Comprehensive Statewide Needs Assessment

Bureau of Vocational Rehabilitation (VR New Hampshire)

2022

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Acknowledgements

About VR New Hampshire

VR New Hampshire is one of nearly 80 partners in the state-federal VR program mandated by the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA) of 2014. The U.S. Department of Education's Rehabilitation Services Administration provides leadership and resources for VR program at the federal level.

About this Report

VR New Hampshire intends, through this statewide assessment prepared by the Institute for Community Inclusion, to comply with those requirements incumbent upon VR as found in the Workforce Innovation and Opportunity Act (WIOA) §361.29.

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EXECUTIVE SUMMARY

VR New Hampshire sponsored the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston to conduct a series of activities to develop a Comprehensive Statewide Needs Assessment (CSNA) completed in September 2022. Combined, more than eight hundred people participated in focus groups, interviews, and survey efforts so that VR New Hampshire could better understand the rehabilitation needs of individuals with disabilities, the current system capacity for meeting those needs, what could be improved upon, and what actions would support the employment and independence of New Hampshire residents with disabilities.

Critical Context for the 2022 Comprehensive Statewide Needs Assessment

Starting in March 2020, VR New Hampshire and its partners were required to make rapid changes to services and service delivery to ensure the well-being of staff, partners, and customers during the COVID-19 global pandemic. Though not planned, VR New Hampshire pivoted to virtual service delivery and built the technological capacity to continuously support its customers. As return to in-person services progresses, VR New Hampshire's virtual capacity may enable it to serve an increasing number of youth, parents, and incumbent workers who may prefer virtual interactions. Additionally, persons who survived intensive medical treatment for COVID-19 and people who have Long COVID and functional limitations to work, education, or independent living may seek disability services programs. Though unknown in 2022, it is anticipated that VR New Hampshire will see an increase in applications from a newly emerging adult disability population.

Overview of CSNA inputs:

- **5 secondary data sources**
- **70 VR agency and community rehabilitation provider (CRP) staff**
- **11 key informants with lived experience of disability (in-depth interviews)**
- **6 Workforce Innovation and Opportunity Act (WIOA) partners**
- **635 VR customers (satisfaction surveys)**
- **87 Older Blind customers (satisfaction telephone surveys)**
- **11 businesses that employ workers with disabilities**

NH Residents with Disabilities: Trends from the 2020 Census

In the last 10 years, the New Hampshire population increased by 3.5% while the disability population increased by 19.3%. Approximately 5,000 more persons were identified as having a disability in 2020 than in 2011 for a total of 183,237 persons with disabilities in New Hampshire. The most frequently reported disability is cognitive difficulty followed by independent living difficulty. The number of people reporting a vision difficulty increased by 19.7% since 2011. The prevalence of disability is increasing across all age groups above age 14. From 2011 to 2020, the number of transition age youth with disabilities grew 43.6% from 11,525 to 16,547. The number of adults over age 65 grew 20.3% from 68,030 to 81,832. It is highly likely that demand for VR New Hampshire services will increase over the next three years due to changes in prevalence and incidence of disability.

Economic Inequality Continues for NH Residents with Disabilities but Some Indicators are Improving

Economic inequality is significant when comparing NH residents with disabilities to those without disabilities. The poverty rate of NH residents with disabilities is double that of persons without disabilities (14% versus 7%). Nearly twice the percentage of people with disabilities are not in the

labor force (68% versus 35%). Median annual income is $20,000 lower for persons with disabilities. About one-quarter (26%) of persons with disabilities have a college education compared to 41% of those without a disability. During the COVID-19 pandemic, persons with disabilities reduced work status at higher percentages than persons without disabilities.

However, some economic trends indicate improvement for persons with disabilities. More NH residents with disabilities are earning college degrees than in 2011, the employment rate increased from 23.6% in 2011 to 28% in 2020, and people with disabilities now have a higher rate of attaining a high school diploma or equivalent than the general NH population (63% versus 55%). Gains in educational attainment indicate that secondary and postsecondary initiatives have been very successful in supporting NH residents with disabilities. This creates a new set of expectations and demands for VR New Hampshire. Future applicants may have different expectations for career advancement and career pathways.

Portrait of Current VR New Hampshire Customers

VR New Hampshire, like many VR agencies across the nation, is experiencing an increase in youth as a percentage of people served. Almost half (46%) of people served are between ages 14 and 24 and are often described as *transition age youth*. This age group is 9% of the total population of NH residents with disabilities. Likewise, most VR agencies have a higher percentage of people with cognitive and/or mental health disabilities receiving services than persons with other types of disabilities. Just under two-thirds of VR New Hampshire customers are persons with developmental, mental health, or learning disabilities. More than half of VR NH customers are male (55%) though the majority of people with disabilities in NH are female (51%). Differences in gender may be related to larger demographic trends in aging and disability. Women with disabilities, particularly those with caregiving responsibilities, may not be pursuing or referred to VR services as frequently as men.

Racial and ethnic diversity is low in New Hampshire. However, statewide numbers may not give an accurate portrait of the regional variation in racial and ethnic diversity. Some regional offices have a higher percentage of Black customers than other regions or the general population. The Manchester Regional office has a higher percentage of Black customers, Hispanic customers, and customers who speak languages other than English than the general population.

Also statewide, about 10% of VR applicants in 2020 and 2021 were persons residing in rural areas, but 47% of applicants in the Berlin Regional office are from rural communities. Offices such as Berlin and Manchester may have unique needs and may be able to support other regional offices through peer support models.

The majority of persons applying for VR services are not currently working and are not receiving public disability or poverty benefits. Thus, VR New Hampshire is serving a unique population and may be assisting people who are out of the labor force enter or re-enter employment, pursue education, and retain their independence.

VR New Hampshire funded two waves of a customer satisfaction survey effort during the CSNA time period that included 635 customers of employment services and 87 customers Older Blind services. Customers of Older Blind services were highly satisfied with services and saw it is a critical support. VR customers also rated their satisfaction high across ease of applying for services, access to services, staff interactions, levels of communication, and support in attaining their goals. Some indicated a need for VR New Hampshire to improve timeliness, counseling strategies, and staffing, and other indicated a need for VR to consider the employment expectations of different types of workers (such as those with autism, parents with disabilities, persons with medical needs, and persons with advanced education).

FRONTLINE EMPLOYMENT SERVICES PERSONNEL PERSPECTIVES

Seventy frontline employment services personnel either working at VR New Hampshire or for a community rehabilitation provider (CRP) gave their views on who may be underserved or unserved. Nearly half (44%) indicated that New Americans and other populations of people speaking languages other than English were underserved. More than one-third (37%) indicated that persons with disabilities living rural communities and in Northern New Hampshire are underserved. About one-quarter indicated that persons with mental health or cognitive disabilities were underserved. Nearly one-quarter (24%) indicated that Black, Asian American, and Latinx populations were underserved or unserved. Employment services personnel also mentioned that persons receiving services from other statewide partners (19%), LGBTQIA+ communities, and other groups were underserved or unserved. About one-fifth of respondents indicated that there were no underserved or unserved communities in New Hampshire.

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PARTNERS PERSPECTIVES

WIOA partners noted a number of unserved and underserved populations. They discussed groups such those with intellectual and developmental disabilities (IDD) who may be underserved in workforce programs. They also listed youth who are entering the workforce from either the secondary or postsecondary systems. Other groups such as New Americans, refugees, LGBTQIA+ groups, those residing in rural areas, and parents/caregivers are likely to include persons with disabilities, but they are served in non-disability systems. In the last year of the pandemic, WIOA partners in the Job Centers also observed specific groups that were slow to return to the labor force (e.g., 20-29 year-old males and some older workers) or some groups that are not engaged in the labor force from the Adult Education student population (e.g., people learning English, such as older refugees). The suggestion was that people who were slow to return to the labor force may have unidentified disabilities.

POTENTIAL CUSTOMER PERSPECTIVES

A group of NH residents with disabilities who were not receiving VR services participated in individual interviews. Persons with brain injury and Long COVID suggested that people who acquire disabilities, face job loss, and have significant involvement with healthcare systems are not likely to know about VR New Hampshire. Parents with disabilities, some of whom have children with disabilities, indicated that they are overwhelmed with caregiving and would need daycare services to return to work. Others indicated an interest in postsecondary education, long-term training, financial counseling services to manage the complexities of disability and return-to-work, and a better understanding of what VR services were available to them. Transportation was the number one barrier mentioned by nearly every interviewee. Limited access to technology, the internet, and digital literacy were critical areas that many felt isolated them from opportunities. Persons living in rural areas described feeling isolated with limited economic opportunities.

Overall, respondents vary in their definition of underserved or unserved. New Americans and persons speaking languages other than English were identified by both WIOA partners and frontline employment staff. Likewise, rural communities, including in the northern part of the state were consistently identified as underserved. The state of New Hampshire has very little racial and ethnic diversity with a population that is 94% white. Yet, frontline staff raised the concern that racial and ethnic groups in New Hampshire were underserved. This seems to be echoed in the case management data. Additionally, racial and ethnic diversity is growing among New Hampshire youth. As the majority population served are youth, VR New Hampshire staff may be seeing a demographic trend that has implications for the agency over time. Potential customers, particularly those with newly acquired health disabilities, were overwhelmed, unsure of what is available to them, and not confident about returning to work and balancing their obligations at home. Once told about VR New Hampshire, potential customers were interested in learning more

but did not know where to start. Demand for VR New Hampshire services is likely to grow over the next few years and may bring new populations into services.

VR New Hampshire's Opportunities for Partnership with WIOA Partners and Community Rehabilitation Providers

The education and workforce partners described current capacities to meet the needs of individuals with disabilities through programs and initiatives designed to increase awareness, access, and quality of services for individuals with disabilities, often through partnership with the VR agency. For example, NH Career and Technical Education (CTE) is working toward recruitment for special populations, including individuals with disabilities, by developing outreach materials that include authentic images of people with disabilities working in CTE program shops and other settings. VR New Hampshire is also working with community college disability coordinators to establish a "reverse referral": students who identify as having a disability in the community college setting get referred to VR or increase awareness of VR. WIOA partners in the NH Adult Education program also have a small disability committee that identifies issues or concerns in local centers and takes on special projects, by creating a referral flow-chart with VR for example.

Emerging opportunities include the following:

- **Digital equity:** Cross-partner efforts to understand who benefits and who may not benefit from enhanced virtual services, including online instruction and counseling.
- **Next generation of workers:** WIOA partners discussed a need to partner to prepare for the next generation of workers, including those who are not in the labor force, and in particular, re-engaging those who exited during the COVID-19 pandemic.
- **Business engagement and support:** WIOA partners discussed the need for a coordinated and integrated approach to meeting business needs and helping businesses hire and retain workers with disabilities.
- **Job loss prevention:** WIOA partners noted the opportunity to engage workers who experience a change in abilities to perform some job functions due to age or acquired disability and the role VR New Hampshire could play in supporting workers to seek accommodations, change job tasks or roles, or change careers.
- **Transportation initiatives:** Nearly every interviewee and respondent highlighted transportation as a structural barrier that had profound implications for persons with disabilities. Pilot efforts, model demonstrations, and multi-system innovations may be needed to make significant changes.

