Orientation and Mobility Specialists are taken from the State agency survey, because that is where the shortage appeared. Similarly, the data for Supported Employment Personnel comes from the Facilities survey.

Figure 3.3 reports the number of *budgeted* positions (rather than vacant positions) requiring each level of education. Positions that are currently vacant will be filled by the time new trainees enter and complete educational programs. These positions represent the pool of positions from which the new vacancies will be drawn. As will be discussed below, the minimum educational requirements appear relatively unrelated to the probability that a position will be vacant. Therefore, examining the budgeted positions provides at least as reasonable a picture of future vacancies as would currently-vacant positions.

As is clear from Figure 3.3, the vast majority of Rehabilitation Counselor positions require a rehabilitation-specific bachelor's degree or less. Rehabilitation-specific bachelor's degrees are the most common educational requirement for this group.

The pattern among Counselors for the Deaf is quite similar. Most positions require only a rehabilitation specific bachelor's degree or less, with rehabilitation-specific bachelor's being only slightly more prevalent than non-specific bachelor's.

The picture for Orientation and Mobility Specialists is markedly different. Virtually all Orientation and Mobility Specialist positions require at least a rehabilitation-specific bachelor's degree, with over half requiring a master's degree. Of those positions requiring a master's degree, virtually all require a specific master's degree.

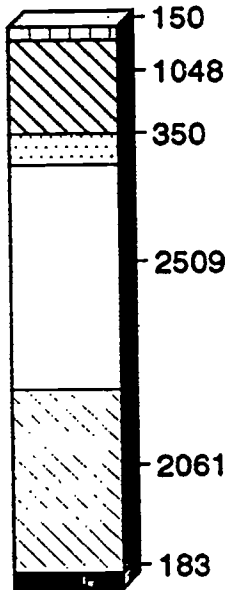
The main long-term training need apparent at the facilities is Supported Employment Personnel. Figure 3.3 dramatically illustrates the vast differences between the educational requirements for these positions and the educational requirements of the other positions experiencing shortages. Over half of the budgeted positions within this profession require only a high school degree. Very few of the positions require more than an unspecified bachelor's degree. Thus, it is not clear where long-term training funds would be useful.

Figure 3.4 helps put the scope of the long-term training needs into perspective. Each bar is proportional to the number of vacant positions within the profession. (We have omitted the data on Supported Employment Personnel because of the relatively low educational requirements in those positions.) The shaded areas within each bar represent the number of vacant positions at each educational level. The small differences apparent between the distribution of educational requirements in these graphs and those in Figure 3.3 are probably not indicative of any real differences. The numbers involved in the vacant positions are so small that a few positions one way or the other would dramatically alter the distributions.

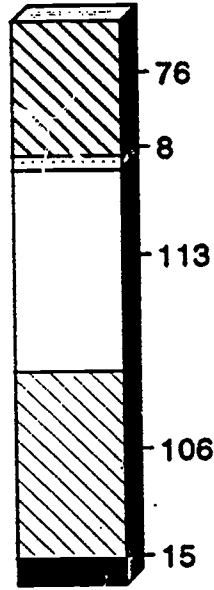
As Figure 3.4 makes clear, by far the largest area in which training is needed is rehabilitation counseling. There, over 200 positions requiring more (or more specific) education than an unspecified bachelor's degree are currently vacant, more than ten times the number of vacant positions (at a similar educational level) in the other two professions combined. This is not to say that the training need in rehabilitation counseling is more important than the training needs in the other two professions; rather it will simply require a larger effort to meet the need.

FIGURE 3-3

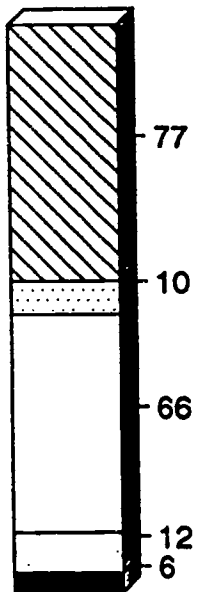
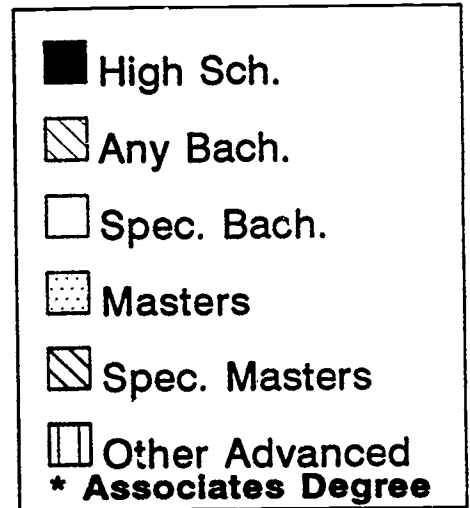
Educational Requirements for Budgeted Positions (Number of Positions)



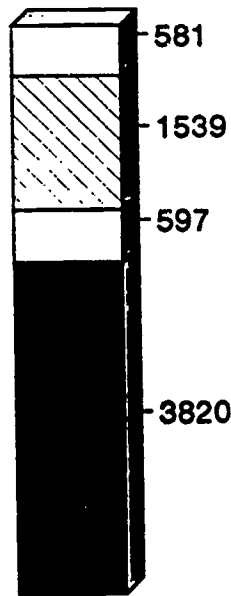
General Rehab. Coun.
(State Agencies)



Counselor/Deaf
(State Agencies)

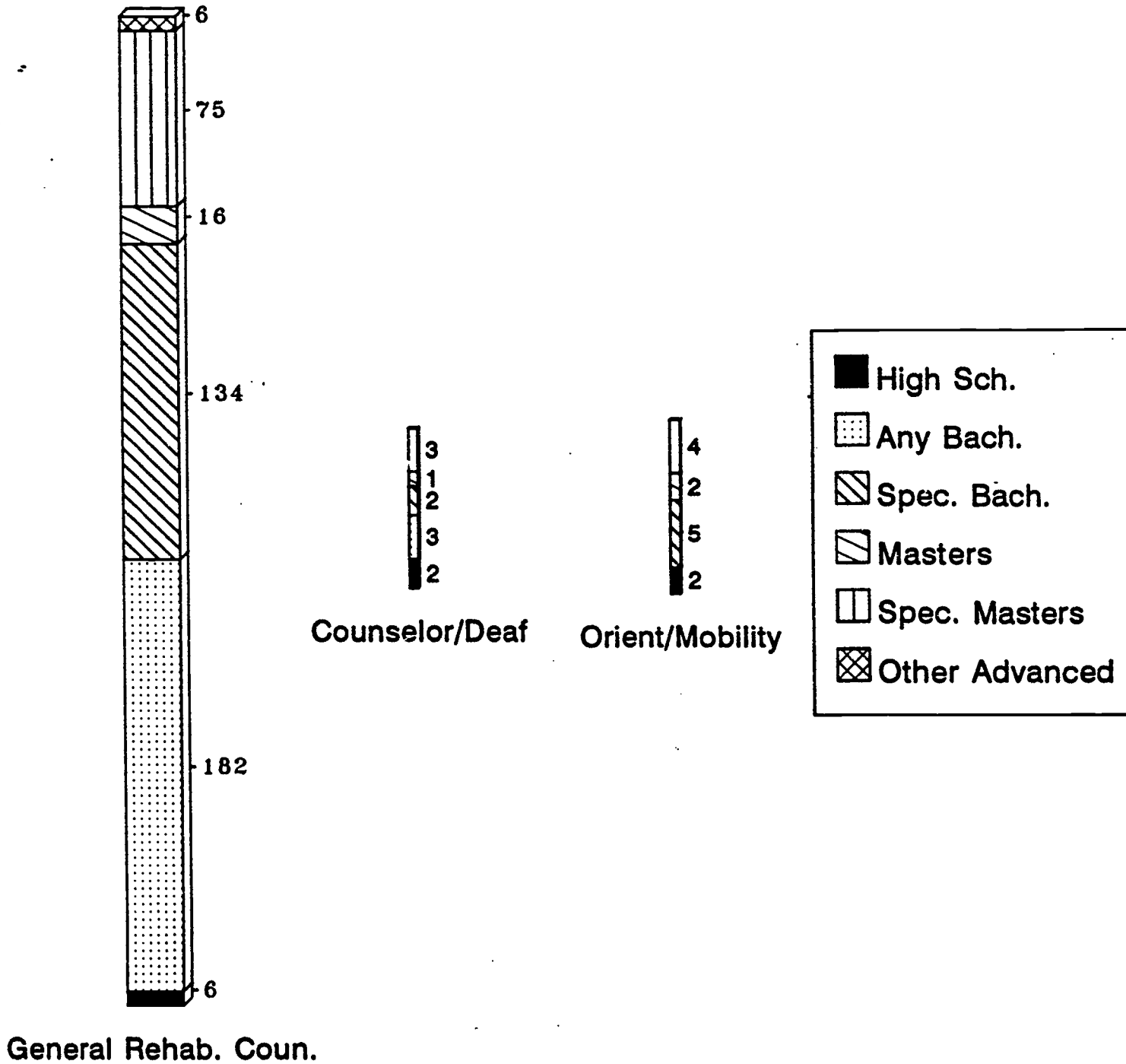


Orient/Mobility
(State Agencies)



Supported Employ.
(Facilities)

Figure 3-4
Educational Requirements for Unfilled Positions (Number of Positions)



CHAPTER 4

SHORT-TERM TRAINING NEEDS

In addition to the long-term training needs identified above, SOPS also identifies short-term training needs. Some short-term training needs arise as a longer-term consequence of personnel shortages. When employers are forced to hire minimally-skilled personnel they must provide the training to bring them up to speed.

Shifting demands on rehabilitation professionals offer a second source of demand for short-term training. The evolving challenges faced by Vocational Rehabilitation, as well as the refinement of rehabilitation techniques, require ongoing training for even the best-qualified personnel.

After identifying the specialty areas in which a need for short-term training is indicated, we examine the scope and content of the required training.

Short-Term Needs

SOPS collected data that reflect both sources of short-term training needs. The question about hiring minimally-skilled applicants (discussed above) provided insight into the areas in which personnel shortages have resulted in a pool of employees in need of training. The SOPS also asked respondents to identify any occupations in which they believed that personnel were in critical need of training.

Given the format of these survey items, we expected a good deal of overlap. Reassuringly, this is exactly what we observed. However, several occupations in which employers did not report hiring minimally-qualified personnel appeared on the lists of areas in which personnel were critically in need of training. These are discussed below.

State Agencies

Figure 4.1 presents the occupations which Directors of State agencies frequently mentioned as needing training. The height of each bar represents the number of directors of State agencies who mentioned the occupation as one of the five areas in which a critical training need exists. The first three bars represent the three occupations in which State directors reported critical training needs among their staffs. The last four bars represent other occupations in which a substantial number of State directors reported hiring minimally-skilled personnel.

The first three occupations present no surprises. Training less-skilled employees is an important means by which agencies deal with personnel shortages. The last four professions, however, warrant some consideration.

Forty-two directors of State agencies reported that Rehabilitation Administrators on staff were critically in need of training. This was second only to the frequency with which General Rehabilitation Counselors were mentioned. Rehabilitation Teacher and Vocational Evaluator

Number of Agencies Reporting Critical Training Need by Occupation

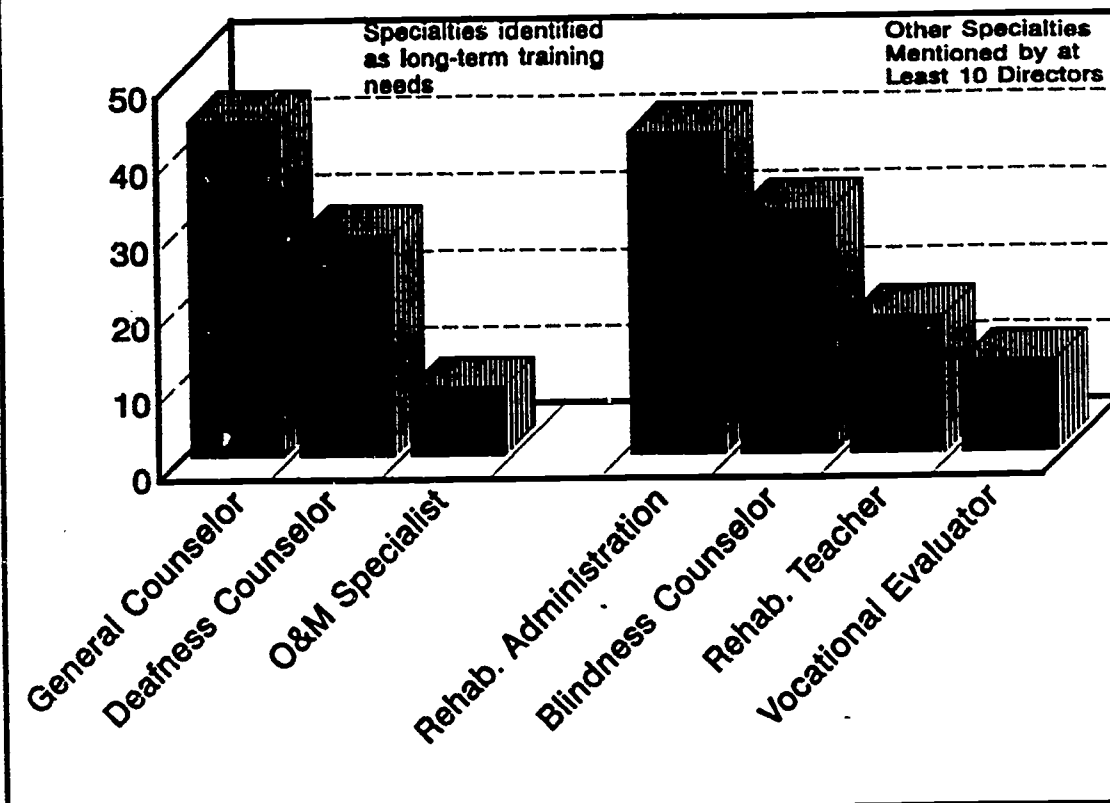


Figure 4.1: Number of Agencies Reporting Critical Training Need by Occupation.

were also identified as professions in which personnel needed additional in-service training. (See Table A.10 for a complete tabulation of this information.)

CAPs and CILs

Directors of Client Assistance Programs reported that few positions are experiencing critical training needs. A very notable exception is in the area of Client Assistance Administration where 65 percent of all directors perceived training needs to be crucial. Client Aide/Client Assistance Personnel were also seen as experiencing a desperate need for training. Thirty-three percent of the CAP directors reported this need. For all other positions, training problems were either not considered critical, or were considered critical by only one director.

For Centers for Independent Living, four employment areas were specified where 10 or more directors felt that a critical training need exists. The most notable of these were in the areas of Independent Living Administration (49 percent) and Independent Living Personnel (56 percent). Other occupations identified as having training needs included Other Administration, and General Rehabilitation Counselor.

Facilities

The survey of outside providers revealed a widespread need for training in nine occupations. We considered training needs widespread if we estimated that at least 200 organizations (nationally) employed personnel in need of training. Of the nine occupations in which this was the case, three were in areas in which directors of State agencies reported difficulty locating outside providers of services:

- Supported Employment Personnel;
- Job Development/Placement Personnel; and,
- Vocational Evaluator.

The six other specialties exhibiting widespread training needs were:

- Rehabilitation Facility Administrator;
- Other Administrator;
- General Rehabilitation Counselor;
- Work Adjustment Specialist;
- Production Supervisor; and,
- Vocational Instructor.

Because of the diversity of responses from these organizations, we were unable to obtain reasonably precise estimates of the content of the training required in these areas.

These responses are presented in Tables A.11 and A.12.

Type of Training Needed

SOPS collected two pieces of information that helped identify the specific type of training needed to upgrade the skills of minimally-skilled personnel. The instrument asked respondents to identify up to five professional specialties in which their staff needed additional training. For each specialty, they were asked to specify the particular content required, as well as the appropriate amount (e.g., one week, one month) of training.

For each area in which a widespread training need exists we have constructed a chart presenting:

- the number of organizations reporting a need for training;

- the number of organizations identifying each training area as critical;
- the estimated number of employees in need of training; and,
- the amount of training needed to convey the appropriate material.

State Agencies

The State agencies exhibited little consensus about the specific content of the training required by employees in each profession. Tables 4.1 - 4.7 report these responses. To the extent that any patterns emerge in these responses (nothing approaching consensus emerged for Orientation and Mobility Specialists or Rehabilitation Teachers), respondents most frequently indicated a need for training in very fundamental areas:

- General Rehabilitation Counselors were most often reported needing training in case management;
- Counselors in specialized positions (blindness and deafness) were most frequently found to need training in those specific areas of disability;
- Vocational Evaluators were most often reported to need training in assessment of individual functional skills; and,
- Rehabilitation Administrators were most often reported to need mid-level staff leadership training (13 responses), followed by Human Resource Development Concepts (8 responses) and Supervision of Rehabilitation Personnel (6 responses).

Tables 4.1 - 4.7 below detail the State directors responses without further commentary.

CAPs and CILs

Client Assistance Programs demonstrated almost no consensus in identifying the training required for those positions seen as having critical needs. For Client Aide/Client Assistance Personnel, directors failed to agree on any one type of training as being more necessary than another. Directors identified: Legal and Ethical Considerations in Vocational Rehabilitation (8); Outreach to Underserved People (6); and Program Evaluation (5) as the most needed types of training for Client Assistance Administration positions. However, as these figures indicate, no definitive conclusion can be reached about the types of training where the greatest needs exist. See Table A.13 in Appendix A for details.

Higher levels of consensus appear with regard to the types of training required by the Independent Living Center positions specified as having the most critical needs:

- For Independent Living Administration, Top Level Staff Leadership Training, Program Evaluation, Management Information Systems, and Mid-Level Staff Leadership Training were most frequently reported as the types of training needed.

TABLE 4.1: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY GENERAL REHABILITATION COUNSELORS

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING						
			LESS THAN ONE WEEK		ONE WEEK TO ONE MONTH		ONE TO SIX MONTHS		MORE THAN SIX MONTHS
			N	N	N	N	N	N	
EDUCATION TRAINING NEED									
COUNSELING SKILLS DEVELOPMENT	5	172	0	1	4	0			
OUTREACH TO UNDERSERVED PEOPLE	1	172	0	1	0	0			
TECHNOLOGICAL APPLICATIONS	6	773	2	3	1	0			
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	8	538	2	4	1	1			
CASE MANAGEMENT IN VR	13	796	3	7	3	0			
MEDICAL ASPECTS OF VR	4	155	0	4	0	0			
PSYCHOLOGICAL ASPECTS OF VR	1	174	0	1	0	0			
JOB PLACEMENT	5	198	2	2	0	1			
INDEPENDENT LIVING SKILLS DEVELOPMENT	1	129	0	1	0	0			
AMERICANS WITH DISABILITIES ACT	5	800	4	1	0	0			
SUPPORTED TRANSITIONAL EMPLOYMENT	2	127	2	0	0	0			
PERSONS WITH SUBSTANCE ABUSE DISABILITIES	1	57	0	1	0	0			
PERSONS WITH MENTAL ILLNESS	1	25	0	1	0	0			
PERSONS WITH TRAUMATIC BRAIN INJURY	2	194	2	0	0	0			
MULTIPLE ANSWERS	4	366	2	2	0	0			

TABLE 4.2: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY DEAFNESS COUNSELORS

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING					
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS	
			N	N	N	N	N	
EDUCATION TRAINING NEED								
COUNSELING SKILLS DEVELOPMENT	2	3	1	0	0	1	0	0
OUTREACH TO UNDERSERVED PEOPLE	3	11	0	1	1	1	0	0
TECHNOLOGICAL APPLICATIONS	1	2	0	1	0	0	0	0
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	2	16	0	2	0	0	0	0
CASE MANAGEMENT IN VR	3	3	0	3	0	0	0	0
PERSONS WITH DEAFNESS	14	63	3	6	1	1	3	3
PERSONS WITH DEAF BLINDNESS	1	22	0	0	0	0	0	1
MULTIPLE ANSWERS	3	23	0	1	2	0	0	0

TABLE 4.3: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY BLINDNESS VISUAL IMPAIRMENT COUNSELORS

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING							
			LESS THAN ONE WEEK		ONE WEEK TO ONE MONTH		ONE TO SIX MONTHS		THREE TO SIX MONTHS	
			N	N	N	N	N	N		
EDUCATION TRAINING NEED										
COUNSELING SKILLS DEVELOPMENT	1	8	0	1	0	0	0			
OUTREACH TO UNDERSERVED PEOPLE	4	76	3	1	0	0	0			
TECHNOLOGICAL APPLICATIONS	1	13	0	0	0	1	0			
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	6	86	4	1	1	1	0			
CASE MANAGEMENT IN VR	3	9	0	2	0	0	1			
PSYCHOLOGICAL ASPECTS OF VR	2	74	1	1	0	0	0			
JOB PLACEMENT	2	25	0	1	1	1	0			
AMERICANS WITH DISABILITIES ACT	4	62	3	1	0	0	0			
SUPPORTED TRANSITIONAL EMPLOYMENT	2	12	2	0	0	0	0			
PERSONS WITH BLINDNESS	8	116	0	7	1	1	0			
PERSONS WITH DEAF BLINDNESS	1	26	0	0	0	1	0			
MULTIPLE ANSWERS	2	7	0	2	0	0	0			

TABLE 4.4: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY ORIENTATION AND MOBILITY SPECIALISTS

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING	
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH
			N	M
EDUCATION TRAINING NEED				
OUTREACH TO UNDERSERVED PEOPLE	1	4	1	0
TECHNOLOGICAL APPLICATIONS	1	2	1	0
MEDICAL ASPECTS OF VR	1	8	1	0
PSYCHOLOGICAL ASPECTS OF VR	2	10	2	0
INDEPENDENT LIVING SKILLS DEVELOPMENT	1	2	0	1
AMERICANS WITH DISABILITIES ACT	1	9	1	0
PROVIDING SERVICES TO RURAL AREAS	1	1	0	1
MULTIPLE ANSWERS	1	11	0	1



TABLE 4.5: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY REHABILITATION TEACHERS FOR THE BLIND

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING					
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS	
			N	N	N	N	N	
EDUCATION TRAINING NEED								
OUTREACH TO UNDERSERVED PEOPLE	1	8	0	1	0	0	0	
TECHNOLOGICAL APPLICATIONS	1	8	1	0	0	0	0	
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	1	19	0	1	0	0	0	
MEDICAL ASPECTS OF VR	3	20	3	0	0	0	0	
INDEPENDENT LIVING SKILLS DEVELOPMENT	4	31	2	1	1	0	0	
PERSONS WITH TRAUMATIC BRAIN INJURY	1	8	1	0	0	0	0	
PERSONS WITH HIV INFECTION	2	27	1	1	0	0	0	
PERSONS WITH BLINDNESS	2	14	0	1	0	1	0	
MULTIPLE ANSWERS	3	26	0	2	0	0	1	

TABLE 4.6: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY REHABILITATION ADMINISTRATION

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING NUMBER OF EMPLOYEES	TIME NEEDED TO PROVIDE TRAINING						
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS		
			N	N	N	N	N		
EDUCATION TRAINING NEED									
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	1	2	1	0	0	0	0	0	
JOB PLACEMENT	1	115	0	1	0	0	0	0	
AMERICANS WITH DISABILITIES ACT	3	217	3	0	0	0	0	0	
SUPERVISION OF REHAB PERSONNEL	6	65	1	4	0	0	0	1	
PROGRAM EVALUATION	1	9	1	0	0	0	0	0	
PROGRAM PLANNING	3	53	0	2	1	0	0	0	
HUMAN RESOURCE DEVELOPMENT CONCEPTS	8	186	1	4	1	2	0	0	
MID LEVEL STAFF LEADERSHIP TRAINING	13	334	1	12	0	0	0	0	
TOP LEVEL STAFF LEADERSHIP TRAINING	5	15	2	3	0	0	0	0	
MANAGEMENT INFORMATION SYSTEM	1	7	0	1	0	0	0	0	
MULTIPLE ANSWERS	3	98	2	1	0	0	0	0	

TABLE 4.7: SPECIFIC CONTENT OF SHORT-TERM TRAINING REQUIRED BY VOCATIONAL EVALUATORS

	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING			
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	MORE THAN SIX MONTHS
			N	N	N	N
EDUCATION TRAINING NEED	1	0	1	0	0	0
COUNSELING SKILLS DEVELOPMENT	7	80	2	3	1	1
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	2	16	1	1	0	0
MEDICAL ASPECTS OF VR	1	2	0	1	0	0
JOB PLACEMENT	1	2	1	0	0	0
MULTIPLE ANSWERS						

Independent Living Skills Development was by far the most frequently reported training need for Independent Living Personnel. Other types of training seen as necessary include Outreach to Underserved People and training in the Americans with Disabilities Act.

It is important to note that, as previously specified, Independent Living Personnel include a wide array of positions with different specializations and levels of responsibility. Because of this fact it stands to reason that the types of training required for these positions be able to encompass all of the various types of personnel falling into this category. The types of training specified by the CIL directors would appear to support this assertion. Training in the area of outreach to underserved populations is pertinent to all positions in this category, as is an awareness and understanding of the implications of the Americans with Disabilities Act. The largest training need for these positions, Independent Living Skills Development, affects all of the categories of positions differently. Because of the wide array of position types and target populations being served, training is viewed as necessary in many diverse specialty areas. See Table A-14 for details.

APPENDIX A

Tables

TABLE A.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES (U.S. TERRITORIES)

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	4	255	1	2	1	1	2	1
	DEAFNESS COUNSELOR	1	4	0	0	0	0	0	0
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	1	2	1	1	50	1	1	50
	MENTAL ILLNESS COUNSELOR	1	14	0	0	0	0	0	0
	SPECIFIC LEARNING DISABILITY COUNSELOR	1	1	0	0	0	0	0	0
	COUNSELOR AIDE	4	22	1	10	45	1	10	45
REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	4	27	2	18	67	2	18	67
	OTHER ADMINISTRATION	1	2	0	0	0	0	0	0
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	1	2	0	0	0	0	0	0
	REHABILITATION TEACHER FOR THE BLIND	1	2	0	0	0	0	0	0
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	2	6	1	3	50	1	2	33

Note: Includes only U.S. territories

(CONTINUED)

TABLE A.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES (U.S. TERRITORIES)

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPE	1	5	1	5	100	1	5	100
	REHABILITATION NURSE	1	39	1	20	51	1	20	51
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	1	39	1	20	51	1	20	51
PHYSICAL THERAPY	PHYSICAL THERAPIST	2	40	1	22	55	1	22	55
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	1	43	1	18	42	1	18	42
REHABILITATION THERAPY	TECHNOLOGY SPECIALIST	1	1	0	0	0	0	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	2	8	2	3	38	2	3	38
WORKSHOP FACILITY PERSONNEL	PRODUCTION SUPERVISOR	1	3	1	3	100	1	3	100
	VOCATIONAL INSTRUCTOR	1	5	0	0	0	0	0	0
	BUSINESS ENTERPRISE SPECIALIST	1	2	1	1	50	1	1	50

Note: Includes only U.S. territories

(CONTINUED)

TABLE A.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES (U.S. TERRITORIES)

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
REHABILITATION PSYCHOLOGIST	PSYCHOLOGIST PSYCHIATRIST	1	5	1	4	80	1	4	80
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	2	4	1	1	25	0	0	0
INDEPENDENT LIVING	INDEPENDENT LIVING PERSONNEL	1	1	0	0	0	0	0	0
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	1	4	1	1	25	1	1	25
	SPEECH LANGUAGE PATHOLOGIST	2	9	1	4	44	1	3	33
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	2	21	0	0	0	0	0	0
JOB DEVELOPMENT-PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	1	12	1	5	42	1	5	42