VR New Hampshire staff and CRP personnel agreed that frontline service capacity is a critical issue. Of the VR staff and CRPs surveyed, the majority (82.3%) felt a need to develop new community rehabilitation partners. A similar percentage (87.3%) expressed a need to improve existing relationships with community partners. Some CRPs felt the public system bureaucracy prevented them from doing what is best for customers. Both customers and CRPs expressed that it takes too much time to obtain services. Businesses also indicated a need for consistent yet flexible support staff for incumbent workers with disabilities. The COVID-19 pandemic exacerbated these issues, but interviewees and respondents indicated these were pre-existing, system-wide issues.

The Full CSNA Report Provides Detailed Findings and Recommendations in Three Main Areas: Awareness, Access, and Quality

AWARENESS

Data from the report supports VR New Hampshire's efforts to market, conduct outreach, and rebrand the agency and to track results at the regional and population level where possible. Several groups identified as underserved or unserved may benefit from practical materials that describe how services may help them, how to access services, and what to expect from services. How awareness efforts such as websites, social media, or other virtual marketing strategies reach potential customers should include an assessment of digital equity among rural communities, people learning English, parents with disabilities, and persons who may not be able to access online content.

- Coordinate with WIOA partners to engage with businesses to reach incumbent workers with disabilities.
- Target outreach to systems and providers that support people who may not be aware of their disability eligibility, including refugee resettlement organizations, neurologists, physical and occupational therapists, ophthalmologists, audiologists, mental health counselors, and WIOA partners.
- Identify existing social media initiatives that are linked to high priority populations, such as youth, families of transition age youth, families of elders, rural populations, and disability subgroups, such as persons with brain injury and those with Long COVID.
- Partner to host WIOA community events that focus on the needs of jointly served populations that provide information about the unique role of VR New Hampshire.

ACCESS

Nearly every group that participated in the CSNA considered lack of affordable transportation as the number one barrier to receiving services, including education and training and becoming employed. Business representatives raised the lack of transportation as a significant challenge in hiring and retaining workers with disabilities. The COVID-19 pandemic impacted physical access to services, as many public systems closed physical offices but opened other doors with virtual service delivery. Other recommendations to improve access to services included:

- Investigate strategies for return-to-work services for parents with disabilities who are rebounding from school closures and limited daycare or afterschool care options.
- Create or access cross-agency referral mechanisms and identify gaps or barriers to rapid coordination, particularly rural communities, people learning English, and mid-career workers acquiring disabilities.
- Consider advancing an initiative for cross-agency data-sharing and analysis that identifies who is missing from services and why.
- Identify options for accommodations for virtual long-term training and education, including those options that are out of state.
- Expand information and links about accessible transportation, including paratransit, parking placards, and vehicle modifications on fact sheets, social media, and website portals for current and future customers of VR.

QUALITY

Over the next three years, VR New Hampshire is likely to see an increase in demand from a wide range of populations. Demographic changes, recovery from the COVID-19 pandemic, marketing and rebranding initiatives, and outreach to businesses may encourage more people to pursue services. Interviewees identified differences in expectations, a need for caregiving services, interest in jobs with higher levels of educational attainment, and solutions for logistical barriers. VR New Hampshire may want to consider the following:

- WIOA partnership opportunities to invest in career pathways and career advancement, including telecommuting and work from home opportunities.
- Identify partnerships and initiatives that link parents with disabilities with childcare and caregiving services.
- Invest in counseling staff and CRP staff to enhance communication skills, such as motivational interviewing and supporting new populations.
- Identify counselors with expertise in underserved and unserved communities and create opportunities for peer-to-peer support across regional units.
- Examine CRP capacity and competency by region and identify which providers have capacity for underserved and unserved communities.

CRP capacity was a universal concern across respondents, including CRPs themselves. It is highly likely that applicants to VR New Hampshire will increase, and it may put a future strain on service delivery. VR New Hampshire may need to consider working appropriately within the state to address the need for more frontline workers to meet both customer needs and business needs. The CSNA data suggest that solutions may need to be regional in consideration. While it is critical to build skills and capacity to serve persons with disabilities, it is equally critical to ensure that businesses who hire VR customers have access to competent, consistent, and just-in-time support. At least one interviewee raised concerns about pay scale and the ramifications for retention of frontline workers.

Customers, VR staff, and CRPs suggested that pacing of services is an important quality improvement need. Many researchers and technical assistance centers have documented the importance of rapid engagement and reducing unnecessary delays throughout the VR process. Reducing bureaucracy has been linked to customer retention. VR New Hampshire recast services for a virtual environment during the last two years, and this may create opportunities for more rapid communication, eliminating paper delays, and encouraging coordination in the referral processes. One suggestion for VR New Hampshire is to look within and across regional units at pacing, timeliness, and innovative streamlining to see if process measures have been improving.

VR New Hampshire has adopted and started implementing a dual-customer strategy that prioritizes small business needs in identifying talent. This model, Progressive Employment, may help VR New Hampshire and CRP staff understand the logistical and ongoing support needs of businesses. It is suggested that VR New Hampshire continue this effort and build in measures related to business needs, such as repeat business, number of businesses engaging, and common performance measures. VR New Hampshire may find this is an area to create new initiatives with WIOA partners that are region specific, industry specific, or pathway specific. VR New Hampshire serves a high percentage of transition age youth, and opportunities to build pre-apprenticeship programs, internships, registered apprenticeships, and career pathways may support both youth and businesses.

Conclusion

VR New Hampshire supports NH residents with disabilities in education, employment, and independent living. Most of those seeking services are young and in high school or adults who are not currently working. Individuals with disabilities who were interviewed for the CSNA described multiple, competing demands on their time, energy, and resources, including coordinating all the services and supports they and their families needed. The effort required to manage their essential tasks, such as health care and family needs, can present barriers to reaching employment, education, or other rehabilitation goals.

The current workforce system has demonstrated capacity in serving individuals with disabilities. Persons receiving Older Blind services were highly satisfied and considered the service critical. Customers and businesses served by VR report high levels of satisfaction, though there are opportunities for improvement. WIOA partners suggested continuing and expanding initiatives. VR New Hampshire has launched a rebranding and outreach strategy and is actively seeking to engage underserved and unserved communities.

As the state economy recovers from the global COVID-19 pandemic, it is highly likely that both businesses and residents with disabilities will increase their interest in VR New Hampshire services. Demographic changes also suggest an increase in demand among youth, workers, and older residents with disabilities. Nearly every group interviewed or responding to surveys raised concerns about staffing frontline service delivery at current caseload levels. This CSNA documents a need to address these CRP capacity issues as they are likely to increase in severity. Statewide structural issues such as transportation, digital equity, and access to affordable daycare may be beyond the ability of one public agency to solve alone. Yet, these were mentioned universally as considerable challenges across populations. VR New Hampshire may seek to encourage model demonstrations and become a pilot site for large scale national initiatives.

I. INTRODUCTION & BACKGROUND

In 2021, the New Hampshire Department of Education, Division of Workforce Innovation – Bureau of Vocational Rehabilitation (VR New Hampshire contracted with the Institute for Community Inclusion at the University of Massachusetts Boston (ICI) to design and implement a comprehensive statewide needs assessment (CSNA). The purpose of the CSNA is to describe the rehabilitation needs of individuals with disabilities residing in the state of New Hampshire. As one of the 78 sta te-federal VR programs mandated by the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA) of 2014, VR New Hampshire is required to conduct the CSNA, in conjunction with the State Rehabilitation Council, every three years.

For VR New Hampshire and their partners, the CSNA is an opportunity to gather input from key stakeholders in a way that produces actionable findings. The CSNA provides a summary of the rehabilitation needs of the larger statewide disability and workforce systems that includes VR New Hampshire, with the goal to assist VR New Hampshire in evaluating priorities and establishing an action plan to guide future rehabilitation program development and improvement. VR New Hampshire will include the results of the CSNA in the State Plan.

New Hampshire, nicknamed the Granite State, is the 9th State in the Union, bordering Quebec, Maine, Massachusetts, and Vermont. Concord is the state capital, where many of the public agencies are headquartered.

- **Approximately 1.4 million people reside in New Hampshire with a median income of $77,923 and a poverty rate of 7.0% (lower than the national average of 11.4%)**
- **About 37% of the population live in rural areas of the state**
- **In 2020, New Hampshire had a total of 38,350 employment establishments (US Census Bureau, County Business Patterns)**

Sources:
www.ruralhealthinfo.org/states/new-hampshire
www.census.gov/quickfacts/NH

Services to individuals with disabilities include:	Services to businesses include:
• Vocational Rehabilitation services (Career Counseling; Educational Guidance (e.g., Tuition Resources and Other Support); Job Training; Job Search Assistance; Help Securing Assistive Technology) and Services to businesses (e.g. hiring, accommodation, and training) • Services for the Blind and Vision Impaired • Independent Living Program • Program for Individuals who are Deaf or Hard of Hearing • School Transition Services • Community Rehabilitation Program (authorized service providers with a focus on community-based, competitive integrated employment)	• Workplace accessibility assessments • Consultation on accommodations for employees with disabilities • Assistance with financial incentives such as the Work Opportunity Tax Credit (WOTC) and other tax benefits • On-the-job training programs, tailored to businesses' specific skill needs • Disability etiquette and Americans with Disabilities Act (ADA) training • Training on disability awareness and retention of current workforce • Guidance on assistive technology • Development and management of internship or other work-based learning opportunities

FIGURE 1. MAP OF NH AREA OFFICES OF WIOA PARTNERS

Legend:
- Adult Education Site (AES)
- Community College (CC)
- Career & Technical Education (CTE)
- Vocational Rehab Office (VR)
- Employment Security Office (ESO)

Bedford	AES
Berlin	AES, CC, CTE, ESO, VR
Claremont	AES, CC, CTE, ESO
Concord	AES (3), CC, CTE, ESO, VR
Conway	CTE, ESO
Derry	AES (2), CTE
Dover	AES, CTE
Exeter	AES, CTE
Franklin	AES
Goffstown	AES
Hampton	AES
Hudson	CTE
Jaffrey	CTE
Keene	AES, CTE, ESO, VR
Laconia	AES,CC, CTE, ESO
Langdon	CTE
Lebanon	AES
Littleton	AES, CTE, ESO
Londonderry	AES
Manchester	AES (5), CC, CTE, ESO, VR
Milford	CTE
Nashua	AES (2), CC, CTE, ESO
New Ipswich	CTE
Newport	CTE
Northumberland	AES
Pembroke	AES
Peterborough	AES, CTE
Plymouth	AES, CTE
Portsmouth	AES, CC, CTE, ESO, VR
Rochester	AES (2), CTE
Salem	AES, CTE, ESO
Somersworth	CTE, ESO
Tamworth	AES
Tilton	CTE
Whitefield	CTE
Wolfeboro	CTE