Note: Includes only U.S. territories

(CONTINUED)

TABLE A.1: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT STATE AGENCIES (U.S. TERRITORIES)

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
CLIENT ASSISTANCE	CLIENT ASSISTANCE PERSONNEL	1	1	0	0	0	0	0	0
OTHER	SOCIAL WORKER	1	6	1	2	33	1	2	33
OTHER RESPONSES FROM DIRECTORS	OTHER POSITIONS	2	2	0	0	0	0	0	0

Note: Includes only U.S. territories

(CONTINUED)

TABLE A.2: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT CLIENT ASSISTANCE PROGRAMS (CAPS)

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	3	6	1	0	2	0	0	0
	COUNSELOR AIDE-CLIENT ASSISTANCE PERSONNEL	21	43	3	2	4	2	2	3
REHABILITATION ADMINISTRATION	OTHER ADMINISTRATION	9	9	0	0	0	0	0	0
CLIENT ASSISTANCE	CLIENT ASSISTANCE ADMINISTRATION	43	45	1	1	2	1	1	2
OTHER RESPONSES FROM DIRECTORS	CLIENT ASSISTANCE ADMINISTRATION	1	2	0	0	0	0	0	0
	VISUALLY HANDICAPPED INSTRUCTORS	1	1	0	0	0	0	0	0
	TRANSITION	3	2	0	0	0	0	0	0
	LEGAL COUNSEL	6	3	0	0	0	0	0	0

(CONTINUED)

TABLE A.2: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT CLIENT ASSISTANCE PROGRAMS (CAPS)

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OTHER RESPONSES FROM DIRECTORS	DIRECTOR-ASSISTANT DIRECTOR-EXEC. DIR.	2	0	0	0	0	0	0	
	LEGAL STAFF	2	0	0	0	0	0	0	
	PUBLIC INFORMATION OFFICER	1	0	0	0	0	0	0	
	PUBLIC POLICY COORDINATOR	1	0	0	0	0	0	0	
	ADVOCATE	3	23	1	1	4	0	0	
	PUBLIC EDUCATION	1	0	0	0	0	0	0	
	FISCAL	1	0	0	0	0	0	0	
	COMPUTERIZATION	1	0	0	0	0	0	0	
	CLIENT ASSIST. ADVOCATES	1	1	0	0	0	0	0	

TABLE A.3: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT CENTERS FOR INDEPENDENT LIVING (CILS)

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	25	49	2	2	4	2	2	4
	DEAFNESS COUNSELOR	14	20	0	0	0	0	0	0
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	9	12	1	1	8	0	0	0
	MENTAL ILLNESS COUNSELOR	7	13	1	1	8	1	1	8
	TRAUMATIC BRAIN INJURY COUNSELOR	4	4	0	0	0	0	0	0
	OTHER SPECIALTY COUNSELOR	9	26	1	1	4	1	1	4
	COUNSELOR AIDE	6	8	0	0	0	0	0	0
REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	12	16	1	1	6	1	1	6
	OTHER ADMINISTRATION	41	73	3	3	4	3	3	4
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	8	9	0	0	0	0	0	0
	REHABILITATION TEACHER FOR THE BLIND	8	25	3	4	16	3	4	16
REHABILITATION TECHNOLOGY	REHABILITATION ENGINEER	1	1	0	0	0	0	0	0
	TECHNOLOGY SPECIALIST	18	20	0	0	0	0	0	0

(CONTINUED)

TABLE A.3: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT CENTERS FOR INDEPENDENT LIVING (CILS)

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	9	27	1	1	4	1	1	4
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	121	288	10	12	4	8	10	3
	INDEPENDENT LIVING PERSONNEL	98	467	14	25	5	10	19	4
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	23	40	3	3	6	2	2	4
JOB DEVELOPMENT-PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	14	18	2	3	14	2	2	11
OTHER	SOCIAL WORKER	12	28	3	4	14	2	2	7
OTHER RESPONSES FROM DIRECTORS	OTHER POSITIONS	10	191	5	7	4	3	5	3
ALL OCCUPATIONS	ALL OCCUPATIONS	139	1,335		68	5		53	4

TABLE A.4:

THE NUMBER OF ORGANIZATIONS HIRING MINIMALLY SKILLED APPLICANTS FROM DIRECTORS OF CENTERS FOR INDEPENDENT LIVING

		BUDGETED PROFESSIONS	HIRED ED OK BUT MIN SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PCTSUM
OCCUPATIONAL CATEGORY	OCCUPATION			
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	25	4	16
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	9	1	11
	TRAUMATIC BRAIN INJURY COUNSELOR	4	1	25
	OTHER SPECIALTY COUNSELOR	9	1	11
REHABILITATION ADMINISTRATION	OTHER ADMINISTRATION	41	2	5

(CONTINUED)

TABLE A.4:

THE NUMBER OF ORGANIZATIONS HIRING MINIMALLY SKILLED APPLICANTS FROM DIRECTORS OF CENTERS FOR INDEPENDENT LIVING

		BUDGETED PROFESSIONS	HIRED ED OK BUT MIN SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PCTSUN
OCCUPATIONAL CATEGORY	OCCUPATION			
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	8	2	25
REHABILITATION TECHNOLOGY	TECHNOLOGY SPECIALIST	18	1	6
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	121	5	4
	INDEPENDENT LIVING PERSONNEL	98	18	18
JOB DEVELOPMENT PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	14	1	7

TABLE A5: NATIONAL ESTIMATES OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	765	5302	184	357	7	115	184	3
	DEAFNESS COUNSELOR	138	409	0	0	0	0	0	0
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	53	99	3	3	3	0	0	0
	MENTAL ILLNESS COUNSELOR	178	3128	37	375	12	23	239	8
	SPECIFIC LEARNING DISABILITY COUNSELOR	56	286	2	2	1	0	0	0
	TRAUMATIC BRAIN INJURY COUNSELOR	115	203	0	0	0	0	0	0
	OTHER SPECIALTY COUNSELOR	480	1803	70	66	4	7	7	0
	COUNSELOR AIDE	207	4277	63	785	18	37	481	11
REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	769	2315	37	50	2	26	26	1
	OTHER ADMINISTRATION	1030	2162	57	81	4	57	81	4
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	95	192	32	34	17	24	26	13
	REHABILITATION TEACHER FOR THE BLIND	251	685	74	76	11	41	43	6

Note: Excludes territories and protectorates.

(CONTINUED)

TABLE A5: NATIONAL ESTIMATES OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	1617	5910	190	189	3	87	87	1
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPECIALIST	253	333	21	25	8	13	13	4
	REHABILITATION NURSE	498	3943	105	280	7	67	193	5
	REHABILITATION DENTIST	6	4	0	0	0	0	0	0
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	23	57	5	5	9	5	5	9
PHYSICAL THERAPY	PHYSICAL THERAPIST	455	2904	217	376	13	152	234	8
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	494	1976	224	303	15	146	200	10
REHABILITATION TECHNOLOGY	REHABILITATION ENGINEER	49	51	0	0	0	0	0	0
	TECHNOLOGY SPECIALIST	9	134	7	7	5	0	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	1013	1701	19	21	1	2	2	0

Note: Excludes territories and protectorates.

(CONTINUED)

TABLE A5: NATIONAL ESTIMATES OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSTIONS UNFILLED 90 DAYS
VOC EVAL AND WORK ADJUSTMENT	WORK ADJUSTMENT SPECIALIST	881	2377	79	79	3	74	74	3
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	384	2620	59	97	4	48	57	2
	PRODUCTION SUPERVISOR	1142	6683	55	55	1	2	2	0
	VOCATIONAL INSTRUCTOR	1067	6731	106	131	2	49	52	1
	BUSINESS ENTERPRISE SPECIALIST	92	105	2	2	2	2	2	2
REHABILITATION PSYCHOLOGY	PSYCHOLOGICAL THERAPIST	76	149	2	2	1	0	0	0
	PSYCHOLOGIST PSYCHIATRIST	615	1194	34	35	3	12	13	1
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	1811	6592	450	605	9	210	250	4
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	419	564	7	7	1	7	7	1
	INDEPENDENT LIVING PERSONNEL	631	5306	68	169	3	40	47	1

Note: Excludes territories and protectorates.

(CONTINUED)

TABLE A5: NATIONAL ESTIMATES OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	184	284	2	1	0	2	1	0
	SPEECH LANGUAGE PATHOLOGIST	386	1472	100	138	9	76	99	7
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	137	191	49	49	26	0	0	0
JOB DEVELOPMENT-PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	1656	3503	130	165	5	10	10	0
CLIENT ASSISTANCE	CLIENT ASSISTANCE ADMINISTRATION	217	436	0	0	0	0	0	0
	CLIENT ASSISTANCE PERSONNEL	217	625	23	23	4	0	0	0
OTHER	SOCIAL WORKER	894	2605	137	269	10	74	156	6
	RECREATION THERAPIST	256	710	39	41	6	30	30	4
OTHER RESPONSES FROM DIRECTORS	OTHER POSITIONS	1756	7863	157	401	5	101	155	2

Note: Excludes territories and protectorates.

TABLE A-6: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	80	384	8	16	4	5	8	2
	DEAFNESS COUNSELOR	12	34	0	0	0	0	0	0
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	17	32	1	1	3	0	0	0
	MENTAL ILLNESS COUNSELOR	16	209	3	18	9	1	10	5
	SPECIFIC LEARNING DISABILITY COUNSELOR	6	16	1	1	6	0	0	0
	TRAUMATIC BRAIN INJURY COUNSELOR	20	32	0	0	0	0	0	0
	OTHER SPECIALTY COUNSELOR	33	108	7	6	6	1	1	1
	COUNSELOR AIDE	17	251	5	37	15	3	22	9
REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	68	307	5	9	3	2	2	1
	OTHER ADMINISTRATION	91	225	5	10	4	5	10	4
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	31	64	11	12	18	8	9	13
	REHABILITATION TEACHER FOR THE BLIND	43	133	10	11	8	7	8	6

Note: Data is unweighted.

(CONTINUED)

TABLE A.6: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
OCCUPATIONAL CATEGORY	OCCUPATION								
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	166	525	21	21	4	8	8	2
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPECIALIST	53	103	7	9	9	3	3	3
	REHABILITATION NURSE	84	1099	28	71	6	15	44	4
	REHABILITATION DENTIST	2	1	0	0	0	0	0	0
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	8	19	2	2	10	2	2	10
PHYSICAL THERAPY	PHYSICAL THERAPIST	91	864	48	88	10	39	67	8
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	97	550	42	65	12	29	43	8
REHABILITATION TECHNOLOGY	REHABILITATION ENGINEER	10	11	0	0	0	0	0	0
	TECHNOLOGY SPECIALIST	15	21	1	1	5	0	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	102	176	6	7	4	1	1	1

Note: Data is unweighted.

(CONTINUED)

TABLE A.6: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

		BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
VOC EVAL AND WORK ADJUSTMENT	WORK ADJUSTMENT SPECIALIST	73	183	7	7	4	5	5	3
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	40	289	6	10	4	3	3	1
	PRODUCTION SUPERVISOR	84	456	4	4	1	1	1	0
	VOCATIONAL INSTRUCTOR	79	500	10	14	3	3	4	1
	BUSINESS ENTERPRISE SPECIALIST	10	15	1	1	7	1	1	7
REHABILITATION PSYCHOLOGY	PSYCHOLOGIST PSYCHIATRIST	86	193	10	11	5	5	6	3
	PSYCHOLOGICAL THERAPIST	18	38	1	1	3	0	0	0
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	149	507	36	50	10	18	23	4
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	48	72	1	1	1	1	1	1
	INDEPENDENT LIVING PERSONNEL	67	738	11	29	4	5	6	1

Note: Data is unweighted.

(CONTINUED)

TABLE A.6: NUMBER OF BUDGETED AND UNFILLED POSITIONS BY OCCUPATION AT OUTSIDE PROVIDER ORGANIZATIONS

OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS		UNFILLED POSITIONS			POSITIONS UNFILLED OVER 90 DAYS		
		NUMBER OF SITES	TOTAL NO OF FTE POSITIONS	NUMBER OF SITES	NO OF UNFILLED POSITIONS	PCT OF UNFILLED POSITIONS	NUMBER OF SITES	NO OF POSITIONS UNFILLED 90 DAYS	PCT OF POSITIONS UNFILLED 90 DAYS
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	35	44	1	1	1	1	1	
	SPEECH LANGUAGE PATHOLOGIST	82	337	18	23	7	11	12	4
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	17	26	3	3	12	0	0	0
JOB DEVELOPMENT-PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	135	257	12	14	5	2	2	1
CLIENT ASSISTANCE	CLIENT ASSISTANCE ADMINISTRATION	22	43	0	0	0	0	0	0
	CLIENT ASSISTANCE PERSONNEL	18	76	1	1	1	0	0	0
OTHER	SOCIAL WORKER	119	382	18	39	10	10	22	6
	RECREATION THERAPIST	57	131	4	5	4	2	2	2
OTHER RESPONSES FROM DIRECTORS	OTHER POSITIONS	201	1014	24	82	8	14	21	2

Note: Data is unweighted.