TABLE 1. OVERVIEW OF WIOA PARTNER FORUM SERVICES AND TARGET POPULATIONS

Agency	Public-facing description of services	Target population(s)
Southern New Hampshire Services Community Action Partnership Serving Hillsborough and Rockingham Counties	Services available for a variety of needs which include: • Workforce & Economic Development • Education Services • Child Development • Health Food & Nutrition • Housing & Community Services • Energy & Utility Assistance	Low-income participants & families; economically disadvantaged, elderly, youth, and other vulnerable populations
Bureau of Career Development, Career and Technical Education	• College and career readiness (Career and Academic Coursework; Embedded Core Academic Credits; Professional Skills; Dual and Concurrent Enrollment; Integrated Secondary and Post-Secondary Opportunities; Post-Secondary Planning) • Experiential education (Career Pathways; Work-Based Learning; Student Enterprises; Industry Recognized Credentials; Apprenticeships/Internships; Responsiveness to Economic Needs) • Rigorous education (Lab-based/Real World Classrooms; Flipped Classroom Model; Industry Partnerships)	Middle and high school students
New Hampshire Bureau of Adult Education	• Adult Basic Education: Free classes to improve basic skills in reading, writing and math. • Adult Diploma Program: Classes to earn credits to complete adult high school requirements and earn a diploma. • English as a Second Language: Free classes to improve speaking, listening, reading and writing in English. • NH High School Equivalency (HiSET): Preparation and testing support to earn the NH High School Equivalency Certificate. • High School Equivalency Transcript: The Bureau provides transcripts and verification of high school equivalency certificates.	Adults (and youth ages 16-17) who have not received a high school credential; who do not have the academic skills equivalent to a high school diploma or who do not read, write or speak English.
Community College System of New Hampshire	• Provide residents with affordable, accessible education and training that aligns with the needs of New Hampshire's businesses and communities, delivered through an innovative, efficient and collaborative system of colleges.	NH residents
New Hampshire Employment Security	• Operate a free public Employment Service through a statewide network of Job and Information Centers, providing employment and career related services • Pay Unemployment Compensation benefits to eligible claimants and collect the tax which funds these payments. • Develop and disseminate labor market information	New Hampshire job seekers and employers
Office of Workforce Opportunity Department of Business and Economic Affairs	**Priorities include a focus on:** • Career Awareness and Exploration • Advocacy and Policy Guidance • Talent Attraction and Retention • System Communication and Collaboration • Work-based Learning • Soft Skill Development	All NH businesses and residents

VR New Hampshire and Partners: Providing Services to Individuals and Businesses

VR New Hampshire is a combined VR agency operating as a Bureau within the Department of Education, Division of Workforce Innovation and is an active member of the Council of State Administrators of Vocational Rehabilitation (CSAVR) and the New England chapter. Lisa Hinson-Hatz serves as the agency director. VR New Hampshire has many state partners within the workforce and disability field that provide services and supports to individuals with disabilities within the state, including special program populations and students with disabilities. Together with community rehabilitation providers (CRPs), VR New Hampshire provides individualized employment services to eligible individuals with disabilities to obtain competitive, integrated employment in a career pathway. VR New Hampshire also serves businesses as customers, with the goal of creating a diverse and inclusive workforce through hiring and retaining employees with disabilities.

Outside of VR, individuals with disabilities are served within the partnering education and workforce agencies as part of the general population of service recipients. Entities providing education and training (e.g., Adult Education, career and technical education, and the community college system) serve individuals with disabilities as students and learners with the focus on providing reasonable accommodations. Partnering agencies in employment security and workforce development also serve individuals with disabilities as well as businesses or employers to promote economic development statewide.

VR New Hampshire Current and Ongoing Initiatives

In the interim period since the 2019 CSNA report, VR New Hampshire navigated a complex set of changes and disruptions due to the COVID-19 pandemic. In New Hampshire, Governor Sununu issued an Executive order on March 13th, 2020 and subsequent amendments over the course of the pandemic. Though VR New Hampshire continued to serve VR customers, the pandemic had a profound impact on how those services were delivered, how VR New Hampshire personnel interacted with employers, and how providers interacted with customers. Readers should interpret findings from the 2022 CSNA within this context.

During this needs assessment cycle, VR New Hampshire leadership was also engaged in several strategic improvement efforts across topical areas including cultural change and supervision, marketing and branding, internal controls and quality assurance, and adoption of the Progressive Employment model.

Under a contract with the ICI consulting team, VR New Hampshire completed an Organizational, Cultural Change, and Strategic Supervision Initiative in 2021. The ICI assisted VR New Hampshire to establish a continuous strategic program and communication improvement plan to:

- enhance leadership skills to affect organizational and cultural change for optimal alignment
- strengthen the overall VR New Hampshire supervisory culture, focus, and impact with VR Counselors, paraprofessionals, and support staff
- establish strong intra-agency relations for highest quality person-centered services to customers from staff recognized as qualified professionals

The goal of this effort was to increase staff morale, improve services to customers, align resources more effectively, and increase quality and quantity of competitive integrated employment outcomes through this work. The ICI consulting team conducted virtual and in-person training sessions, providing technical assistance to identify areas needing change and provide guidance on implementing the changes.

In 2021, VR New Hampshire also partnered with Concepts Communications to address a lack of awareness of VR services and supports available in the state for their targeted customers, including individuals with disabilities and businesses. Concepts Communications helped VR NH develop the new name and tagline VR New Hampshire: Empowering Individuals, Engaging Business and establish a new visual brand by revamping the logo and marketing materials. With the new brand, VR New Hampshire communicated their position as a state agency that serves the dual customer: individuals with disabilities and businesses. Through this effort, VR New Hampshire launched a new website and linked into social media on Facebook as part of the integrated marketing campaign developed with Concepts Communications.

VR New Hampshire was also engaged in an intensive quality assurance effort to respond to audit observations, contracting with The Stephen Group to carry out a comprehensive internal control and quality assurance system project. The aim of this effort was to examine the existing processes and controls in VR New Hampshire operations through a phased process of assessment, mapping, recommendations, implementation, training, consultation, and ongoing support. By addressing inefficiencies in VR operations, the end goal was to improve services to the VR New Hampshire's dual customers.

Over the past year, VR New Hampshire also joined a Learning Collaborative as one of eight state VR agencies that are implementing the Progressive Employment (PE) model. Progressive Employment is a dual-customer team approach, meaning the VR agency and their partnering CPRs serve both job seekers with disabilities and businesses. In the PE model, the VR agency and partners work together to match employers and employees in work-based learning experiences and serve as a "third party" that can take on the risk as well as any ancillary costs for both business and job seekers engaged in these experiences. VR New Hampshire has designed a pilot initiative in the three offices of Keene, Concord, and Portsmouth to roll out PE services to job seekers and businesses. VR New Hampshire worked with the ICI to train VR and provider staff on the core competencies of the model, and kicked off the pilot effort in July 2022. The model is designed to serve individuals, including those with the most significant disabilities, those with little to no work history, or other barriers to employment while also engaging businesses in the local labor market.

In the year following the 2019 CSNA, the Rehabilitation Services Administration (RSA) (2020) report on the VR program before and after the enactment of WIOA provided a snapshot of the status of VR services. At that time, the VR program was celebrating the 100th anniversary of the first federally funded program serving individuals with disabilities. The key findings from this report painted a picture of the current state of the field, including:
- the heightened focus on collaboration across systems
- achievement of competitive, integrated employment for those served, especially those with the most significant disabilities
- an increased focus on services for students and youth

VR agencies are now working toward common performance measures that have shifted the way data and outcomes are reported, including measures of effectiveness in serving employers. The report also indicates that approximately half (41 of 78) of VR agencies are under an order of selection to manage fiscal and staff resources. These contextual variables—as well as the impact of the COVID-19 pandemic on employment of people with disabilities (Livermore & Hyde, 2020) heighten the need to conduct a comprehensive assessment that reached affected persons with disabilities and included input from key stakeholders, including businesses. Past CSNAs broadly identified the rehabilitation needs of persons with disabilities (e.g., transportation, and transition), system-level service provision, and capacity building (e.g., staff development and collaboration). The 2022 CNSA builds on these findings, within the context of the COVID-19 pandemic and current labor market.

ICI Approach to Fulfilling CSNA Requirements

The ICI conducted a two-phase process to gather data and information. The first phase used internal data sources to carry out a baseline assessment, resource inventory, and review of historical data. Primary methods include secondary data analysis across multiple sources (RSA-911, American Community Suvey) and a web-based survey of staff and providers (N = 70). To determine the current state of available programs for individuals with disabilities and identify the potential characteristics of individuals who are not served but would benefit from available services, we addressed the following assessment questions:

- What is known about the population of individuals with disabilities in NH & their rehabilitation needs?
- What is the current system (state agencies and providers) capacity for meeting those needs?
- How do estimated needs for service align with internal and external service capacity, and what are the gaps, barriers, and facilitators?

The ICI team designed data collection protocols to be responsive to the Request for Proposal requirement that the CSNA is not only about services and needs of VR customers, but about the broader rehabilitation needs of individuals with disabilities that may be served by the larger statewide system that includes VR.

The second phase overlapped and built on the first by integrating external stakeholder data through several community-based data collection activities, including:

- a WIOA Partner Forum (N = 6 agencies)
- integration of two waves of Customer Satisfaction Survey data (N = 635 VR customers and N = 87 Older Blind customers)
- input from businesses with VR NH business relations consultants as co-facilitators (N = 11)
- in-depth interviews of key informants (N = 11) with lived experience of disability

These activities explored:

- What do individuals with disabilities perceive as barriers and facilitators to access, participation, and outcome attainment within the current rehabilitation system?
- In the economic recovery, what do businesses see as the emerging rehabilitation needs of incumbent workers with disabilities or workers who acquired a disability as a result of the pandemic?
- How does the statewide workforce system as a whole meet the rehabilitation needs of individuals with disabilities in NH?

II. METHODOLOGY

Internal Data Sources: Resource Inventory, Secondary Data, and Input From Staff, Providers, and Customers

RESOURCE INVENTORY & REVIEW OF HISTORICAL DATA

The ICI team reviewed previous CSNAs (primary data/metadata if available, analysis, reports), State Plan, and additional documents to identify strengths and areas for improvement.

SECONDARY DATA ANALYSIS

The project team at ICI extracted and explored a variety of existing data sources to depict trends of different measures (such as demographics, socioeconomics, employment, and income) for New Hampshire general population and persons with disabilities (PWD). Such data helps VR NH identify the total possible target population and sub-populations potentially served by VR NH. The ICI team used data relevant to the population of New Hampshire, the population of PWD in New Hampshire, ethnicity of individuals, income level, educational levels, and other relevant population characteristics in this analysis. ICI analyzed the following sources:

- VR NH case management system (Aware) datasets (archived and current data for open/active and closed cases)
- ICI's StateData.info to generate NH state profiles using multiple data sources already linked (RSA, Social Security Administration, American Community Survey)
- The American Community Survey (ACS) (US Census Bureau)
- Current Population Survey (CPS) (US Bureau of Labor Statistics)
- The Federal Rehabilitation Services Administration's RSA-911 data for VR and data submitted and entered into RSA's Management Information System (MIS)

The ICI team reviewed, cleaned, and prepared quantitative datasets and they were analyzed using SPSS. Based on the analytic results, we compiled a report of quantitative data analysis that describes the current population of individuals with disabilities, identifies participants, and identifies disability populations served, potentially underserved, and unserved.

SURVEY OF STAFF AND PROVIDERS

ICI researchers drew from a bank of survey items on past surveys and used past CNSA findings as a thematic framework for item development. In conjunction with the VR NH staff, ICI refined the provider/staff survey items and response categories. ICI then programed the survey into Qualtrics and tested it with the project team. They arranged for alternate formats, such as a paper and a Microsoft Word copy. VR New Hampshire provided an email contact list for VR agency staff and partnering CRP staff, which included 116 unique email addresses (73 VR agency staff and 43 CRP staff).

ICI fielded the survey in late February for approximately four weeks. The team sent a reminder two weeks after the initial invitation. Once the data was collected, ICI developed an analysis plan using past identified priorities as a framework to identify key variables related to served/unserved populations, unmet needs, barriers and facilitators to service delivery, and outcomes. We reviewed findings of survey and secondary data analysis together to identify themes and targets for community-based data collection, with a focus on unserved and underserved regions and populations.

Of the 116 individuals invited to participate, a total of 70 VR staff and CRPs completed the survey (60.3% response rate). Of the 70 respondents, two-thirds were VR agency staff. Most VR employees who completed the survey were not managers; in contrast, almost half (9 out of 19) CRPs and "other" respondents were supervisors. We summarized the respondent roles and number

of years working for VR in the following tables. Most VR staff respondents had 0–5 years of experience, while the CRP staff respondent pool had a higher proportion of supervisory staff with more years of experience. More than 10 respondents declined to report their role or years of experience.

TABLE 2. VR STAFF AND PROVIDER RESPONDENT ROLES

	N	% of Respondents
VR Staff - Counselor	18	30.5%
VR Staff – Field Management	5	8.5%
VR Staff – Other*	17	28.8%
Community Rehabilitation Provider - Staff	6	10.2%
Community Rehabilitation Provider - Supervisor	9	15.3%
Other**	4	6.8%
Missing	11	
Total	70	100%

* "VR Staff – Other" responses included Administrator, Rehab Tech, and Account Tech
** "Other" responses included Orientation and Mobility and Low Vision Specialist/bioptic instructor contractor, benefit specialist/CWIC, and CRP sole proprietor

TABLE 3. VR STAFF AND PROVIDER RESPONDENT YEARS OF EXPERIENCE WORKING FOR VR

	VR Staff		CRPs	
	N	%	N	%
0-5 Years	23	60.5%	5	27.8%
6-10 Years	4	10.5%	7	38.9%
11-15 Years	4	10.5%	0	0.0%
16-20 Years	2	5.3%	0	0.0%
21-25 Years	1	2.6%	3	16.7%
26+ Years	4	10.5%	3	16.7%
Total	38	100%	18	100%

INTEGRATION OF CUSTOMER SATISFACTION SURVEY (2019–2020 & 2020–2021)

In 2021, VR New Hampshire issued a competitive bid contract to the ICI (separately from the CSNA contract) to conduct two waves of annual customer satisfaction surveys. The first wave of the survey targeted 4,184 customers served by the VR program and 352 the Older Blind Independent Living (OBIL) program during the period October 1, 2019 – September 30, 2020. All customers that received a service during this period were included in the survey sample, which allowed the team to collect responses from customers with active or open cases, successfully closed cases, or unsuccessfully closed cases across the state. After approximately 12 weeks of outreach, a total of 470 VR customers completed the survey, for an 11.2% response rate. For the OBIL program customers, 40 customers participated in the survey, for an 11.4% response rate.

The second wave targeted a sample of N = 1,089 VR and N = 381 Older Blind customers served during the period October 1, 2020 – September 30, 2021. Due to the compressed timelines of the two waves of survey fielding periods, the second wave survey sample excluded any customers that were surveyed as part of the first wave. All customers that received a service during the

wave two period and did not receive a survey as part of wave one were included in the survey sample. This approach allowed the team to collect responses from new customers in the second wave service period, and included those with active or open cases, successfully closed cases, or unsuccessfully closed cases across the state. After approximately nine weeks of outreach, a total of 165 VR customers completed the survey, for a 15.2% response rate. Of the 165 responses, 49 were from family members on behalf of the VR customer. For the OBIL program customers, 47 of 381 customers (including two family members) participated in the survey, for a 12.3% response rate. Excerpts and key findings from the two waves of customer satisfaction surveys were integrated into this CSNA report. The full survey reports for 2019–2020 and 2020–2021 may be made available upon request.

External Data Sources: Integrating External Stakeholder Data Through Community-Based Data Collection Activities

WIOA PARTNER FORUM

Representatives from six New Hampshire state agencies were invited to participate in a *WIOA Partner Forum* facilitated by the ICI team to discuss their perspectives on the rehabilitation needs of individuals with disabilities in NH and the state workforce system capacity to meet these needs. The forum was held via Zoom videoconferencing platform and recorded for internal use. Following the forum, we analyzed the recording and transcript using a qualitative approach to summarize themes that emerged from the discussion, based on the three primary areas of focus:

1. Rehabilitation needs of PWD who may not be served by VR but may be served by others
2. Identifying high priority partnership needs that may be within the scope of the next three years
3. Identifying the underserved and unserved PWD in the state of NH

We also reviewed publicly available information provided by the state agencies to summarize services, target populations, and geographic locations of offices across the state. We used information provided during the forum by participants to summarize current capacities, status of partnerships across statewide workforce system, and barriers and facilitators to meeting rehabilitation needs of individuals with disabilities in the state.

> **WIOA Partner Forum participants included:**
> - **New Hampshire Bureau of Vocational Rehabilitation**
> - **New Hampshire Office of Workforce Opportunity**
> - **New Hampshire Department of Education, Division of Adult Learning and Rehabilitation**
> - **New Hampshire Employment Security**
> - **New Hampshire Bureau of Career Development, Career and Technical Education**
> - **Community College System of New Hampshire**

INPUT FROM BUSINESSES

The ICI team worked with the VR New Hampshire Program Specialist to conduct outreach to 50 businesses that have previously worked with VR New Hampshire to invite their input on the CSNA. The Program Specialist sent an invitational email to businesses selected from the list of recent Employment Leadership Award nominees who had a valid email address. We offered business two options to provide input: 1) joining a facilitated group discussion (N =1 respondent), or 2) offering input using a Qualtrics online form (N = 10 respondents). Business had the option to indicate their type (public or private) and their size based on the number of employees (see Table 4).

Businesses that opted to use the online form were asked one closed-ended ranking question and two open-text box questions for input about the rehabilitation needs of workers with disabilities and how state agencies, including VR New Hampshire, can support businesses and their employees with disabilities. We asked the same questions of the business that opted for a discussion, with

follow-up probes for additional detail. The ICI team aggregated responses across both modes of data collection and summarized the results.

TABLE 4. BUSINESS TYPE AND SIZE

Type:	Large (500+ employees)	Mid-size (100-499 employees)	Small (<100 employees)	Grand Total
Private	2	1	5	8
Public	1	0	0	1
Total	3	1	5	9

INTERVIEWS OF INDIVIDUALS WITH DISABILITIES

We were tasked with gathering a broad understanding of the rehabilitation needs, barriers, and services of people with disabilities in the state of New Hampshire. We reached out directly to over 50 organizations and individuals throughout the state, with particular focus on recruiting populations identified as unserved and underserved by the VR system. Individuals with disabilities ages 14 or older who were living in New Hampshire were invited to participate in interviews. Those interested filled out a brief online screening survey or contacted us via a dedicated email address or toll-free number. All 22 eligible individuals were invited to schedule interviews. Of these 22 eligible individuals, 12 responded and 11 completed interviews.

We conducted eleven 30–60-minute in-depth interviews over Zoom or telephone. Using an interview guide developed with input from VR New Hampshire, we asked open-ended questions about interviewees' activities and goals, needs and barriers, and services and supports. We also asked interviewees about their familiarity with and perceptions of VR. Individuals who completed an interview were sent a $50 Amazon.com gift card. We conducted qualitative data analysis through thematic coding using Atlas.ti software.

Of the 11 interviewees, four were male, and seven were female. Ages ranged from 16 to 70. Two interviewees were under 18, four were 25–44, four were 45–64, and one was over 65. Of those over age 18, one had a high school diploma, two had some college, and five had a college or graduate degree. Ten identified as white, one of whom was also Hispanic, and one person declined to give their race or ethnicity. All interviewees spoke only English at home. We spoke with four parents with children under 18 at home; two of these were the parents of youth interviewees who participated in their children's interviews. Interviewees lived in the following counties: Belknap (n = 2), Coos (n = 1), Hillsborough (n = 5), Merrimack (n = 2), and Rockingham (n = 1).

Interviewees had a range of disabilities, and several reported multiple disabilities, including physical (n = 8), cognitive (n = 4), hearing (n = 2), vision (n = 2), speech (n = 2), behavioral health (n = 2), and autism (n = 1). Three reported serious and/or chronic illness resulting from COVID-19. Because disability information was collected via open-ended questions, certain disability types (such mental illness) may have been underreported. The 2020–2024 Combined State Plan identified a need for increased outreach to individuals with mental illness, acquired brain injury, and deafness/hearing loss. Over half (n = 6) of the interviewees reported one or more of these disabilities, including four who had acquired brain injury. Three interviewees were SSDI beneficiaries, one received SSI, five had Medicare, and three had Medicaid.

III. RESULTS

In this section, we present the results from each of the CSNA data collection activities, beginning with an overview of what is known about the population of individuals with disabilities in New Hampshire from secondary datasets. The subsequent sections summarize findings from input provided by VR staff, CRPs, state partners, businesses, and individuals with disabilities. For these sections, we used the following organizational framework to present the results of the CSNA data collection activities, focusing on the categories of awareness, access, and quality.

Category	Definition	Potential Areas
Awareness	People are aware of what services are offered and who would benefit	Community outreach, community understanding of available services, marketing and branding, cross-system referrals
Access	People can physically access the services they need	Transportation, needs in certain geographic areas, obstacles due to COVID-19, accessible and adaptive technology
Quality	Overall quality of services provided	Addressing customers' specific needs, communication with customers and providers, VR internal functioning and bureaucracy

Secondary Data Analysis of State and National Datasets

The percentage of PWD in NH has increased over the last 10 years from 11.9% of the state population in 2011 to 13.4% in 2020 (appendix 1a & 1b)

Over the last 10 years, the state of New Hampshire has experienced changes in its population. The size of the population grew by about 3.5% and there was a marked increase in the percentage of people ages 65 and older. The percentage of NH residents who have a disability increased during the last 10 years (11.9% in 2010 to 13.4% in 2020). In 2010, 152,925 NH residents reported at least one difficulty (a measure of disability in the American Community Survey) and by 2020, 183,237 reported at least one difficulty. This indicates a significant increase in disability that parallels the increase in the population 65 and older.

11.9% to 13.4%	Percentage increase in people with disabilities between 2011 and 2020

44% increase since 2011	DISABILITY IN YOUTH AGES 14–24
20% increase since 2011	DISABILITY IN OLDER ADULTS 65+
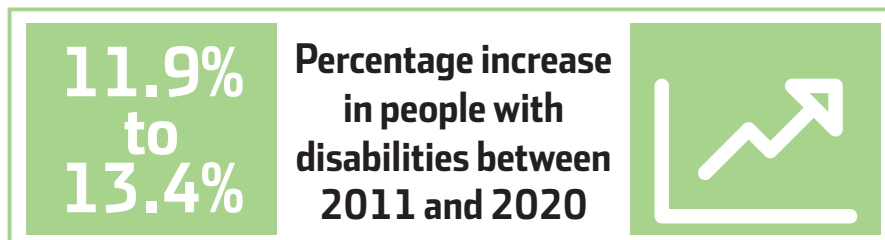
The most frequently reported type of disability among PWD is cognitive difficulty (appendix 1c)

ACS data show that NH residents who reported difficulties indicating potential disability most frequently listed cognitive and independent living difficulties as the top two. However, there were significant increases in three types of difficulties since 2011: 1) 24.9% increase for cognitive difficulties, 2) 14.7% for independent living; and 3) 19.7% for vision. Some of this increase may be linked to the increase in people over age 65, as hearing, ambulatory, independent living, and self-care difficulties are more prevalent in older populations. However, the largest portion of people with cognitive disability are working age adults (25–64).