TABLE A.7: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTIES FINDING QUALIFIED APPLICANTS BY OCCUPATION--NATIONAL ESTIMATES

OCCUPATIONAL CATEGORY	OCCUPATION	NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATION OF SHORTAGES (A,B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	185	185	116	92	0	139
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	3	3	0	3	3	3
	MENTAL ILLNESS COUNSELOR	37	37	23	23	23	23
	SPECIFIC LEARNING DISABILITY COUNSELOR	2	2	0	0	0	0
	OTHER SPECIALTY COUNSELOR	70	70	7	1	1	8
	COUNSELOR AIDE	63	63	37	0	23	37
	REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	38	38	26	0	0	26

(CONTINUED)

TABLE A.7: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTIES FINDING QUALIFIED APPLICANTS BY OCCUPATION--NATIONAL ESTIMATES

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATION OF SHORTAGES (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
OCCUPATIONAL CATEGORY	OCCUPATION						
REHABILITATION ADMINISTRATION	OTHER ADMINISTRATION	58	58	58	0	0	58
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	32	32	24	18	6	27
	REHABILITATION TEACHER FOR THE BLIND	74	74	41	9	6	44
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	191	191	87	28	0	89
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPE	22	22	13	3	0	13
	REHABILITATION NURSE	105	105	67	66	3	78

(CONTINUED)

TABLE A.7: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTIES FINDING QUALIFIED APPLICANTS BY OCCUPATION--NATIONAL ESTIMATES

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATION OF SHORTAGES (A,B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
OCCUPATIONAL CATEGORY	OCCUPATION						
PHYSICAL THERAPY	PHYSICAL THERAPIST	218	218	153	157	3	210
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	226	226	148	137	5	190
REHABILITATION TECHNOLOGY	TECHNOLOGY SPECIALIST	7	7	0	0	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	43	43	2	0	2	2
	WORK ADJUSTMENT SPECIALIST	80	80	74	25	0	74
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	60	60	48	25	2	51
	PRODUCTION SUPERVISOR	55	55	2	0	0	2
	VOCATIONAL INSTRUCTOR	130	130	72	26	0	72
	BUSINESS ENTERPRISE SPECIALIST	2	2	2	0	0	2

(CONTINUED)

TABLE A.7:

PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTIES FINDING QUALIFIED APPLICANTS BY OCCUPATION--NATIONAL ESTIMATES

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATION OF SHORTAGES (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
OCCUPATIONAL CATEGORY	OCCUPATION						
REHABILITATION TECHNOLOGY	PSYCHOLOGICAL THERAPIST	2	2	0	0	0	0
	PSYCHOLOGIST PSYCHIATRIST	36	36	14	8	5	17
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	459	459	210	93	134	288
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	7	7	7	0	0	7
	INDEPENDENT LIVING PERSONNEL	69	69	40	19	2	52
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	2	2	2	0	0	2
	SPEECH LANGUAGE PATHOLOGIST	98	98	75	65	3	80

(CONTINUED)

TABLE A.7: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTIES FINDING QUALIFIED APPLICANTS BY OCCUPATION--NATIONAL ESTIMATES

OCCUPATIONAL CATEGORY	OCCUPATION	NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATION OF SHORTAGES (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	49	49	0	3	0	3
JOB DEVELOPMENT-PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	154	154	33	26	26	79
CLIENT ASSISTANCE	CLIENT ASSISTANCE PERSONNEL	23	23	0	0	0	0
OTHER	SOCIAL WORKER	137	137	73	12	31	105
	RECREATION THERAPIST	42	42	30	3	0	33

TABLE A.8: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTY FINDING QUALIFIED APPLICANTS BY OCCUPATION

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATOR OF SHORTAGE (A, B, OR C)
OCCUPATIONAL CATEGORY	OCCUPATION	BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	8	8	5	4	0	6
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	1	1	0	1	1	1
	MENTAL ILLNESS COUNSELOR	3	3	1	1	1	1
	SPECIFIC LEARNING DISABILITY COUNSELOR	1	1	0	0	0	0
	OTHER SPECIALTY COUNSELOR	7	7	1	1	1	2
	COUNSELOR AIDE	5	5	3	0	1	3
	REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	5	5	2	0	0	2

Note: Data is unweighted.

(CONTINUED)

TABLE A.8:

PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTY FINDING QUALIFIED APPLICANTS BY OCCUPATION

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATOR OF SHORTAGE (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
OCCUPATIONAL CATEGORY	OCCUPATION						
REHABILITATION ADMINISTRATION	OTHER ADMINISTRATION	5	5	5	0	0	5
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	11	11	8	6	2	9
	REHABILITATION TEACHER FOR THE BLIND	10	10	7	3	2	8
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	21	21	8	3	0	9
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPE	7	7	3	1	0	3
	REHABILITATION NURSE	28	28	15	14	1	19

Note: Data is unweighted.

(CONTINUED)

TABLE A.8: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTY FINDING QUALIFIED APPLICANTS BY OCCUPATION

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATOR OF SHORTAGE (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
OCCUPATIONAL CATEGORY	OCCUPATION						
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	2	2	2	1	0	2
PHYSICAL THERAPY	PHYSICAL THERAPIST	49	49	40	35	1	46
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	43	43	30	27	2	38
REHABILITATION TECHNOLOGY	TECHNOLOGY SPECIALIST	1	1	0	0	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	7	7	1	0	1	1
	WORK ADJUSTMENT SPECIALIST	7	7	5	2	0	5
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	6	6	3	2	1	4
	PRODUCTION SUPERVISOR	4	4	1	0	0	1
	VOCATIONAL INSTRUCTOR	11	11	4	2	0	4
	BUSINESS ENTERPRISE SPECIALIST	1	1	1	0	0	1

Note: Data is unweighted.

(CONTINUED)

TABLE A.8: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTY FINDING QUALIFIED APPLICANTS BY OCCUPATION

OCCUPATIONAL CATEGORY	OCCUPATION	NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATOR OF SHORTAGE (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
REHABILITATION PSYCHOLOGY	PSYCHOLOGICAL THERAPIST	1	1	0	0	0	0
	PSYCHOLOGIST PSYCHIATRIST	11	11	6	3	2	7
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	37	37	18	7	10	25
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	1	1	1	0	0	1
	INDEPENDENT LIVING PERSONNEL	11	11	5	5	1	8
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	1	1	1	0	0	1
	SPEECH LANGUAGE PATHOLOGIST	18	18	11	9	1	13

Note: Data is unweighted.

(CONTINUED)

TABLE A.9: PERSONNEL SHORTAGE INDICATORS AND NUMBER OF FACILITIES REPORTING DIFFICULTY FINDING QUALIFIED APPLICANTS BY OCCUPATION

		NUMBER OF ORGANIZATIONS REPORTING					ANY INDICATOR OF SHORTAGE (A, B, OR C)
		BUDGETED POSITIONS	UNFILLED POSITIONS	A POSITIONS UNFILLED OVER 90 DAYS	B RAISED SALARY OFFERING	C LOWERED MIN REQUIREMENTS	
OCCUPATIONAL CATEGORY	OCCUPATION						
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	3	3	0	1	0	1
JOB DEVELOPMENT-PLACE-MENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	13	13	3	2	2	5
CLIENT ASSISTANCE	CLIENT ASSISTANCE PERSONNEL	1	1	0	0	0	0
OTHER	SOCIAL WORKER	18	18	10	3	4	13
	RECREATION THERAPIST	5	5	2	1	0	3

Note: Data is unweighted.

TABLE A.9:

NATIONAL ESTIMATES OF SITES HIRING PERSONNEL WITH EDUCATIONAL QUALIFICATIONS BUT MINIMALLY SKILLED BY OCCUPATION

		BUDGETED PROFESSIONS	EDUCATIONALLY QUALIFIED BUT MINIMALLY SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATIONAL			
REHABILITATION COUNSELING	GENERAL REHABILITATION COUNSELOR	767	144	19
	DEAFNESS COUNSELOR	139	3	2
	BLINDNESS VISUAL IMPAIRMENT COUNSELOR	53	3	6
	MENTAL ILLNESS COUNSELOR	179	62	35
	SPECIFIC LEARNING DISABILITY COUNSELOR	56	23	41
	TRAUMATIC BRAIN INJURY COUNSELOR	115	7	6
	OTHER SPECIALTY COUNSELOR	413	34	8

(CONTINUED)

TABLE A.9:

NATIONAL ESTIMATES OF SITES HIRING PERSONNEL WITH EDUCATIONAL QUALIFICATIONS BUT MINIMALLY SKILLED BY OCCUPATION

		BUDGETED PROFESSIONS	EDUCATIONALLY QUALIFIED BUT MINIMALLY SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATIONAL			
REHABILITATION COUNSELING	COUNSELOR AIDE	207	23	11
REHABILITATION ADMINISTRATION	REHABILITATION ADMINISTRATION	771	23	3
	OTHER ADMINISTRATION	1033	23	2
REHABILITATION OF THE BLIND	ORIENTATION AND MOBILITY SPECIALIST	95	15	16
	REHABILITATION TEACHER FOR THE BLIND	252	12	5
REHABILITATION FACILITY ADMINISTRATION	REHABILITATION FACILITY ADMINISTRATION	1622.40	9.20	0.57
MEDICAL REHABILITATION	PHYSIATRIST PHYSICIAN REHABILITATION SPECIALIST	251.30	5.00	1.99

(CONTINUED)

TABLE A.9:

NATIONAL ESTIMATES OF SITES HIRING PERSONNEL WITH EDUCATIONAL QUALIFICATIONS BUT MINIMALLY SKILLED BY OCCUPATION

		BUDGETED PROFESSIONS	EDUCATIONALLY QUALIFIED BUT MINIMALLY SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATIONAL			
MEDICAL REHABILITATION	REHABILITATION NURSE	499	67	13
	REHABILITATION DENTIST	6	0	0
PROSTHETICS AND ORTHOTICS	PROSTHETIST ORTHOTIST	22	6	25
PHYSICAL THERAPY	PHYSICAL THERAPIST	453	51	11
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	492	79	16
REHABILITATION TECHNOLOGY	REHABILITATION ENGINEER	49	0	0
	TECHNOLOGY SPECIALIST	96	0	0
VOC EVAL AND WORK ADJUSTMENT	VOCATIONAL EVALUATOR	1019	92	9
	WORK ADJUSTMENT SPECIALIST	885	53	6

(CONTINUED)

TABLE A.9:

NATIONAL ESTIMATES OF SITES HIRING PERSONNEL WITH EDUCATIONAL QUALIFICATIONS BUT MINIMALLY SKILLED BY OCCUPATION

		BUDGETED PROFESSIONS	EDUCATIONALLY QUALIFIED BUT MINIMALLY SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF SITES
OCCUPATIONAL CATEGORY	OCCUPATIONAL			
WORKSHOP FACILITY PERSONNEL	RESIDENT SUPERVISOR	386	65	17
	PRODUCTION SUPERVISOR	1148	35	3
	VOCATIONAL INSTRUCTOR	1072	69	6
	BUSINESS ENTERPRISE SPECIALIST	93	0	0
REHABILITATION PSYCHOLOGY	PSYCHOLOGIC-AL THERAPIST	76	3	4
	PSYCHOLOGIST PSYCHIATRIST	615	5	1
SUPPORTED EMPLOYMENT	SUPPORTED EMPLOYMENT PERSONNEL JOB COACH	1818	245	13
INDEPENDENT LIVING	INDEPENDENT LIVING ADMINISTRATION	421	7	2

(CONTINUED)

TABLE A.9:

NATIONAL ESTIMATES OF BUDGETED POSITIONS AND NUMBER OF HIRED PERSONNEL WITH EDUCATIONAL QUALIFICATIONS BUT MINIMALLY SKILLED BY OCCUPATION

		BUDGETED PROFESSIONS	EDUCATIONALLY QUALIFIED BUT MINIMALLY SKILLED	
		NUMBER OF SITES	NUMBER OF SITES	PERCENT OF BUDGETED POSITION:
OCCUPATIONAL CATEGORY	OCCUPATIONAL			
INDEPENDENT LIVING	INDEPENDENT LIVING PERSONNEL	634	51	8
SPEECH PATHOLOGY AND AUDIOLOGY	AUDIOLOGIST	183	2	1
	SPEECH LANGUAGE PATHOLOGIST	384	28	7
REHABILITATION OF THE DEAF	INTERPRETER FOR THE DEAF	137	23	17
JOB DEVELOPMENT PLACEMENT	JOB DEVELOPMENT PLACEMENT PERSONNEL	1663	151	9
CLIENT ASSISTANCE	CLIENT ASSISTANCE ADMINISTRATION	218	0	0
	CLIENT ASSISTANCE PERSONNEL	217	0	0
OTHER	SOCIAL WORKER	896	74	8
	RECREATION THERAPIST	256	9	4

A.10 Number of Directors of State Agencies Reporting Critical Training Needs

PROFESSIONAL SPECIALTY	NUMBER OF SITES REPORTING CRITICAL TRAINING NEED
Rehabilitation Administration	42
Rehabilitation Facility Administration	2
Independent Living Administration	2
Other Administration	4
General Rehabilitation Counselor	44
Deafness Counselor	29
Blindness/Visual Impairment Counselor	32
Mental Illness Counselor	9
Specific Learning Disability Couns.	1
TBI Counselor	6
Other Speciality Counselor	1
Counselor Aide	2
Occupational Therapist	1
Rehabilitation Nurse	2
Vocational Evaluator	12
Work Adjustment Specialist	1
Resident Supervisor	2
Production Supervisor	1
Vocational Instructor	1
Business Enterprise Specialist	4
Social Worker	1
Orientation and Mobility Specialist	9
Rehab. Teacher for the Blind	18
Job Development/Placement	6
Supported Employment Personnel	1
Rehabilitation Engineer	1
Technology Specialist	1
Independent Living Personnel	1

A.11 Number of Directors of Outside Provider Organizations Reporting Critical Training Needs (unweighted)