The prevalence of disability in youth (ages 14–24), working age persons, and older adults (age 65+) is increasing (appendix 1d & 1e)

The prevalence of disability for NH residents has been increasing across nearly all age groups (14–24, 25–64, and 65+) over the last 10 years, with the exception of those ages 0–13. From 2011 to 2020, transition age youth with disabilities numbers grew from 11,525 to 16,547 for an increase of 5,022 persons. For adults over age 65, an additional 13,802 persons are persons with disabilities for a total of 81,832.

ACS data show PWD (compared to people without disabilities): (appendix 1f & 1g)

(a) have a higher poverty rate (13.7% vs 7.0%)

In ACS data, poverty was defined using detailed income and family structure information about each individual, calculating the family income as a percentage of the appropriate official poverty threshold. The monetary amount for the poverty threshold varies by the number of individuals in the household. If a person's family income is less than the amount of the poverty threshold, such a person would be regarded as living under the poverty line. In NH, the percentage of individuals living under the poverty line was 7.0% in 2020. This rate is almost doubled (13.7%) among PWD.

(b) higher percentage out of the labor force (67.7% vs 34.5%)

Compared with the general population in NH, in 2020, a higher percentage of PWD were out of the labor force (67.7% vs 34.5%). Among those who were in the labor force, PWD had a significantly lower employment rate than the general population in 2020 (28.0% vs 62.0%). There has been a slight upward trend for the employment rate among PWD since 2011, from 23.6% to 28.0%.

The American Community Survey lists six types of difficulties:

- **Cognitive**
- **Ambulatory**
- **Independent living**
- **Self-care**
- **Vision**
- **Hearing**

Employment and education of NH residents with disabilities increases over the last decade.

From 2011 to 2020, the employment rate for New Hampshire residents with disabilities and the percentage earning a Bachelor's degree or above has increased, while the percentage earning a high school diploma or equivalent has remained the same.

2011		2020
24%	EMPLOYMENT RATE	28%
63%	HIGH SCHOOL DIPLOMA OR EQUIVALENT ATTAINMENT RATE	63%
18%	BA AND ABOVE RATE	26%
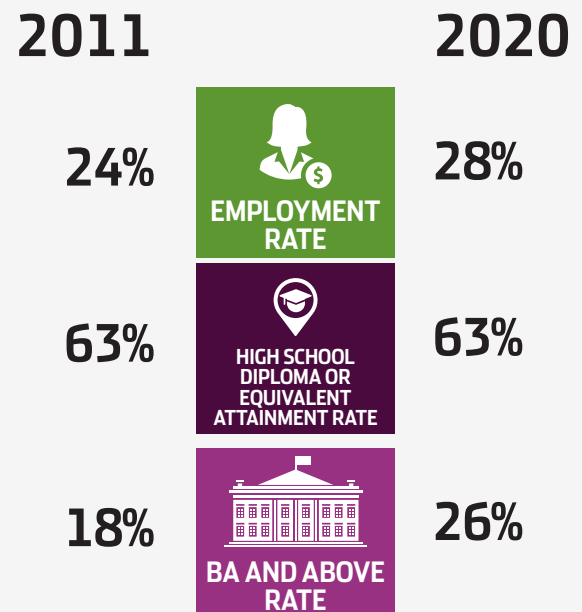
(c) lower rates of college education (26.0% vs 40.8%)

Compared with the general population in NH ages 25 and above, PWD had a lower rate of college graduates in 2020. However, there has been an upward trend for PWD earning college degrees since 2011, rising from 18.4% to 26.0%. The rate for high school diploma or equivalent among PWD has remained steady over the past ten years, and it was slightly higher than that among the general NH population in 2020 (62.6% vs 54.5%).

As VR New Hampshire is actively seeking to increase referrals from community colleges, they can look at the quality of services for individuals with disabilities who have higher levels of education. Given demographic changes, this is likely to be an increased expectation of new applicants.

(d) lower annual income and more stagnant annual earned income over time ($36,300 vs $56,300) (appendix 1f & 1g)

The annual earned income among NH general population was $56,340 in 2020 while the annual earned income among NH PWD in the same year was $36,320. There was a gap of $20,000 between these two groups. The annual wage/salary income among the NH general population increased 22.9% (from $45,800 to $56,300) over the last 10 years, whereas there was no increase among NH PWD in the same time period.

(e) lower percentage of NH residents at work during the COVID-19 pandemic

The percentage of NH residents with disabilities who were at work during the COVID-19 pandemic was consistently much lower than those residents without disabilities. While generally mirroring the employment rate statistics for people with and without disabilities, monthly Current Population Survey (CPS) data show that after dipping to 14.5% in July 2020 (compared to 53.4% for people without disabilities), the percentage of NH residents with disabilities at work has steadily returned to pre-pandemic rates and held around 28%.

Comparison between NH residents with and without disabilities

In general, there have been improvements in these measures among people with disabilities in New Hampshire in the past ten years. However, there are still gaps when compared with residents without disabilities. Here's a snapshot for 2020.

PEOPLE WITHOUT DISABILITES		PEOPLE WITH DISABILITES
7%	POVERTY RATE	14%
62%	EMPLOYMENT RATE	28%
41%	COLLEGE EDUCATION	26%
$56,340	ANNUAL INCOME	$36,320

Data Source: American Community Survey 2011 to 2020

FIGURE 2. PERCENTAGE OF NH RESIDENTS AT WORK DURING THE COVID-19 PANDEMIC

Legend:
- NH Residents Without a Disability
- NH Residents With a Disability
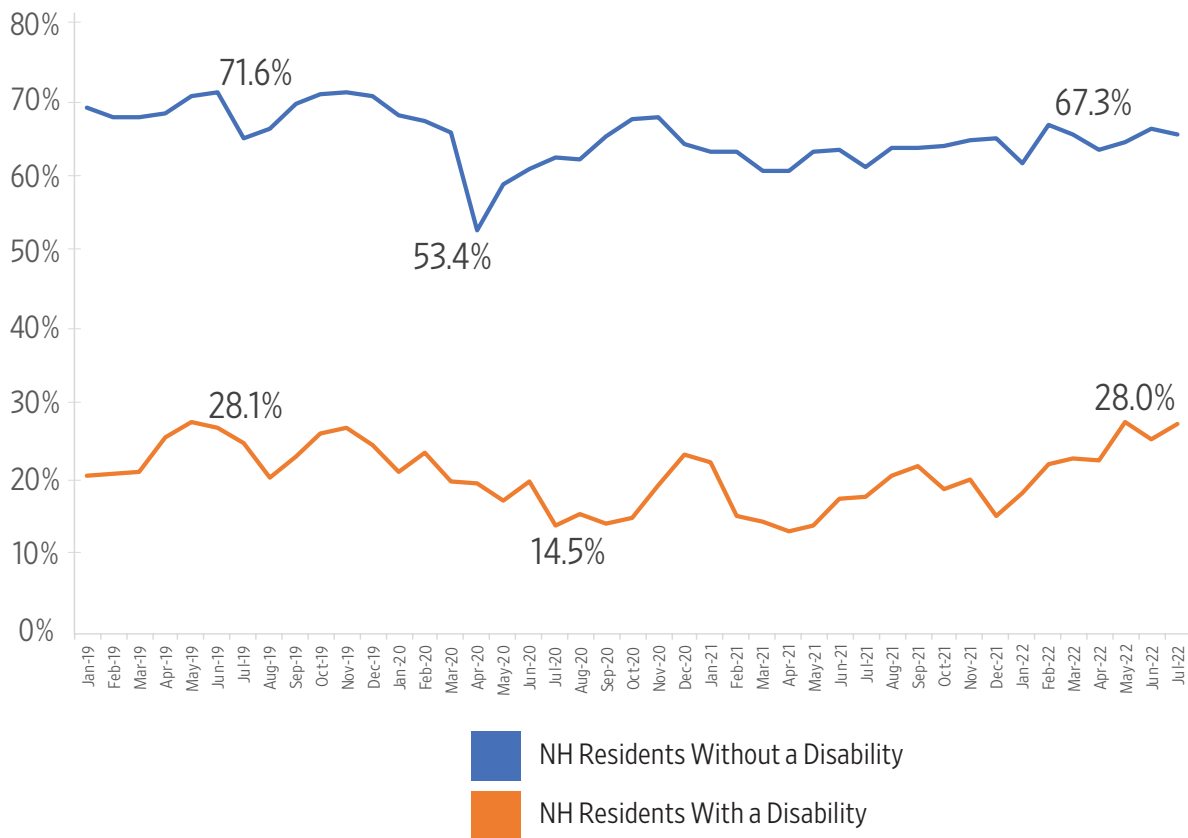
Who is Receiving VR Service: Snapshot of Customers Served by VR New Hampshire?

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
Total Number of Customers	569	694	704	845	466	624	310	**4212**
% Active Cases	71.9%	64.8%	69.7%	74.3%	69.5%	65.9%	73.2%	**69.8%**

VR New Hampshire provided case management file data for customers that received services during the period 10/1/2020 through 9/30/2021 to provide an overview of the most recent full year available to describe customers who received services during the window. A total of 4,212 customers were receiving services in one of six regional offices or from the SBVI program that specializes in serving persons with visual impairment and/or blindness. Cases appear to be evenly distributed across the regional offices with a high of 845 in Manchester to a low of 466 in Nashua. The SBVI unit had a caseload of 310 persons. Approximately 70% of cases remain active during the year with minimal fluctuations across location.

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
% Transition Age Youth (14-24)	54.5	41.9	44.5	44.7	51.1	48.0	29.4	**45.6**
% Early Career (Age 25–34)	12.7	17.1	16.2	16.8	12.4	14.1	13.3	**15.1**
% Active Career (35–44)	7.7	10.8	9.8	12.8	9.2	11.4	16.5	**11.0**
% Mid-Career (45–54)	12.1	14.6	12.9	14.3	14.6	12.4	18.1	**13.8**
% Later Career (55–64)	9.5	11.7	10.8	8.3	8.8	10.4	14.2	**10.2**
% Older Workers and Retirees	3.0	3.5	5.1	2.0	2.8	2.9	7.8	**3.5**

Transition age youth (ages 14–24) are close to half (45.6%) of the persons served statewide. However, there is regional variation. Berlin and Nashua serve a higher percentage of youth while Concord, Keene, and Manchester serve the lowest percentage of youth among the regional offices. The Services for Blind and Visually Impaired (SBVI) unit has a very different profile of customers, with about one-third being transition age youth. Early career customers (ages 25–34) are about 15% of the statewide population with Concord, Keene, and Manchester having higher percentages. This might be reflective of the locations of postsecondary institutions and larger employers. The percentage of VR New Hampshire customers dips a bit at age 35–44 to 11% with a low of 8% in Berlin and a high of 13% in Manchester. However, the SBVI unit has an increased percentage at 17%, likely to due to the nature of vision loss. There is a slight increase in percentage served of persons age 45–54, particularly for the SBVI unit and in Nashua, Manchester, and Concord. This seems to follow what is known about the course of disability as people age. Later career persons (age 55–64) represent about 10% of the caseload statewide, though lower in Manchester and Nashua. The SBVI unit has a consistently diverse caseload across age groups with 14% persons who are 55–64. Very few persons across the regional offices are persons who are 65 and over (about 4%) with an exception for those served in the SBVI unit and those served in the Keene Regional Office.

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
% Male (versus Female, Did not Identify or Missing)	55.4	52.4	55.8	55.4	57.3	54.2	54.2	**54.9**

More than half of customers (54.9%) identify as male with some variation across the regions. The regional office in Nashua has the highest percentage of male customers (57%). Analysis of the Census data indicate that females are more likely to have disability and are a slight majority in the NH general population. Interviews with customers indicated that limited childcare options were a barrier to seeking services. Women with disabilities, particularly those with caregiving and childcare responsibilities, may be an underserved and unserved population. This may warrant further assessment of whether referral patterns vary by sex. The data is limited in the ability to describe caseload variation by gender, sexual orientation, and sexual identity.

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
% White	97.7	95.7	95.3	93.7	93.1	94.4	93.5	**94.9**
% Black	1.4	3.0	2.1	5.1	5.2	3.2	3.9	**3.4**
% Native American/ American Indian	1.1	0.7	1.7	0.9	1.9	0.8	0.6	**1.1**
% Asian/Pacific Islander	0.9	0.9	1.1	1.3	1.3	1.4	1.6	**1.2**
% Hispanic	1.1	0.9	1.1	6.3	2.6	0.8	2.6	**2.3**

VR New Hampshire is obligated to follow racial and ethnicity definitions set by their federal funding agency. It is unclear whether the data is self-reported by a customer, completed by a third party, or by VR New Hampshire personnel. It is also important to note that the case file data do not discern Latinx ethnicity from Hispanic, which may not align with how individuals self-identify or define this ethnicity. For clarity purposes, we are using the term "considered" as it is not clear that the data is based upon self-identification. There may be significant underreporting, as employment personnel may be reluctant to ask racial and ethnic identity questions at application.

The state of New Hampshire is majority white at 94% according to 2020 ACS data. VR New Hampshire has a higher percentage of persons considered white representing 95% of the caseload. This varies somewhat by regional office, with a high of 98% in Berlin to a low of 93% in Nashua. Manchester and Nashua have a higher percentage of persons considered Black at 5% each. Native American/American Indian and Asian/Pacific Islanders represent about 1% of the caseload statewide with slight variations across regional offices. Statewide, the percentage of persons considered Hispanic is about 2%, though Manchester has nearly triple the number of persons at 6%. Regional differences may explain some of the responses from frontline workers in subsequent data collection efforts described later.

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
% Unknown or Not Receiving Public Support at Application	91.8	88.8	90.6	87.3	83.3	88.3	93.9	**88.9**
% Receiving Social Security Disability Insurance at Application	1.9	2.9	2.4	2.8	4.3	3.0	1.6	**1.7**
% Receiving Medicare at Application	1.4	2.7	2.8	3.0	3.9	2.7	1.6	**2.7**
% Supplemental Security Income at Application	2.1	1.3	1.0	2.4	3.0	1.0	0.3	**1.6**
% Receiving Medicaid at Application	4.4	4.0	3.4	7.2	7.7	4.5	1.3	**4.9**

VR New Hampshire case management data indicate that the percentage of persons who either are not receiving public support or unknown to be receiving public support is about 89%. This is largely consistent across all regions with the SBVI unit notably higher at 94%. Just under 2% of applicants receive SSDI, with a much higher percentage in Nashua and Portsmouth. Persons who receive SSDI usually receive Medicare after a 2-year waiting period. VR New Hampshire applicants receiving Medicare tend to mirror the numbers receiving SSDI, though it is slightly higher at 2.7%. Persons known to be receiving SSI at application are similarly about 2% of applicants, with a higher percentage in Nashua. Most persons receiving SSI generally receive Medicaid. However, many persons may be receiving Medicaid and not be receiving SSI. These are persons likely to qualify due to poverty rather than disability. VR New Hampshire has a much higher percentage of applicants receiving Medicaid than SSI, likely indicating they or their families meet eligibility rules for poverty programs. About 30% (1,272 of 4.212) were closed within these two years. Among these 1,272 customers, 9% were SSDI beneficiaries at application and 5.4% were SSI beneficiaries at application. These numbers were lower than reported in the RSA-911 data for cases closed in the federal fiscal year of 2019. Persons served by VR New Hampshire in 2019 RS-911 data included 16.3% receiving SSDI and 10.5% receiving SSI. This is highly likely to suggest that persons receiving Medicaid and Medicare are at equal or greater percentages. These are two different datasets that may have nuances in how the data is reported, however, it may also indicate a drop in SSA beneficiaries pursuing employment services during the global COVID-19 pandemic.

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
% Known to be Employed at Application	1.1	3.2	2.1	0.7	0.4	0.8	4.5	**1.7**
% Not Employed at Application	58.0	48.9	50.9	49.4	53.4	56.1	58.1	**52.9**

At application, about 53% of applicants are known not to be employed prior to VR services. This varies somewhat by region, with a high of 58% in Berlin to a low of 49% in Concord and Manchester. Approximately 2% are known to be employed at application with significant variation across VR New Hampshire units, from just under 5% for the SBVI unit to 0.4% in Nashua. For about 50% of the persons that apply for services, employment status is not known. There is a wide variety of reasons for this and likely related to the high percentage of high school youth applying to VR New Hampshire. VR New Hampshire is serving a very high percentage of persons who have either limited or unknown work history at application. This may be an indicator that VR New Hampshire is focusing on persons who are out of the labor force or who are attempting to re-enter the workforce.

	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	TOTAL
% Served in Rural Communities by Residential Zip Code	47.1	7.8	11.2	0.6	1.1	0.6	7.4	**10.4**
% English Language Learners	1.1	1.3	0.8	6.8	1.5	1.1	2.6	**2.3**

Two populations repeatedly mentioned across interviewees and respondents were persons living in rural areas and persons learning English. Applicants who live in rural communities was determined by linking their zip code of residence with Census 2010 data indicators of Rural Urban Community

Area (RUCA) codes. Approximately 10% of applicants are persons reporting living in zip codes designated as rural areas. This varies widely by region, with Berlin regional office at 47%, Keene at 11%, Concord and the SBVI unit at 8% and 7% respectively, and others at about 1%. Berlin is serving a high percentage of male transition age youth with disabilities in rural areas.

About 2% of applicants are persons designated as English Language Learners (ELL) in case management data. However, Manchester Regional office is serving a much higher percentage of ELL customers than any other part of the state. Manchester has the highest percentage of Hispanic customers, Black customers, early and mid-career workers, and the largest number of people served.

VR Agency Staff & Provider Survey Results

Overall, VR staff and providers were concerned about unserved or underserved populations lacking services in customized employment, career planning and exploration, and pre-placement activities.

In the survey of VR agency staff and provider staff, 70 respondents were asked to identify which populations are unserved or underserved. Respondents were able to check all that apply, then they were asked a series of follow-up questions for each population related to the awareness, access, and quality of services. The following table provides an overview of the number of VR staff and providers that identified a population type as unserved/underserved, with the specific groups most frequently identified in the follow up questions listed below the population type.

TABLE 5. STAFF AND PROVIDER IDENTIFIED POPULATION TYPES AND MOST FREQUENTLY INDICATED GROUPS THAT ARE UNSERVED/UNDERSERVED

Population	Number (% of N=70) of VR staff/providers identified population as unserved or underserved
Non-English Speaking Populations Spanish, Chinese, Arabic, Other (New Americans)	31 (44%)
Geographic Areas Rural, Northern	26 (37%)
Disability Types Mental Health, Cognitive or Intellectual/ Developmental Disabilities	18 (26%)
Race/Ethnicity African American, Asian American, Latino/a	17 (24%)
Most Significant Disabilities Mental Health, Cognitive or Intellectual/ Developmental Disabilities	15 (21%)
None	14 (20%)
Individuals Served by Other Statewide Partners Mental Health Centers	13 (19%)
LGBTQIA+ Populations Transgender	10 (14%)
Age Groups	9 (13%)
Other Types	2 (3%)

For each unserved/underserved population, we asked: *What services are not being provided to these populations, and what barriers exist that prevent or limit service provision to these populations?* VR staff and providers were given response options (developed in conjunction with the VR NH staff) and were asked to check all that applied for each population.

The following table summarizes the top three most frequently identified unserved/underserved populations, the services not being provided to those populations, and the barriers to service delivery from the aggregated responses of VR staff and provider survey participants.

TABLE 6. SUMMARY OF MOST FREQUENTLY IDENTIFIED UNSERVED/UNDERSERVED POPULATIONS, SERVICES NEEDED AND BARRIERS (VR STAFF AND PROVIDER SURVEY, N = 70)

	Non-English Speaking Populations (44%)	Geographic Areas (37%)	Disability Types (26%)
Specific Populations	Spanish, Chinese, Arabic, New American/Refugee	Northern, Rural	Mental Health, Cognitive/IDD
Top Services Needed	"All of the above" choices*	Customized employment, Pre-placement activities, Supported employment	Pre-Placement Activities, Supported Employment, On-the-Job Training, Career Planning and Exploration
Most Frequent Barriers	Access to cultural/interpreter/ translation services; Lack of consumer awareness of services; Access to transportation	Access to transportation; Lack of support services; Staff capacity to provide services; Lack of consumer awareness of services	Lack of consumer awareness of services; Lack of support services; Access to transportation; Staff capacity to provide services

* **All of the above** included: customized employment, career planning and exploration, pre-placement activities, disability-related skills training, supported employment, occupational or vocational training, pre-employment transition services, transition, rehab tech (assistive technology), on-the-job training, benefits counseling, postsecondary education, or "other" services.

For the CSNA, it is also important to look at the race and ethnicity populations in New Hampshire that may be unserved/underserved. Nearly one-quarter of VR staff and providers indicated that there were populations in need of services in this category. The following tables detail the different race and ethnicity populations, and the barriers to service delivery.

TABLE 7. RACE AND ETHNICITY POPULATIONS IDENTIFIED BY VR STAFF AND PROVIDERS AS UNSERVED / UNDERSERVED

Race / Ethnicity	Number of VR Staff & Providers identified population as unserved/underserved
Black/African American	13
Asian/Asian American	11
Hispanic/Latino	11
Native Hawaiian/Pacific Islander	5
American Indian/Alaskan Native	8
Other	3
White/European American	2

Other responses included Middle Eastern, and New Americans.

TABLE 8. BARRIERS TO SERVICE DELIVERY FOR RACE AND ETHNICITY POPULATIONS THAT VR STAFF AND PROVIDERS IDENTIFY AS UNSERVED / UNDERSERVED

Barriers to service delivery for race / ethnicity groups that are unserved/underserved	Number of VR Staff & Providers identified barrier for race / ethnicity groups
Lack of consumer awareness of services	12
Access to transportation	10
Access issues: cultural/interpreter/translation services	10
Lack of cross-agency collaboration	8
Employer attitudes or expectations	8
Impact on benefits	8
Timeliness of service delivery	6
Lack of support services	6
Availability of accommodations	6
Staff capacity to provide services	5
Availability of jobs	4
Other	0

It is important to note that a significant number of VR staff and providers selected "all of the above" services were not being provided, most frequently for populations speaking languages other than English, racial and ethnically diverse populations, and LGBQTIA+ populations.