PROFESSIONAL SPECIALTY	NUMBER OF SITES REPORTING CRITICAL TRAINING NEED
Rehabilitation Administration	8
Rehabilitation Facility Administration	40
Independent Living Administration	10
Other Administration	19
General Rehabilitation Counselor	29
Deafness Counselor	1
Blindness/Visual Impairment Counselor	7
Mental Illness Counselor	10
Specific Learning Disability Couns.	1
TBI Counselor	5
Other Speciality Counselor	10
Counselor Aide	2
Audiologist	1
Physician/Physiatrist	2
Prosthetist/Orthotist	2
Physical Therapist	29
Occupational Therapist	37
Speech/Language Pathologist	18
Rehabilitation Nurse	20
Psychologist/Psychiatrist	8
Psychological Therapist	1
Recreation Therapist	1
Vocational Evaluator	36
Work Adjustment Specialist	32
Resident Supervisor	12
Production Supervisor	31
Vocational Instructor	33
Social Worker	24
Orientation and Mobility Specialist	9
Rehab. Teacher for the Blind	10
Job Development/Placement	64
Supported Employment Personnel	73
Technology Specialist	4
Client Assistance Personnel	5
Independent Living Personnel	24

A.12: National Estimates of Number of Outside Provider Organizations Experiencing Critical Training Needs (weighted)

PROFESSIONAL SPECIALTY	NUMBER OF SITES REPORTING CRITICAL TRAINING NEED
Rehabilitation Administration	165
Rehabilitation Facility Administration	423
Independent Living Administration	48
Other Administration	271
General Rehabilitation Counselor	309
Deafness Counselor	7
Blindness/Visual Impairment Counselor	20
Mental Illness Counselor	125
Specific Learning Disability Couns.	2
TBI Counselor	47
Other Speciality Counselor	124
Counselor Aide	26
Audiologist	23
Physician/Physiatrist	6
Prosthetist/Orthotist	6
Physical Therapist	99
Occupational Therapist	133
Speech/Language Pathologist	74
Rehabilitation Nurse	98
Psychologist/Psychiatrist	39
Psychological Therapist	2
Recreation Therapist	8
Vocational Evaluator	321
Work Adjustment Specialist	418
Resident Supervisor	115
Production Supervisor	430
Vocational Instructor	476
Social Worker	136
Orientation and Mobility Specialist	23
Rehab. Teacher for the Blind	30
Job Development/Placement	817
Supported Employment Personnel	857
Technology Specialist	16
Client Assistance Personnel	43
Independent Living Personnel	191

TABLE A.13: TRAINING NEEDS REPORTED BY CLIENT ASSISTANCE ADMINISTRATION AND CLIENT-AIDE/ASSISTANCE PERSONNEL FROM DIRECTORS OF CLIENT ASSISTANCE PROGRAMS

OCCUPATIONAL CATEGORY	EDUCATION TRAINING NEED	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING						
				LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS		
									N	M	N	M
CLIENT ASSISTANCE ADMINISTRATION	COUNSELING SKILLS DEVELOPMENT	1	1	0	0	1	0	0		
	OUTREACH TO UNDERSERVED PEOPLE	6	6	6	0	0	0	0		
	ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKIL	1	1	1	0	0	0	0		
	CASE MANAGEMENT IN VR	1	1	1	0	0	0	0		
	LEGAL AND ETHICAL CONSIDERATIONS IN VR	8	9	6	0	1	1	0		
	AMERICANS WITH DISABILITIES ACT	1	2	1	0	0	0	0		
	SUPPORTED TRANSITIONAL EMPLOYMENT	1	1	0	0	1	0	0		
	PERSON WITH MENTAL ILLNESS	1	1	0	0	1	0	0		
	SUPERVISION OF REHAB PERSONNEL	1	0	1	0	0	0	0		

(CONTINUED)

TABLE A.13: TRAINING NEEDS REPORTED BY CLIENT ASSISTANCE ADMINISTRATION AND CLIENT-AIDE/ASSISTANCE PERSONNEL FROM DIRECTORS OF CLIENT ASSISTANCE PROGRAMS

OCCUPATIONAL CATEGORY	EDUCATION TRAINING NEED	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING					
				LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS	
				N	N	N	N	N	
CLIENT ASSISTANCE ADMINISTRATION	PROGRAM EVALUATION	5	5	1	2	1	1	0	
	HUMAN RESOURCE DEVELOPMENT CONCEPTS	1	1	1	0	0	0	0	
	MID LEVEL STAFF LEADERSHIP TRAINING	3	1	1	0	1	0	1	
	TOP LEVEL STAFF LEADERSHIP TRAINING	2	1	1	0	0	1	0	
	MANAGEMENT INFORMATION SYSTEM	2	1	2	0	0	0	0	
	PROVIDING SERVICES TO RURAL AREAS	2	2	2	0	0	0	0	
	OUTREACH TO UNDERSERVED PEOPLE	1	0	1	0	0	0	0	
	OTHER ADMINISTRATION								

(CONTINUED)

TABLE A.13: TRAINING NEEDS REPORTED BY CLIENT ASSISTANCE ADMINISTRATION AND CLIENT-AIDE/ASSISTANCE PERSONNEL FROM DIRECTORS OF CLIENT ASSISTANCE PROGRAMS

OCCUPATIONAL CATEGORY	EDUCATION TRAINING NEED	ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	PROGRAM EVALUATION	MID LEVEL STAFF LEADERSHIP TRAINING	COUNSELING SKILLS DEVELOPMENT	OUTREACH TO UNDERSERVED PEOPLE	TECHNOLOGICAL APPLICATIONS	CASE MANAGEMENT IN VR	PSYCHOLOGICAL ASPECTS OF VR	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING					
												LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS	
												N	N	N	N	N	
OTHER ADMINISTRATION										1	1	0	1	0	0		
										1	0	0	0	0			
COUNSELOR AIDE-CLIENT ASSISTANCE PERSONNEL										1	0	0	1	0			
										3	5.	3	0	0			
										1	1.	1	0	0			
										1	4	1	0	0			
										1	1	0	0	0			

(CONTINUED)

TABLE A.13: TRAINING NEEDS REPORTED BY CLIENT ASSISTANCE ADMINISTRATION AND CLIENT-AIDE/ASSISTANCE PERSONNEL FROM DIRECTORS OF CLIENT ASSISTANCE PROGRAMS

OCCUPATIONAL CATEGORY	EDUCATION TRAINING NEED	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING					
				LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS	
				N	N	N	N	N	
COUNSELOR AIDE-CLIENT ASSISTANCE PERSONNE	JOB PLACEMENT	1	1	0	0	1	0	0	
	LEGAL AND ETHICAL CONSIDERATIONS IN VR	3	8	2	1	0	0	0	
	AMERICANS WITH DISABILITIES ACT	2	9	2	0	0	0	0	
	SUPPORTED TRANSITIONAL EMPLOYMENT	2	4	1	1	0	0	0	
	PERSONS WITH TRAUMATIC BRAIN INJURY	1	1	0	0	1	0	0	
	PROGRAM EVALUATION	2	3	1	1	0	0	0	
	HUMAN RESOURCE DEVELOPMENT CONCEPTS	1	1	1	0	0	0	0	

TABLE A.13: TRAINING NEEDS REPORTED BY CLIENT ASSISTANCE ADMINISTRATION AND CLIENT-AIDE/ASSISTANCE PERSONNEL FROM DIRECTORS OF CLIENT ASSISTANCE PROGRAMS

OCCUPATIONAL CATEGORY	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING			
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS
EDUCATION TRAINING NEED						
CLIENT ASSISTANCE ADMINISTRATION	6	6	6	0	0	0
	8	9	6	0	1	1
	5	5	1	2	1	1

TABLE A.14: TRAINING NEEDS REPORTED FOR INDEPENDENT LIVING ADMINISTRATION AND INDEPENDENT LIVING PERSONNEL FROM DIRECTORS OF INDEPENDENT LIVING CENTERS

OCCUPATIONAL CATEGORY	EDUCATION TRAINING NEED	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING					
				LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS	
				N	N	N	N	N	
INDEPENDENT LIVING ADMINISTRATION	PROGRAM EVALUATION	11	37	7	3	1	0	0	
	PROGRAM PLANNING	9	19	1	8	0	0	0	
	HUMAN RESOURCE DEVELOPMENT CONCEPTS	5	15	3	1	0	1	0	
	MID LEVEL STAFF LEADERSHIP TRAINING	9	15	5	4	0	0	0	
	TOP LEVEL STAFF LEADERSHIP TRAINING	17	21	5	7	3	1	1	
	MANAGEMENT INFORMATION SYSTEM	11	21	6	3	1	1	0	
INDEPENDENT LIVING PERSONNEL	COUNSELING SKILLS DEVELOPMENT	7	42	3	2	2	0	0	
	OUTREACH TO UNDERSERVED PEOPLE	12	47	8	1	2	0	1	

(CONTINUED)



TABLE A.14: TRAINING NEEDS REPORTED FOR INDEPENDENT LIVING ADMINISTRATION AND INDEPENDENT LIVING PERSONNEL FROM DIRECTORS OF INDEPENDENT LIVING CENTERS

OCCUPATIONAL CATEGORY	TOTAL NUMBER OF SITES	NUMBER OF EMPLOYEES NEEDING TRAINING	TIME NEEDED TO PROVIDE TRAINING						
			LESS THAN ONE WEEK	ONE WEEK TO ONE MONTH	ONE TO SIX MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS		
			N	N	N	N	N		
EDUCATION TRAINING NEED									
ASSESSMENT OF INDIVIDUAL FUNCTIONAL SKILL	6	23	2	2	1	1	0		
INDEPENDENT LIVING PERSONNEL									
INDEPENDENT LIVING SKILLS DEVELOPMENT	33	142	7	13	7	3	3		
AMERICANS WITH DISABILITIES ACT	15	73	7	5	2	0	1		
PERSONS WITH TRAUMATIC BRAIN INJURY	6	14	4	2	0	0	0		
OTHER POSITIONS	4	3	1	3	0	0	0		
TECHNOLOGICAL APPLICATIONS									

APPENDIX B

Surveys

U.S. Department of Education

Rehabilitation Services Administration

SURVEY OF PERSONNEL SHORTAGES AND TRAINING NEEDS IN VOCATIONAL REHABILITATION

**QUESTIONNAIRE FOR DIRECTORS OF
STATE VOCATIONAL REHABILITATION AGENCIES**

Conducted with the assistance of PELAVIN ASSOCIATES, INC. (202) 785-3308.

PLEASE RETURN WITHIN SEVEN DAYS

QUESTIONNAIRE FOR DIRECTORS OF STATE VOCATIONAL REHABILITATION AGENCIES

INTRODUCTION:

This survey is being conducted under the auspices of the U.S. Department of Education. The questions in this survey are intended to identify training needs and possible critical shortages of rehabilitation specialists which can be meaningfully addressed through special priorities governing the allocation of Federal training funds available through the Rehabilitation Services Administration.

Critical shortages are defined as regional or national shortages which result in reductions in the quantity or quality of services to levels substantially below those judged necessary to serve current rehabilitation clients or to expand services to underserved populations.

INSTRUCTIONS:

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651; and to the Office of Management and Budget, Paperwork Reduction Project 1820-0590, Washington, D.C. 20503.

Please base all your answers on the most recent reporting period for which you have complete information. Special instructions (e.g., **Circle Response**, etc.) are in bold type throughout the questionnaire. Where code numbers of particular education/training areas are requested or where code numbers of particular professional discipline specialties are requested, please refer to the Attachments. **Please remove these Attachments for easy reference.** Definitions are provided along with each code. Please note that for all counseling specialties, there are corresponding treatment/technical specialties. Please note that only counselors belong in the former category.

A postage-paid, addressed envelope has been provided for returning the questionnaire. In order to complete the current budget allocation, it is imperative that this questionnaire be mailed as close to January 27, 1992 as possible. If you have any questions regarding this questionnaire, please call Susan McGee at (202) 785-3308.

SECTION 1

FIRST SOME QUESTIONS ABOUT YOUR ORGANIZATION

1. Does your agency operate any rehabilitation facilities?

_____ Yes _____ No

2. If your agency operates any rehabilitation facilities, indicate the type of facility below and the total number of professional positions located at each facility. **Facilities include Vocational Rehabilitation Centers, Comprehensive Rehabilitation Centers, Medical Rehabilitation Centers, Evaluation Centers, etc. Independent Living Centers should be addressed in Question 3.**

<u>Type/Number of Facilities</u>	<u>No. of Professional Staff</u>
<u>VR Centers</u> _____	_____
<u>Medical Centers</u> _____	_____
<u>Comprehensive Centers</u> _____	_____
<u>Evaluation Centers</u> _____	_____
<u>Other (specify):</u> _____	_____
_____	_____

3. If your agency directly administers any Federal Independent Living Center grants, or Client Assistance Projects (CAPs), indicate the total number of professional positions at each center or project. **Do not include centers administered by other organizations under contract to the State agency.**

<u>Type/Number of IL/CAP Projects</u>	<u>Number of Professional Staff</u>
_____	_____
_____	_____

SECTION 2

THIS SERIES OF QUESTIONS WILL BE ABOUT YOUR ORGANIZATION'S EXPERIENCE IN FINDING QUALIFIED PERSONNEL.

4. During the most recent twelve month reporting period, what was the total number of budgeted professional positions in your organization excluding support staff? _____
5. How does this number compare with the number of positions one year earlier? (Circle Response).
- 1 No Change.
 - 2 An Increase of _____ positions.
 - 3 A Decrease of _____ positions.
6. For each specialty listed below, indicate the number of budgeted full-time equivalent (FTE) positions in Column A. Include only budgeted positions which are currently filled, or for which applicants are actively being sought, and to which no budget or administrative holds or freezes apply. Please include State VR Agency facility staff in these totals and refer to the Attachment for the Definitions of Professional Specialties. Only include counselors who carry a caseload under Rehabilitation Counseling. In Column B list the minimum qualifications needed using the codes at the bottom of Page 3. In instances where a professional specialty may have different educational requirements (e.g., Rehabilitation Counselor--Bachelor's Degree and Rehabilitation Counselor--Master's Degree), please use separate lines by entering this information in the last section of this question on Page 4. In Column C list the number of FTE positions that are currently vacant. In Column D list the number of positions unfilled for 90 days or longer. As in Column A, include only unfrozen budgeted positions for which applicants are being actively sought in Columns C and D.