VR staff and providers identified lack of consumer awareness of services, access to transportation, lack of support services, and staff capacity to provide services as the most commonly selected barriers to service delivery

The high response rates for those factors were supported by responses in the interviews of individuals with disabilities and customer surveys. Fewer VR staff and providers were concerned about availability of jobs or of availability of accommodations.

When asked about the most critical needs for people with disabilities in an open-ended format, about one-quarter of VR staff and providers again noted issues with transportation.

- *One serious roadblock to many of my participants is a lack of adequate public transportation options.*
- *TRANSPORTATION! TRANSPORTATION! TRANSPORTATION!*
- *Transportation - a job seeker may not be able to access an employer 2 miles away due to lack of transport.*

Numerous staff and providers noted that rural areas and the northern part of New Hampshire especially had difficulties accessing services. Over one-third of VR staff and providers selected geographic areas as a particular population that was unserved or underserved, and most of those people cited the northern area and rural areas as specific concerns. That data is supported by the 2021 Report on Disability in New Hampshire produced by the Institute on Disability/UECD.[1] They highlight Coos County in the northern region of the state as having a considerably higher proportion of people with disabilities than the rest of New Hampshire.

- *Services north in the state. We do not have as many services for participants, nor do we have any job developers. It makes it very hard to help our participants when we have no services to provide them.*
- *Northern NH is in need of professionals who can perform assessments.*

Several VR staff and providers commented that people with disabilities need more pre-employment services to understand both their interests and employers' needs and expectations.

VR staff and providers mentioned topics such as finding jobs and careers that aligned with the customers' interests, understanding what to expect and what they can contribute to a work environment, and understanding how working can affect their disability and other benefits.

- *Understanding how they can fit into a work environment. What job tasks are they able to do. How should they behave in the work environment—soft skills, business etiquette, workplace relationships/conflict management, etc.*
- *The people with disabilities in NH need realistic goals and direction for their careers based on their experience, schooling, certifications, or a combination of all three.*

Some VR staff and providers felt that customers needed more support in obtaining jobs, such as assistance completing applications and interviewing. VR staff and providers also mentioned direct job training opportunities. Similarly, a few mentioned a strong need for supported employment.

- *I also believe they [PWD] deserve professional and comprehensive vendor services that help them pursue and secure the best position available, providing interview and search training empowering the participants for future professional endeavors.*
- *Training programs to meet the workforce needs.*
- *On-the-job training programs with larger employers within the Seacoast area. Less focus on going back to college, more emphasis on training programs.*
- *Funding for supported employment needs via developmental services in a more efficient manner to allow for VR NH's folks to be better serviced.*

Some staff and providers suggested that VR examine the assistive technology required for job development and placement.

- *Technology to complete job development and related employment activities.*

1 Facts & Figures 2021 (unh.edu) page 5

- *Appropriate technology to navigate the job search process post-COVID. Especially where so much interaction is via online platforms such as Zoom or Teams.*

A few VR staff and providers commented that customers (particularly transition age youth) needed self-awareness and advocacy skills.

- *Inclusion, a sense of purpose and meaning in their lives, independence.*
- *The younger generation needs to learn how to advocate for themselves before they leave high school. They also need to be able to advocate in the workplace for whatever accommodations they need and be able to communicate to their employer why the accommodation is needed.*

Others believed that VR was not providing appropriate services to disabled adults who had goals other than employment, such as older adults.

- *Stop adding more restrictions and limitations to clients based on job seeking goals. Some retired persons need rehabilitation on a human need level but because they are not job seekers, their possibilities are limited.*

The majority of VR staff and providers reported that their administrative responsibilities were a barrier to providing timely and effective services and offered suggestions for streamlining processes and paperwork.

The staff and provider survey asked respondents what barriers they believed prevented or limited service delivery. VR staff and providers were presented with a list developed in conjunction with VR NH and could check up to three responses. A high number of VR staff and providers reported that administrative responsibilities interfered with their ability to deliver services. More than half of respondents also selected caseload size and consumer responsiveness. A smaller percentage said that changes in agency policies and procedures and supervisory issues were barriers to service delivery.

TABLE 9. VR STAFF AND PROVIDER PERCEIVED BARRIERS TO PROVIDING TIMELY AND EFFECTIVE SERVICES

	N (out of 60 total responses)	%
Administrative responsibilities	49	81.7%
Caseload size	37	61.7%
Consumer responsiveness	34	56.7%
Changes in agency policies and procedures	14	23.3%
Other	11	18.3%
Supervisory issues	7	11.7%

"Other" write-in responses included staff turnover, difficulty for new hires learning the job, availability of trained CRPs, unnecessary restrictions, and counselors not being proactive

ICI also asked VR staff and providers an open-ended question about how VR NH could improve the timeliness and effectiveness of services. Several VR staff and providers recommended that VR work to hire more staff and/or reduce caseload size. Several VR staff and providers commented on the lack of staff required to provide customers with the support they needed.

- *The biggest challenge we face for supported employment is staffing. Ideally, we would much rather the employer work directly with the participant. This is not always possible given the very specific needs of some of the individuals we service.*

- *The caseloads carried by VR NH counselors is a barrier. Counselors are working with CRP/ Participants/Related Agencies and more.*
- *Hire more staff so that there is way more clerical support. Allow counselors to be counselors not clerks.*

Staff and providers recommended that VR attempt to streamline some of the processes required to obtain services. Several suggested that VR work to reduce the required paperwork, and some suggested that VR consider achieving this aim through updating their technology. Relatedly, several staff and providers suggested that some VR policies were interfering with customer needs. Some mentioned that administrative duties and special projects were interfering with their ability to provide services.

- *Authorizations are extremely time consuming, especially for staff that must get quotes and get R & I for items. The amount of data entry is very high especially when it comes to authorizations and process.*
- *Caution on too much paperwork/policy to go through before actual service can get to customer.*
- *Offer high level database to remove need to enter information more than one time. Allow for technology needs to meet mix of remote and in office work.*
- *Focus on mission driven service delivery where every staff member is invested in helping people with disabilities access meaningful employment.*

Some staff and providers also suggested that the VR administration examine some of its management and supervision practices. A few comments specifically mentioned that some of the changes in the last few years have been difficult to implement and asked for more training. A few VR staff and providers also believed that morale at the agency could be improved.

- *Some thoughts are to understand the changes that have occurred over the past two years and how to implement strategies to effectively move forward with the changes.*
- *Encourage innovation and creativity and welcome the ideas.*

VR staff and providers generally considered communication effective. Slightly fewer VR staff and providers felt that communication was timely.

When asked on a 4-point Likert scale, 75.0% of VR staff and providers "strongly agreed" or "agreed" that services provided by CRPs to customers were timely and 84.7% felt that services were effective. An equivalent percentage of staff and provider survey participants (85.0%) felt the services provided from VR NH to customers were effective, but a somewhat lower percentage (58.3%) agreed they were timely. These figures correspond with the results of the customer surveys, where customers generally ranked the quality of services from VR NH highly but had slightly lower satisfaction with the ability to access services when they needed and the amount of communication they received from their providers.

The staff and provider survey asked about communication between VR NH and CRPs and customers. The following table presents the percentage of staff and provider survey respondents who "strongly agreed" or "agreed" that communication from each specified partner to each specified customer was timely and effective.

TABLE 10. VR STAFF AND PROVIDER RATINGS OF COMMUNICATION BETWEEN VR NH, CRPS, AND CUSTOMERS (N = 60–63)

From	To	Timely	Effective
VR NH	Customers	69.8%	84.1%
VR NH	CRPs	77.8%	82.3%
CRPs	VR NH	66.1%	80.6%
CRPs	Customers	77.4%	83.9%

The survey also asked an open-ended question about what VR NH could do to improve communication. A few VR staff and providers recommended that some counselors need to respond more promptly.

- *Many counselors do not respond to CRPs or customers in a timely manner, whether the matter is urgent or not. They should have expectations to return calls and e-mails within a certain time frame (24–48 hours) or there should be a person in the office that knows the CRPs and participants that they can reach out to if they are not given a response within a certain amount of time. Many counselors will also ignore or not respond to correspondence if they don't know an answer or are passing information off to someone else without letting CRP or participant know.*

As was mentioned earlier, VR staff and providers suggested that the VR NH consider ways to streamline some of the processes to obtain and document services.

- *Too many processes and procedures, too many steps, prevent timeliness.*
- *Removing repetitive steps, make processes more streamlined. This will help decrease case management workload and provide VR counselors to be active with participants process.*

Some staff and providers suggested that VR NH consider ways to use technology or recording systems to improve communication. These systems could include ways to document communication and follow progress. They also suggested the VR NH consider ways to communicate better on social media.

- *VR NH should implement tools to make communication more efficient and less time-consuming to report. This would alleviate time that can be dedicated to participants and community service provider engagement.*
- *A case management system that effectively documented email communication would be a huge help in the amount of time spent case noting emails.*

On a related note, some VR staff and providers felt that some of the agency's internal bureaucracy and processes were impeding communication.

- *I think that if we delegate work a bit differently there would be more time to follow up with clients. Even if the process can't be sped up, we need to let the clients know they haven't been forgotten about. I think all staff works hard to do this, but there is not enough time in the day.*
- *One avenue of communication—too many different people doing the same thing.*

The majority (82.3%) of VR staff and provider respondents felt a need to develop new community rehabilitation partners and 87.3% expressed a need to improve existing relationships with community partners.

From the customer point of view, the most recent waves of customer satisfaction surveys found that VR customers reported high levels of satisfaction with services provided by CRPs. Those customers who received services from CRPs had higher overall satisfaction scores for VR NH. However, the open-ended survey questions to VR staff and providers yielded several suggestions

for enhancing CRP capacity. Some VR staff and providers suggested that VR more closely examine the relationship with CRPs. Other suggestions included clarifying VR's expectations for CRPs, the way relationships are funded, and ways to identify substandard CRPs. A few participants suggested that VR NH consider offering some of the CRP services themselves.

- *Clear performance metrics and the ones that do not meet them no longer receive referrals. Train VR staff to provide some of the services using resources they have.*
- *Monitor the CRPs so the monthly coalitions meetings are kept on track— update CRPs on what a good, helpful CRP report looks like, and conduct training to assist CRPs on how best to help out VR in the reports. We are a team.*
- *The only innovative idea that comes immediately to mind is, through the RFP process, or other avenues of engagement, target specialized staff from these providers by offering additional incentives for agencies who can expand their capacity to serve these communities.*
- *I think VR NH should try to provide some of these services in house to alleviate the stress on CRPs and address the fact that CRPs aren't always available.*

Other suggestions involved ways that VR could better promote their services and provide more training to CRPs.

- *Continue to connect and educate with other community rehabilitation providers. Many CRPs do not understand the services they are providing to a full extent. It would be helpful to collaborate more with CRPs and help them feel supported in the field. Support could be continued communication and making sure they have the information necessary to work with participants, during the referral process.*
- *Fund training for community rehabilitation providers, such as the ACRE training and CEU trainings.*
- *More meetings with VR staff and job developers. This could be through Zoom meetings. Better feedback to CRPs from VR counselors.*
- *Increased outreach—with the COVID pandemic and change in staffing at VR NH and community partners, the relationships with partners needs to be rejuvenated.*

WIOA Partner Forum

Outside of VR, individuals with disabilities are served within the partnering education and workforce agencies as part of the general population of service recipients. Entities providing education and training (e.g., Adult Education, career and technical education, and the community college system) serve individuals with disabilities as students and learners with the focus on providing reasonable accommodations. Partnering agencies in employment security and workforce development also serve job seekers and incumbent workers with disabilities as well as businesses or employers to promote economic development statewide.