Professional Specialty	A. Number of Budgeted FTE Positions	B. Minimum Qualifications Needed*	C. Number of FTE Positions Currently Vacant	D. Number of Positions Unfilled 90+ Days
------------------------	--	--------------------------------------	--	---

Administration:

Rehabilitation Administration	_____	_____	_____	_____
Rehabilitation Facility Administration	_____	_____	_____	_____
Independent Living Administration	_____	_____	_____	_____
Client Assistance Administration	_____	_____	_____	_____
"Other" Administration	_____	_____	_____	_____

Rehabilitation Counseling:

General Rehabilitation Counselor	_____	_____	_____	_____
Other Caseload Counselors:				
Deafness	_____	_____	_____	_____
Blindness/Visual Impairment	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Specific Learning Disability	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Counselor Aide	_____	_____	_____	_____

Medical and Allied Health:

Audiology	_____	_____	_____	_____
Physiatrist/Physician/Rehabilitation Specialist	_____	_____	_____	_____
Prosthetics and Orthotics	_____	_____	_____	_____
Physical Therapist	_____	_____	_____	_____
Occupational Therapist	_____	_____	_____	_____
Speech-Language Pathologist	_____	_____	_____	_____
Rehabilitation Nurse	_____	_____	_____	_____
Psychologist/Psychiatrist	_____	_____	_____	_____
Psychological Assistant	_____	_____	_____	_____
Recreation Therapist	_____	_____	_____	_____
Rehabilitation Dentist	_____	_____	_____	_____

- *Qualification Codes
- | | |
|---------------------------------|-------------------------------|
| 01 - High School Diploma | 05 - Any Master's Degree |
| 02 - Associate Arts Degree | 06 - Specific Master's Degree |
| 03 - Any Bachelor's Degree | 07 - Other Advanced Graduate |
| 04 - Specific Bachelor's Degree | |

Professional Specialty	A. Number of Budgeted FTE Positions	B. Minimum Qualifications Needed*	C. Number of FTE Positions Currently Vacant	D. Number of Positions Unfilled 90+ Days
<u>Vocational Personnel:</u>				
Vocational Evaluator	_____	_____	_____	_____
Work Adjustment Specialist	_____	_____	_____	_____
Resident Supervisor	_____	_____	_____	_____
Production Supervisor	_____	_____	_____	_____
Vocational Instructor	_____	_____	_____	_____
Business Enterprise Specialist	_____	_____	_____	_____
<u>Rehabilitation Related:</u>				
Social Worker	_____	_____	_____	_____
Orientation and Mobility Spec.	_____	_____	_____	_____
Rehabilitation Teacher	_____	_____	_____	_____
Job Development/Placement Personnel	_____	_____	_____	_____
Supported Employment Personnel/Job Coach	_____	_____	_____	_____
Rehabilitation Engineer	_____	_____	_____	_____
Technology Specialist	_____	_____	_____	_____
Interpreter for the Deaf	_____	_____	_____	_____
Client Assistance Personnel	_____	_____	_____	_____
Independent Living Personnel	_____	_____	_____	_____
<u>Other Professional Positions:</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- *Qualification Codes
- | | |
|---------------------------------|-------------------------------|
| 01 - High School Diploma | 05 - Any Master's Degree |
| 02 - Associate Arts Degree | 06 - Specific Master's Degree |
| 03 - Any Bachelor's Degree | 07 - Other Advanced Graduate |
| 04 - Specific Bachelor's Degree | |

7. Rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. (PLEASE USE THE SPECIALTY CODES LISTED IN ATTACHMENT A).

<u>Rank</u>	<u>Specialty Code</u>
<u>First</u>	_____
<u>Second</u>	_____
<u>Third</u>	_____

8. Using the codes for professional specialties provided in Attachment A, identify each specialty in which you have experienced difficulty filling a vacancy in the past year. Circle any of the actions in columns A, B, and C that you have taken to fill those vacancies. Include only those specialties in which you have filled, or actively sought to fill, vacant positions. (Circle all that apply.)

Professional Specialty	A Raised the Salary Offering	B Lowered Minimum Requirements	C Hired Educationally Qualified but Minimally- Skilled Applicants
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...

9. In the first column below, please copy the specialty codes for the occupations identified in Question 8. For each specialty, circle each factor that contributed to your difficulty filling positions.

Specialty Code	Low Salary	Remote or Undesirable Location	Poor Working Conditions	Competition with Proprietary Organizations	Inadequate Education/ Training	Other/ Specify
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...

SECTION 3

NOW, A QUESTION ABOUT YOUR TRAINING NEEDS FOR CURRENTLY EMPLOYED STAFF AND THE MOST APPROPRIATE METHODS FOR MEETING THESE NEEDS.

10. In Column A below, list the top five specialties for which services are most hindered because currently employed personnel in that specialty require additional training. Please order these specialties from most critical to least critical, listing only one professional specialty on each line. Please use the specific specialty codes listed in Attachment A. Be sure to use the most precise caseload identifier possible within the counselor specialties. In Column B, indicate the most critical educational or training need of personnel in the specialty indicated in Column A using the Codes for Education/Training Areas listed in Attachment B. Please list only one Educational/Training Need for each professional specialty. In Column C indicate the percentage of staff within the professional specialty needing training at the present time. For example, enter 100 percent if all the staff currently employed in a specialty listed in Column A of question 6 require the education and training. In Column D indicate the most appropriate method of training using the codes listed at the bottom of this page.

	A.	B.	C.	D.
	Professional Specialty	Educational/ Training Need	Percent of Staff Needing Training	Appropriate Time Frame*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

* Codes for Most Appropriate Method to Provide Training:

- 01 - Less than one week of training
- 02 - One week to one month of training.
- 03 - One to three months of training
- 04 - Three to six months of training.
- 05 - More than six months of training

SECTION 4

NOW, A QUESTION ABOUT YOUR ORGANIZATION'S EXPERIENCE IN ARRANGING FOR NEEDED CLIENT SERVICES THROUGH OUTSIDE PROVIDERS.*

11. In Column A list up to five specialties for which your organization has experienced difficulty finding outside providers for services to your clients. Please list these specialties from the most difficult to the least difficult. The codes for these specialties can be found in Attachment A. In Column B circle all the factors which have contributed to this difficulty. If your organization experiences no difficulties in obtaining services from outside providers, please check the following box and proceed to the next question.

A. Specialty Code	B.		
	High Cost	Long Delay	No Local Providers
1. _____	.. 1 ..	.. 2 ..	.. 3 ..
2. _____	.. 1 ..	.. 2 ..	.. 3 ..
3. _____	.. 1 ..	.. 2 ..	.. 3 ..
4. _____	.. 1 ..	.. 2 ..	.. 3 ..
5. _____	.. 1 ..	.. 2 ..	.. 3 ..

* Outside providers are rehabilitation specialists who provide services to State Vocational Rehabilitation clients at the State's request.

SECTION 5

IN CONCLUSION, HAVE WE MISSED SOMETHING IMPORTANT?

12. From your responses to the previous questions we will attempt to infer your staffing needs, the training needs for your professional staffing, and the appropriate responses to those needs. Is there something else you feel we need to know regarding your organization's personnel and training needs?

WOULD YOU LIKE A COPY OF THE REPORT RESULTING FROM THIS QUESTIONNAIRE? IF SO, PLEASE CHECK HERE _____

If the analysis and reports are to go to a different person than that designated as the contact person on the face sheet of this questionnaire, please specify name and address below:

Name and Title

We appreciate your assistance and cooperation in completing this Questionnaire.

CMB No. 1820-0590
Expiration Date: December 31, 1992

U.S. Department of Education

Rehabilitation Services Administration

SURVEY OF PERSONNEL SHORTAGES AND TRAINING NEEDS IN VOCATIONAL REHABILITATION

**QUESTIONNAIRE FOR DIRECTORS OF
MEDICAL, VOCATIONAL, AND COMPREHENSIVE
REHABILITATION FACILITIES AND SUPPORTED
EMPLOYMENT PROGRAMS**

Conducted with the assistance of PELAVIN ASSOCIATES, INC. (202) 785-3308.

PLEASE RETURN WITHIN SEVEN DAYS

**QUESTIONNAIRE FOR DIRECTORS OF MEDICAL, VOCATIONAL
AND COMPREHENSIVE REHABILITATION FACILITIES
AND SUPPORTED EMPLOYMENT PROGRAMS**

INTRODUCTION:

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SECTION 1

FIRST, SOME QUESTIONS ABOUT YOUR ORGANIZATION.

1. Check each category below which applies.
 - Medical Rehabilitation Facility.
 - Vocational Rehabilitation Facility.
 - Supported Employment Program.
 - Comprehensive Rehabilitation Facility.

2. Where is your organization located? (Circle Response).
 - 1 Rural Area.
 - 2 Small Urban Area (Reasonable commuting distance to metropolitan area or city of at least 50,000 population).
 - 3 Large Urban/Suburban (City of 250,000 or more population).

3. What was the total caseload of your organization in the reporting year? _____

4. How many clients did your organization serve last year who were referred to you by a State Vocational Rehabilitation Agency? _____.

If your agency or organization has provided services for the State Vocational Rehabilitation Agency in the past year, Go to Question 5a. If your agency has provided NO SERVICES for the State Vocational Rehabilitation Agency in the past year, please check the following box /___/ and do not answer the remainder of the questionnaire. Please return this form promptly and we thank you for participating in this survey.

5a. Does your organization specialize in serving only individuals with a certain handicap or handicaps?

___ Yes ___ No [Go to Question 6.]

5b. If yes, please specify area(s) of specialization:

SECTION 2

THIS SERIES OF QUESTIONS WILL BE ABOUT YOUR ORGANIZATION'S EXPERIENCE IN FINDING QUALIFIED PERSONNEL.

6. During the most recent twelve month reporting period, what was the total number of budgeted professional positions in your organization excluding support staff? _____
7. How does this number compare with the number of positions one year earlier? (Circle Response).
- 1 No Change.
 - 2 An Increase of _____ positions.
 - 3 A Decrease of _____ positions.
8. For each specialty listed below, indicate the number of budgeted full-time equivalent (FTE) positions in Column A. Include only budgeted positions which are currently filled, or for which applicants are actively being sought, and to which no budget or administrative holds or freezes apply. Please include State VR Agency facility staff in these totals and refer to the Attachment for the Definitions of Professional Specialties. Only include counselors who carry a caseload under Rehabilitation Counseling. In Column B list the minimum qualifications needed using the codes at the bottom of Page 4. In instances where a professional specialty may have different educational requirements (e.g., Rehabilitation Counselor--Bachelor's Degree and Rehabilitation Counselor--Master's Degree), please use separate lines by entering this information in the last section of this question on Page 5. In Column C list the number of FTE positions that are currently vacant. In Column D list the number of positions unfilled for 90 days or longer. As in Column A, include only unfrozen budgeted positions for which applicants are being actively sought in Columns C and D.

Professional Specialty	A. Number of Budgeted FTE Positions	B. Minimum Qualifications Needed*	C. Number of FTE Positions Currently Vacant	D. Number of Positions Unfilled 90+ Days
<u>Administration:</u>				
Rehabilitation Administration	_____	_____	_____	_____
Rehabilitation Facility Administration	_____	_____	_____	_____
Independent Living Administration	_____	_____	_____	_____
Client Assistance Administration	_____	_____	_____	_____
"Other" Administration	_____	_____	_____	_____
<u>Rehabilitation Counseling:</u>				
General Rehabilitation Counselor	_____	_____	_____	_____
Other Caseload Counselors:				
Deafness	_____	_____	_____	_____
Blindness/Visual Impairment	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Specific Learning Disability	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Counselor Aide	_____	_____	_____	_____
<u>Medical and Allied Health:</u>				
Audiology	_____	_____	_____	_____
Physiatrist/Physician/ Rehabilitation Specialist	_____	_____	_____	_____
Prosthetics and Orthotics	_____	_____	_____	_____
Physical Therapist	_____	_____	_____	_____
Occupational Therapist	_____	_____	_____	_____
Speech-Language Pathologist	_____	_____	_____	_____
Rehabilitation Nurse	_____	_____	_____	_____
Psychologist/Psychiatrist	_____	_____	_____	_____
Psychological Assistant	_____	_____	_____	_____
Recreation Therapist	_____	_____	_____	_____
Rehabilitation Dentist	_____	_____	_____	_____

- | | | |
|----------------------|---------------------------------|-------------------------------|
| *Qualification Codes | 01 - High School Diploma | 05 - Any Master's Degree |
| | 02 - Associate Arts Degree | 06 - Specific Master's Degree |
| | 03 - Any Bachelor's Degree | 07 - Other Advanced Graduate |
| | 04 - Specific Bachelor's Degree | |

Professional Specialty	A. Number of Budgeted FTE Positions	B. Minimum Qualifications Needed*	C. Number of FTE Positions Currently Vacant	D. Number of Positions Unfilled 90+ Days
------------------------	--	--------------------------------------	--	---

Vocational Personnel:

Vocational Evaluator	_____	_____	_____	_____
Work Adjustment Specialist	_____	_____	_____	_____
Resident Supervisor	_____	_____	_____	_____
Production Supervisor	_____	_____	_____	_____
Vocational Instructor	_____	_____	_____	_____
Business Enterprise Specialist	_____	_____	_____	_____

Rehabilitation Related:

Social Worker	_____	_____	_____	_____
Orientation and Mobility Spec.	_____	_____	_____	_____
Rehabilitation Teacher	_____	_____	_____	_____
Job Development/Placement Personnel	_____	_____	_____	_____
Supported Employment Personnel/Job Coach	_____	_____	_____	_____
Rehabilitation Engineer	_____	_____	_____	_____
Technology Specialist	_____	_____	_____	_____
Interpreter for the Deaf	_____	_____	_____	_____
Client Assistance Personnel	_____	_____	_____	_____
Independent Living Personnel	_____	_____	_____	_____

Other Professional Positions:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Qualification Codes	01 - High School Diploma	05 - Any Master's Degree
	02 - Associate Arts Degree	06 - Specific Master's Degree
	03 - Any Bachelor's Degree	07 - Other Advanced Graduate
	04 - Specific Bachelor's Degree	

9. Rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. (PLEASE USE THE SPECIALTY CODES LISTED IN ATTACHMENT A).

<u>Rank</u>	<u>Specialty Code</u>
<u>First</u>	_____
<u>Second</u>	_____
<u>Third</u>	_____

10. Using the codes for professional specialties provided in Attachment A, identify each specialty in which you have experienced difficulty filling a vacancy in the past year. Circle any of the actions in columns A, B, and C that you have taken to fill those vacancies. Include only those specialties in which you have filled, or actively sought to fill, vacant positions. (Circle all that apply.)

Professional Specialty	A Raised the Salary Offering	B Lowered Minimum Requirements	C Hired Educationally Qualified but Minimally- Skilled Applicants
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...

11. In the first column below, please copy the specialty codes for the occupations identified in Question 10. For each specialty, circle each factor that contributed to your difficulty filling positions.

Specialty Code	Low Salary	Remote or Undesirable Location	Poor Working Conditions	Competition with Proprietary Organizations	Inadequate Education/ Training	Other/ Specify
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...

SECTION 3

NOW, A QUESTION ABOUT YOUR TRAINING NEEDS FOR CURRENTLY EMPLOYED STAFF AND THE MOST APPROPRIATE METHODS FOR MEETING THESE NEEDS.

12. In Column A below, list the top five specialties for which services are most hindered because currently employed personnel in that specialty require additional training. Please order these specialties from most critical to least critical, listing only one professional specialty on each line. Please use the specific specialty codes listed in Attachment A. Be sure to use the most precise caseload identifier possible within the counselor specialties. In Column B, indicate the most critical educational or training need of personnel in the specialty indicated in Column A using the Codes for Education/Training Areas listed in Attachment B. Please list only one Educational/Training Need for each professional specialty. In Column C indicate the percentage of staff within the professional specialty needing training at the present time. For example, enter 100 percent if all the staff currently employed in a specialty listed in Column A of question 8 require the education and training. In Column D indicate the most appropriate method of training using the codes listed at the bottom of this page.

	A.	B.	C.	D.
	Professional Specialty	Educational/ Training Need	Percent of Staff Needing Training	Appropriate Time Frame*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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SECTION 4

IN CONCLUSION, HAVE WE MISSED SOMETHING IMPORTANT?

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If the analysis and reports are to go to a different person than that designated as the contact person on the face sheet of this questionnaire, please specify name and address below:

Name and Title

We appreciate your assistance and cooperation in completing this Questionnaire.

OMB No. 1820-0590
Expiration Date: December 31, 1997.

U.S. Department of Education

Rehabilitation Services Administration

SURVEY OF PERSONNEL SHORTAGES AND TRAINING NEEDS IN VOCATIONAL REHABILITATION

**QUESTIONNAIRE FOR DIRECTORS OF
INDEPENDENT LIVING CENTERS**

Conducted with the assistance of PELAVIN ASSOCIATES, INC. (202) 785-3308.

PLEASE RETURN WITHIN SEVEN DAYS

QUESTIONNAIRE FOR DIRECTORS OF INDEPENDENT LIVING CENTERS

INTRODUCTION:

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Critical shortages are defined as regional or national shortages which result in reductions in the quantity or quality of services to levels substantially below those judged necessary to serve current rehabilitation clients or to expand services to underserved populations.

INSTRUCTIONS:

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651; and to the Office of Management and Budget Paperwork Reduction Project 1820-0590, Washington, D.C. 20503.

Please base all your answers on the most recent reporting period for which you have complete information. Special instructions (e.g., **Circle Response**, etc.) are in bold type throughout the questionnaire. Where code numbers of particular education/training areas are requested or where code numbers of particular professional discipline specialties are requested, please refer to the Attachments. **Please remove these Attachments for easy reference.** Definitions are provided along with each code. Please note that for all counseling specialties, there are corresponding treatment/technical specialties. Please note that only counselors belong in the former category.

A postage-paid, addressed envelope has been provided for returning the questionnaire. In order to complete the current budget allocation, it is imperative that this questionnaire be mailed as close to January 27, 1992 as possible. If you have any questions regarding this questionnaire, please call Ms. Susan McGee at (202) 785-3308.

SECTION 1

FIRST, SOME QUESTIONS ABOUT YOUR ORGANIZATION.

1. Which category below best describes your organization? (Circle the number preceding the correct category).
 - 1 CIL Administered by Combined (General/Blind) VR Agency.
 - 2 CIL Administered by General VR Agency.
 - 3 CIL Administered by Blind VR Agency.
 - 4 Other Private Non-Profit.

2. Where is your CIL located? (Circle Response).
 - 1 Rural Area.
 - 2 Small Urban Area (Reasonable commuting distance to metropolitan area or city of at least 50,000 population).
 - 3 Large Urban/Suburban (City of 250,000 or more population).
 - 4 Large Urban/Suburban Area With Other Satellite Locations Throughout the State.

3. What was the total CIL caseload of your organization in the reporting year? _____

4. How many CIL clients did your organization serve last year who were referred to you by a State Vocational Rehabilitation Agency? _____.

SECTION 2

THIS SERIES OF QUESTIONS WILL BE ABOUT YOUR ORGANIZATION'S EXPERIENCE IN FINDING QUALIFIED PERSONNEL.

5. During the most recent twelve month reporting period, what was the total number of budgeted CIL professional positions in your organization excluding support staff? _____
6. How does this number compare with the number of positions one year earlier? (Circle Response).
- 1 No Change.
- 2 An Increase of _____ positions.
- 3 A Decrease of _____ positions.
7. For each specialty listed below, indicate the number of budgeted full-time equivalent (FTE) positions in Column A. Include only budgeted positions which are currently filled, or for which applicants are actively being sought, and to which no budget or administrative holds or freezes apply. Please include State VR Agency facility staff in these totals and refer to the Attachment for the Definitions of Professional Specialties. Only include counselors who carry a caseload under Rehabilitation Counseling. In Column B, list the minimum qualifications needed using the codes at the bottom of Page 3. In instances where a professional specialty may have different educational requirements (e.g., Rehabilitation Counselor--Bachelor's Degree and Rehabilitation Counselor--Master's Degree), please use separate lines by entering this information in the last section of this question on Page 3. In Column C, list the number of FTE positions that are currently vacant. In Column D, list the number of positions unfilled for 90 days or longer. As in Column A, include only unfrozen budgeted positions for which applicants are being actively sought in Columns C and D.

Professional Specialty	A. Number of Budgeted FTE Positions	B. Minimum Qualifications Needed*	C. Number of FTE Positions Currently Vacant	D. Number of Positions Unfilled 90+ Days
Administration:				
Rehabilitation Administration	_____	_____	_____	_____
Independent Living Admin.	_____	_____	_____	_____
"Other" Administration	_____	_____	_____	_____
Rehabilitation Counseling:				
General Rehabilitation Counselor	_____	_____	_____	_____
Other Caseload Counselors:				
Deafness	_____	_____	_____	_____
Blindness/Visual Impairment	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Specific Learning Disability	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Counselor Aide	_____	_____	_____	_____
Rehabilitation Related:				
Social Worker	_____	_____	_____	_____
Orientation and Mobility Spec.	_____	_____	_____	_____
Rehabilitation Teacher	_____	_____	_____	_____
Job Development/Placement Personnel	_____	_____	_____	_____
Supported Employment Personnel/Job Coach	_____	_____	_____	_____
Rehabilitation Engineer	_____	_____	_____	_____
Technology Specialist	_____	_____	_____	_____
Interpreter for the Deaf	_____	_____	_____	_____
Independent Living Personnel	_____	_____	_____	_____
Other Professional Positions:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- *Qualification Codes
- | | |
|---------------------------------|-------------------------------|
| 01 - High School Diploma | 05 - Any Master's Degree |
| 02 - Associate Arts Degree | 06 - Specific Master's Degree |
| 03 - Any Bachelor's Degree | 07 - Other Advanced Graduate |
| 04 - Specific Bachelor's Degree | |

8. Rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. (PLEASE USE THE SPECIALTY CODES LISTED IN ATTACHMENT A).

<u>Rank</u>	<u>Specialty Code</u>
<u>First</u>	_____
<u>Second</u>	_____
<u>Third</u>	_____

9. Using the codes for professional specialties provided in Attachment A, identify each specialty in which you have experienced difficulty filling a vacancy in the past year. Circle any of the actions in columns A, B, and C that you have taken to fill those vacancies. Include only those specialties in which you have filled, or actively sought to fill, vacant positions. (Circle all that apply).

Professional Specialty	A Raised the Salary Offering	B Lowered Minimum Requirements	C Hired Educationally Qualified but Minimally- Skilled Applicants
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...

10. In the first column below, please copy the specialty codes for the occupations identified in Question 9. For each specialty, circle each factor that contributed to your difficulty filling positions.

Specialty Code	Low Salary	Remote or Undesirable Location	Poor Working Conditions	Competition with Proprietary Organizations	Inadequate Education/ Training	Other/ Specify
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...

SECTION 3

NOW, A QUESTION ABOUT YOUR TRAINING NEEDS FOR CURRENTLY EMPLOYED STAFF AND THE MOST APPROPRIATE METHODS FOR MEETING THESE NEEDS.

11. In Column A below, list the top five specialties for which services are most hindered because currently employed personnel in that specialty require additional training. Please order these specialties from most critical to least critical, listing only one professional specialty on each line. Please use the specific specialty codes listed in Attachment A. Be sure to use the most precise caseload identifier possible within the counselor specialties. In Column B, indicate the most critical educational or training need of personnel in the specialty indicated in Column A using the Codes for Education/Training Areas listed in Attachment B. Please list only one Educational/Training Need for each professional specialty. In Column C indicate the percentage of staff within the professional specialty needing training at the present time. For example, enter 100 percent if all the staff currently employed in a specialty listed in Column A of question 7 require the education and training. In Column D indicate the most appropriate method of training using the codes listed at the bottom of this page.

	A.	B.	C.	D.
	Professional Specialty	Educational/ Training Need	Percent of Staff Needing Training	Appropriate Time Frame*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

* Codes for Most Appropriate Method to Provide Training:

- 01 - Less than one week of training
- 02 - One week to one month of training
- 03 - One to three months of training
- 04 - Three to six months of training
- 05 - More than six months of training

SECTION 4

IN CONCLUSION, HAVE WE MISSED SOMETHING IMPORTANT?

12. From your responses to the previous questions we will attempt to infer your staffing needs, the training needs for your professional staffing, and the appropriate responses to those needs. Is there something else you feel we need to know regarding your organization's personnel and training needs?

WOULD YOU LIKE A COPY OF THE REPORT RESULTING FROM THIS QUESTIONNAIRE? IF SO, PLEASE CHECK HERE _____.

If the analysis and reports are to go to a different person than that designated as the contact person on the face sheet of this questionnaire, please specify name and address below:

Name and Title

We appreciate your assistance and cooperation in completing this Questionnaire.

OMB No. 1820-0590
Expiration Date: December 31, 1992

U.S. Department of Education

Rehabilitation Services Administration

SURVEY OF PERSONNEL SHORTAGES AND TRAINING NEEDS IN VOCATIONAL REHABILITATION

**QUESTIONNAIRE FOR DIRECTORS OF
CLIENT ASSISTANCE PROGRAMS**

Conducted with the assistance of PELAVIN ASSOCIATES, INC. (202) 785-3308.

PLEASE RETURN WITHIN SEVEN DAYS

QUESTIONNAIRE FOR DIRECTORS OF CLIENT ASSISTANCE PROGRAMS

INTRODUCTION:

This survey is being conducted under the auspices of the U.S. Department of Education. The questions in this survey are intended to identify training needs and possible critical shortages of rehabilitation specialists which can be meaningfully addressed through special priorities governing the allocation of Federal training funds available through the Rehabilitation Services Administration.

Critical shortages are defined as regional or national shortages which result in reductions in the quantity or quality of services to levels substantially below those judged necessary to serve current rehabilitation clients or to expand services to underserved populations.

INSTRUCTIONS:

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651; and to the Office of Management and Budget Paperwork Reduction Project 1820-0590, Washington, D.C. 20503.

Please base all your answers on the most recent reporting period for which you have complete information. Special instructions (e.g., **Circle Response**, etc.) are in bold type throughout the questionnaire. Where code numbers of particular education/training areas are requested or where code numbers of particular professional discipline specialties are requested, please refer to the Attachments. **Please remove these Attachments for easy reference.** Definitions are provided along with each code. Please note that for all counseling specialties, there are corresponding treatment/technical specialties. Please note that only counselors belong in the former category.

A postage-paid, addressed envelope has been provided for returning the questionnaire. In order to complete the current budget allocation, it is imperative that this questionnaire be mailed as close to January 27, 1992, as possible. If you have any questions regarding this questionnaire, please call Ms. Susan McGee at (202) 785-3308.

SECTION 1

FIRST, SOME QUESTIONS ABOUT YOUR ORGANIZATION.

1. Which category below best describes your organization? (Circle the number preceding the correct category).

1 Protection & Advocacy (P & A) Agency.

2 State Vocational Rehabilitation Agency.

3 Governor's Office.

4 Other (Describe) _____

2. Where is your CAP organization located? (Circle Response).

1 Rural Area.

2 Small Urban Area (Reasonable commuting distance to metropolitan area or city of at least 50,000 population).

3 Large Urban/Suburban (City of 250,000 or more population).

4 Large Urban/Suburban Area With Other Office Locations Throughout the State.

3. What was the total CAP caseload of your organization in the reporting year? _____

4. How many CAP clients did your organization serve last year? _____.

SECTION 2

THIS SERIES OF QUESTIONS WILL BE ABOUT YOUR ORGANIZATION'S EXPERIENCE IN FINDING QUALIFIED PERSONNEL.

5. During the most recent twelve month reporting period, what was the total number of budgeted CAP professional positions in your organization excluding support staff? _____

6. How does this number compare with the number of positions one year earlier? (Circle Response).
 - 1 No Change.
 - 2 An Increase of _____ positions.
 - 3 A Decrease of _____ positions.

7. For each specialty listed below, indicate the number of budgeted full-time equivalent (FTE) positions for the CAP in Column A. Include only budgeted positions which are currently filled, or for which applicants are actively being sought, and to which no budget or administrative holds or freezes apply. Only include counselors who carry a caseload under Rehabilitation Counseling. In Column B list the minimum qualifications needed using the codes at the end of Page 3. In instances where a professional specialty may have different educational requirements (e.g., Rehabilitation Counselor--Bachelor's Degree and Rehabilitation Counselor--Master's Degree), please use separate lines by entering this information in the last section of this question on Page 3. In Column C list the number of FTE positions that are currently vacant. In Column D list the number of positions unfilled for 90 days or longer. As in Column A, include only unfrozen budgeted positions for which applicants are being actively sought in Columns C and D.

Professional Specialty	A. Number of Budgeted FTE Positions	B. Minimum Qualifications Needed*	C. Number of FTE Positions Currently Vacant	D. Number of Positions Unfilled 90+ Days
Client Assistance Administration	_____	_____	_____	_____
"Other" Administration	_____	_____	_____	_____
General Rehabilitation Counselor	_____	_____	_____	_____
Other Caseload Counselors:				
Deafness	_____	_____	_____	_____
Blindness/Visual Impairment	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Specific Learning Disability	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
Counselor Aide				
Interpreter for the Deaf	_____	_____	_____	_____
Client Assistance Personnel	_____	_____	_____	_____
<u>Other Professional Positions:</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- *Qualification Codes
- | | |
|---------------------------------|-------------------------------|
| 01 - High School Diploma | 05 - Any Master's Degree |
| 02 - Associate Arts Degree | 06 - Specific Master's Degree |
| 03 - Any Bachelor's Degree | 07 - Other Advanced Graduate |
| 04 - Specific Bachelor's Degree | |

8. Rank the top three disciplines for which unfilled positions most severely affect the greatest number of clients. (PLEASE USE THE SPECIALTY CODES LISTED IN ATTACHMENT A).

<u>Rank</u>	<u>Specialty Code</u>
_____ First	_____
_____ Second	_____
_____ Third	_____

9. Using the codes for professional specialties provided in Attachment A, identify each specialty in which you have experienced difficulty filling a vacancy in the past year. Circle any of the actions in Columns A, B, and C that you have taken to fill those vacancies. Include only those specialties in which you have filled, or actively sought to fill, vacant positions. (Circle all that apply).

Professional Specialty	A Raised the Salary Offering	B Lowered Minimum Requirements	C Hired Educationally Qualified but Minimally-Skilled Applicants
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...
_____	...1...	...1...	...1...

10. In the first column below, please copy the specialty codes for the occupations identified in Question 9. For each specialty, circle each factor that contributed to your difficulty filling positions.

Specialty Code	Low Salary	Remote or Undesirable Location	Poor Working Conditions	Competition with Proprietary Organizations	Inadequate Education/ Training	Other/ Specify
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...
_____	...1...	...1...	...1...	...1...	...1...	...1...

SECTION 3

NOW, A QUESTION ABOUT YOUR TRAINING NEEDS FOR CURRENTLY EMPLOYED STAFF AND THE MOST APPROPRIATE METHODS FOR MEETING THESE NEEDS.

11. In Column A below, list the top five specialties for which services are most hindered because currently employed personnel in that specialty require additional training. Please order these specialties from most critical to least critical, listing only one professional specialty on each line. Please use the specific specialty codes listed in Attachment A. Be sure to use the most precise caseload identifier possible within the counselor specialties. In Column B, indicate the most critical educational or training need of personnel in the specialty indicated in Column A using the Codes for Education/Training Areas listed in Attachment B. Please list only one Educational/Training Need for each professional specialty. In Column C indicate the percentage of staff within the professional specialty needing training at the present time. For example, enter 100 percent if all the staff currently employed in a specialty listed in Column A of question 7 require the education and training. In Column D indicate the most appropriate method of training using the codes listed at the bottom of this page.

	A.	B.	C.	D.
	Professional Specialty	Educational/ Training Need	Percent of Staff Needing Training	Appropriate Time Frame*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

* Codes for Most Appropriate Method to Provide Training:

- 01 - Less than one week of training
- 02 - One week to one month of training
- 03 - One to three months of training
- 04 - Three to six months of training
- 05 - More than six months of training

SECTION 4

IN CONCLUSION, HAVE WE MISSED SOMETHING IMPORTANT?

12. From your responses to the previous questions we will attempt to infer your staffing needs, the training needs for your professional staffing, and the appropriate responses to those needs. Is there something else you feel we need to know regarding your organization's personnel and training needs?

WOULD YOU LIKE A COPY OF THE REPORT RESULTING FROM THIS QUESTIONNAIRE? IF SO, PLEASE CHECK HERE _____.

If the analysis and reports are to go to a different person than that designated as the contact person on the face sheet of this questionnaire, please specify name and address below:

Name and Title

We appreciate your assistance and cooperation in completing this Questionnaire.

ATTACHMENT A

CODES AND DEFINITIONS OF PROFESSIONAL SPECIALTIES

The following definitions have been provided to help you classify your personnel within the categories used in this personnel needs assessment. Please note that for counseling positions, there is a code for counselors who have a general caseload, and codes for counselors who have caseloads that are primarily people with a specific disability. Please be sure to correctly categorize personnel.

ADMINISTRATION

- 01 Rehabilitation Administration -- Performs management/administration/supervisory functions in a State Vocational Rehabilitation Agency.
- 02 Rehabilitation Facility Administration-- Performs management/administration/supervisory functions in a rehabilitation facility.
- 03 Independent Living Administration -- Performs management/administration/supervisory functions in a Center for Independent Living or in an Agency supervising or managing an Independent Living program.
- 04 Client Assistance Administration -- Responsible for managing, directing, or supervising a program that provides information and assistance to individuals with disabilities about services available to them under the State-Federal rehabilitation program, and advocating for and assisting them in accessing these services.
- 05 "Other" Administration -- Performs management, administrative or supervisory duties not included in the above categories.

REHABILITATION COUNSELING

- 06 General Rehabilitation Counselor -- Through utilizing counseling skills, case management skills, and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in General Rehabilitation.
- 07 Deafness Counselor -- Through utilizing counseling skills, case management skills and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in Deafness/Hearing Impairment.

ATTACHMENT A

REHABILITATION COUNSELING (Continued)

- 08 Blindness/Visual Impairment Counselor -- Through utilizing counseling skills, case management skills and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in Blindness/Visual Impairment.
- 09 Mental Illness Counselor -- Through utilizing counseling skills, case management skills and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in Mental Illness.
- 10 Specific Learning Disability Counselor -- Through utilizing counseling skills, case management skills and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in Specific Learning Disabilities.
- 11 Traumatic Brain Injury Counselor -- Through utilizing counseling skills, case management skills and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in Traumatic Brain Injury.
- 12 "Other" Specialty Counselor -- Through utilizing counseling skills, case management skills and community resources, provides support in the client's adjustment to disabling conditions and assistance in the choice, preparation and acquisition of suitable employment. Specializes in areas not listed above such as Spinal Cord Injury, Alcoholism/Drug Abuse or other type of specialized caseload. Please specify by disability.
- 13 Counselor Aide -- Provides a variety of paraprofessional duties for one or more Rehabilitation Counselors. May assist counselors in job placement functions, but also provides support and assistance in other areas such as arranging services, client transportation, etc.

MEDICAL AND ALLIED HEALTH PERSONNEL

- 14 Audiologist -- Provides diagnosis and treatment services concerned with hearing disabilities.
- 15 Physiatrist/Physician-Rehabilitation Specialist -- A physician who is licensed to practice medicine and work with physical, psychological, vocational rehabilitation units, programs or facilities providing services to clients.
- 16 Prosthetist/Orthotist -- Specializes in the fitting and fabrication of appliances to improve the function and cosmeses of patients who have suffered an amputation or loss of parts or whole of an extremity or musculoskeletal impairments.

ATTACHMENT A

MEDICAL AND ALLIED HEALTH PERSONNEL (Continued)

- 17 Physical Therapist -- Through a variety of physical procedures, treats clients to relieve pain, develop or restore motor function and maintain maximum performance.
- 18 Occupational Therapist -- Provides assistance in the restoration, maintenance and development of performance capabilities required in activities of daily living and productivity. Facilitates adaption to reduce or correct pathology and promote health.
- 19 Speech-Language Pathologist -- Provides diagnosis and treatment services for individuals with speech and language disorders.
- 20 Rehabilitation Nurse -- A registered Nurse who has training and/or experience in dealing with the needs of rehabilitation populations and is assigned to a physical, psychological or vocational rehabilitation unit, program or facility.
- 21 Psychologist/Psychiatrist -- Meets the legal requirements in the State for the practice of psychology or psychiatry.
- 22 Psychological Assistant -- Performs a variety of duties most often assisting a Rehabilitation Psychologist. May administer and interpret tests which do not require administration by a licensed or certified Rehabilitation Psychologist.
- 23 Recreation Therapist -- Provides evaluation and treatment services, by utilizing adaptive activities, to achieve specific medical and/or rehabilitation goals, as well as maximum integration of the person into the community.
- 24 Rehabilitation Dentist -- A dentist who restores the function, form, and aesthetics of the dento-facial complex to maximize quality of life for the physically and mentally handicapped and to assist in maintaining or regaining the individual's highest level of physical function and social interaction.

VOCATIONAL PERSONNEL

- 25 Vocational Evaluator -- Assesses clients in specific work skills, occupational potentials and vocational interests through the performance of tasks using materials, tools and equipment found in particular job families.
- 26 Work Adjustment Specialist -- Works with clients to assist in developing both basic and advanced skills essential to effective functioning in the work environment.
- 27 Resident Supervisor -- Provides supervision in community-based facilities.

ATTACHMENT A

MEDICAL AND ALLIED HEALTH PERSONNEL (Continued)

- 28 Production Supervisor -- Assists and monitors clients in simulated and real occupational activities.
- 29 Vocational Instructor -- Utilizes an organized systematic instructional program to assist clients in the acquisition of specific marketable occupational skills.
- 30 Business Enterprise Specialist -- Assists in the development of vending facilities in public and private buildings. Provides assistance in the installation or operation of these sites.

REHABILITATION RELATED PERSONNEL

- 31 Social Worker -- Assists persons in personal, social, family and financial adjustment.
- 32 Orientation and Mobility Specialist -- Assists blind and visually impaired clients in achieving independent orientation, mobility and travel skills.
- 33 Rehabilitation Teacher for the Blind -- Assists blind and visually impaired clients with adaptations for independent living skills.
- 34 Job Development/Placement Personnel -- Primarily responsible for planning and/or providing job placement/job development services, including job seeking skills training. Identifies potential employers and facilitates the placement of clients.
- 35 Supported Employment Personnel/Job Coach -- Provides support to clients engaged in Supported Employment programs and/or provides job coaching services to assist clients in retaining employment.
- 36 Rehabilitation Engineer -- Applies technology for the disabled in the modification of existing systems or devices for adaption in work and independent living.
- 37 Technology Specialist -- Provides assistance and support to clients or program staff in the provision of technology aids and devices for clients. Includes individuals without a degree in Rehabilitation Engineering who facilitate, through technology, the use of residual sight in visually impaired persons, as well as communication specialists and assistive technology specialists.
- 38 Interpreter for the Deaf -- Primarily provides interpreting services for the deaf.
- 39 Client Assistance Personnel -- Provides support and advocacy services for persons with disabilities.
- 40 Independent Living Personnel -- Provides clients the experience and practice with real or simulated life situations, assistive devices, special equipment and specialized assistance to obtain independent living skills.

ATTACHMENT B

CODES FOR EDUCATION/TRAINING AREAS

PROFESSIONAL SERVICES DEVELOPMENT

- 101 Counseling Skills Development.
- 102 Outreach to under-served persons with disabilities, including culturally diverse populations.
- 103 Technological applications to improve employability and independent living opportunities.
- 104 Assessment of individual functional skills and capacities, including vocational evaluation.
- 105 Case Management in VR, case recording, case review, and eligibility determination.
- 106 Medical Aspects of rehabilitation.
- 107 Psychological aspects of rehabilitation.
- 108 Placement -- job development, competitive placement and marketing.
- 109 Legal and ethical considerations in rehabilitation.
- 110 Independent Living Skills development.

DEVELOPMENT OF KNOWLEDGE ON SPECIFIC DISABILITY GROUPS AND TOPICAL NEEDS

- 111 Americans with Disabilities Act.
- 112 Supported/Transitional Employment.
- 113 Persons with substance abuse disabilities.
- 114 Persons with mental illness.
- 115 Persons with deafness or who are hard-of-hearing.
- 116 Persons with traumatic brain injury.
- 117 Persons with HIV infection/AIDS.
- 118 Persons with Specific Learning Disabilities
- 119 Persons with blindness or low vision.
- 120 Persons with deaf-blindness.

DEVELOPMENT OF KNOWLEDGE/SKILLS FOR IMPROVED PROGRAM ADMINISTRATION

- 121 Supervision of rehabilitation personnel.
- 122 Program Analysis and Program Evaluation.
- 123 Program Planning.
- 124 Human Resource Development concepts and methods.
- 125 Mid-level Staff Leadership Training.
- 126 Top-level Staff Leadership Training.
- 127 Management Information Systems.
- 128 Research and demonstration methods.
- 129 Providing services to rural areas.
- 130 Providing services to inner-city areas.

APPENDIX C

Bibliography

BEST COPY AVAILABLE

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APPENDIX C

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