The education and workforce partners participating in the forum described current capacities to meet the needs of individuals with disabilities, through programs and initiatives designed to increase awareness, access, and quality of services for individuals with disabilities, often through partnership with the VR agency. Examples include:

- Career and Technical Education (CTE) is working toward recruitment for special populations including individuals with disabilities by developing outreach materials that include authentic images of people with disabilities working in CTE program shops and other settings.
- In 2022, VR is meeting with community college disability coordinators, for a "reverse referral": students who identify as having a disability in the community college setting get referred to VR or to increase awareness of VR.
- The NH Adult Education program has a small disability committee that identifies issues or concerns in local centers and takes on special projects, for example by creating a referral flow-chart with VR

WIOA partners see a need to prepare for the next generation of workers, including reaching unserved/ underserved populations and those who are not in the labor force, especially re-engaging those who exited during the pandemic.

WIOA partners noted a number of unserved/underserved populations, including people with any disability, people with IDD and youth who are entering the workforce from either the secondary or postsecondary systems, as well as other groups, including new Americans, refugees, LGBTQIA+ groups, those residing in rural areas, and parents/caregivers. In the last year of the pandemic, WIOA partners in the Job Centers also observed specific groups that were slow to return to the labor force (e.g., 20–29 year-old males, and some older workers) or some that are not engaged or interested in the labor force from the Adult Education student population (e.g. English Language Learners, such as older refugees).

> "[Closing the physical offices during the pandemic] made a pretty dramatic impact on who we serve and how. We've always tried to keep in mind making sure that our services remain accessible, but when you close the doors, it is difficult for a large number of people that we would have normally been working with."
>
> **—NH Employment Security partner**

The WIOA partners noted a need to increase awareness that many state agencies have re-opened their doors for in-person services as well as continued or expanded virtual options.

The shift to online instruction and service delivery offers opportunities but with a need to ensure equity of digital access.

Prior to the COVID-19 pandemic, WIOA systems were shifting to online applications, assessments, and service delivery, but the pandemic accelerated many of these efforts. During the pandemic, many state programs shifted to virtual service delivery through a variety of online platforms and remote access options for online education, training, services, and supports. While this shift has likely increased access to services for some populations, it may have created new barriers for others. For example, one older Blind customer described their trouble with access:

> *"I had called because I was having trouble with my computer, but the nice ladies told me they couldn't help me because I needed to learn the basics for the computer before they could help you and I didn't know where to find help to learn about the basics of a computer. So, they weren't able to help me. I need so much help it's not even funny."* (2020–2021 Older Blind Customer satisfaction survey)

Under WIOA, the Adult Education program engaged in efforts to teach digital literacy skills, and during the pandemic, the program invested in software licensing and the ability to offer credentialing in digital literacy (assessment and online badges). During the WIOA partner forum, the group discussed efforts to expand this program to other state agencies in the Department of Health and Human Services, the NH Employment program, and VR. The Adult Education program representative described the options for online learning modules and also an option for instructor-led environments. They recognized that this would also be an opportunity to address a community need for this type of training beyond WIOA core partner target populations by expanding programs into local public libraries, for example.

WIOA partners' efforts to support businesses will help meet the needs of workers with disabilities, including those who experience job loss and other groups who are not in the labor force.

WIOA partners noted that some individuals with disabilities who are not participating in the workforce are likely to need minor or low-cost accommodations that businesses can provide.

The WIOA partners saw a need to educate and support businesses by "de-mystifying" accommodations, and to *"Look less at accommodation, and more that it's an investment in the worker."* Some WIOA partners indicated that businesses often overestimate the expense and challenges to provide accommodations for workers. In addition to supporting businesses to provide reasonable accommodations, the WIOA partners saw a need to encourage employers to be creative in their workforce solutions, by offering part-time work and flexible work strategies like work-from-home, which may attract groups like mothers and parents who have exited the labor force during the COVID-19 pandemic or retirees/older workers seeking job opportunities.

> **"There are a lot of opportunities for people – older or younger – who find that they can no longer do the hard physical work...but have the skills and knowledge to be able to teach the next generation."**
>
> **—Career and Tech Ed partner**

WIOA forum participants also described the existing capacity within NH Employment Security to refer Job Center customers to VR for those who need accommodations to stay at work. This is part of the existing partnership with VR. However, there is an awareness issue: the customers don't always know about job retention as a service, so by the time they access the Job Center for services, some are filing for unemployment or looking for a different job, even though there could have been an accommodation to keep them in their current position. Within the workforce system, there is also capacity to provide a rapid response to layoffs occurring in NH businesses. WIOA partners also noted the opportunity to engage workers who experience a change in abilities to perform some job functions due to age or acquired disability. From the VR perspective, there is an opportunity to conduct marketing and outreach to individuals who may need a career change, (for example individuals in hands-on professions to move into supervisory or teaching roles). VR staff gave the example of the nursing career pathway, from hands-on work to training new nurses or providing services via telemedicine.

Interviews With New Hampshire Residents With Disabilities

In this section, we present results from 11 in-depth interviews with individuals with disabilities in New Hampshire, focusing on their awareness of VR New Hampshire and other resources in the state as well as their overall rehabilitation access needs and barriers they encounter. Major themes around rehabilitation needs and barriers include:

- employment
- education
- transportation
- health care
- COVID-19
- parenting
- financial issues

Awareness of VR New Hampshire and Other Resources
Most interviewees first learned of VR New Hampshire through the interviews themselves.

We asked New Hampshire residents with disabilities if they had heard of VR New Hampshire. If they did not, we read a short description and asked for their impressions. Out of 11 interviewees, only four had some familiarity with VR. Of those, only one had significant experience with VR as a former customer. Others had minimal contact and knew little about the services VR offers.

One resident had heard about VR from her adult son, who was a current customer. She thought it was "a great program" that was helping her son attend college. However, even though she was actively looking for work on her own, it had not occurred to her that she might also be eligible, and "no one's said anything about it" to her. She might apply in hopes that:

> It would allow me to take some classes, and maybe broaden my horizons, maybe show me a different path.

Some interviewees expressed surprise that they had not heard about VR. One said, "it wasn't until my OT mentioned it that I really knew what they were," but she thought the services sounded "awesome."

Overall, most interviewees responded very positively to hearing a description of VR New Hampshire and wanted to learn more about it.

One person with a neuromuscular disorder was impressed to hear that VR helps people with both physical and cognitive disabilities:

> **"I would be wanting to see what [VR] actually offers for somebody that's physically disabled. What could they do?…How do you go about the process to learn more?"**
> **—Interviewee with a physical disability**

> I mean, that's amazing. If you can work. Because working, it should be important to anybody, because you miss the interactions with people, for real. But you deal with the embarrassment factor because you're not the same person anymore.

Asked if he would consider applying for VR services, this person said:

> Yes. If there was something I could do, I would absolutely do it in heartbeat. I just don't know what there is to do. I don't even talk the same anymore because of the medication. Everything changes. You feel like you can't do nothing.

Most interviewees said they might apply for VR services now or in the future, for themselves and/or their children. However, they did not know how or when to do so.

One person with a disability did not feel ready to start work yet and was unsure when would be the right time to start the process. After hearing a brief description, she wanted to learn more about VR:

> How that would fit with my life…Right now I'm not in the stage of going back to work yet. So I guess I don't know if it's the right time…[whether] I should be applying right now or not, or if it's something to be considering at this point.

Of the three people who did not plan to apply, one wanted to volunteer but did not intend to return to paid work. Another was employed and felt supported by her employer, so she said that "adaptations…to help me continue to do the work that I used to do" might be helpful, but "finding and keeping a job…less applies to me." One person would be interested in employment programs offered in a group setting.

> [I'm] craving community because I've found the experience of disability to be so lonely and isolating…. I would love to have like some sort of…group to talk about employment challenges, with [and have] an expert facilitator who can answer [questions]… sort of like, "Okay, like we could connect you with these resources"… But just by people sharing their experience and wisdom, I learned so much.

To understand how VR New Hampshire could reach more people, we asked interviewees how they learned about services and supports in their communities.

Most interviewees found resources through other people, such as family, friends, neighbors, and other community members.One interviewee mentioned learning about resources through "disability expos," but even at those events, the best resource is people who have themselves "navigated changing employment with a new disability."

> *I tend to find programs through people, and people telling their stories about what's been effective. So, you know, just having a way to...get people together to be able to share their stories and then, through that, being able to share what you offer.*

A few interviewees told stories of "being in the right place at the right time," where community members recommended services they used or knew about. Others actively sought out referrals from friends, family, neighbors, or members of faith communities. A few interviewees learned about services at work or through professional networks.

> *I think most of it is just plain work experience...like, one of my son's therapists I met at work... I would feel sorry for anyone who has to count solely on their local agencies.*

Several interviewees heard about services through their healthcare providers, including physicians and therapists. One said, "Unless...a doctor refers me to anything, I wouldn't know what is up here." Interviewees also connected with supports through disability service agencies and organizations. Sometimes one referral led to another, to form a network of supports.

> *I'd probably start with the Brain Injury Society, and hopefully branch out from there, you know. They'd have different places, different agencies I could contact. Because, honestly, unless I need something, I don't know where to go.*

Many interviewees relied primarily on the internet, including search engines and social media, to discover available services. One said, "I've looked it up online, that's about it, because...I don't have any other way to find it." Another used social media to access transportation help from friends and community members:

> *I've put it on Facebook, "Anybody take me to—?"...So I rely on people, a couple of churches I'm affiliated with ... So far, with the exception of two appointments, I've been able to get to them all just by the two churches and putting it on Facebook. But it's a problem up here, it is a problem.*

A few interviewees specifically mentioned contacting state or local governments, but only one mentioned the ServiceLink Aging and Disability Resource Center.

Some interviewees faced barriers in finding services that met their specific needs and that they qualified for.

One interviewee had trouble finding transition services that did not require Medicaid for her son.

> *When you start looking at the transition to adult services, there's literally nothing.... Like, I wanted him to have some sort of...groups, where he could be around other kids.... If you don't have Medicaid in New Hampshire, for the DD offices, it seems like you're really limited on what you can receive. So, our yearly check in with the case manager, to see how it's going, I can give her a laundry list of problems that we have, but she can't do anything about them.*

An interviewee who was homeschooling her children had difficulty finding programs that fit with her religious beliefs. Another could find services, but none she qualified for and were targeted at her needs.

> *I was like, just looking for things that could help support me. And it was kind of like everywhere I went, it was like, you either had to be like, a child with a disability, or have a brain injury. Or be like, a senior citizen. So, it was like, everywhere I called really didn't have anything that they could offer me.*

A few interviewees made comparisons between New Hampshire and other states where they had lived. One commented that:

> *Places where taxes are much higher...are more inclined to provide services. My assumption living in New Hampshire is that the state is not going to provide anything, because that is generally my experience.*

We asked interviewees for suggestions on how VR could better reach people with disabilities.

Their suggestions included:

- make healthcare providers aware of VR services
- maintain an accessible website
- use social media
- connect with community and faith-based organizations

Several interviewees said that VR New Hampshire should connect with healthcare providers, such as physical, occupational, and mental health therapists.

> *I wonder if the best connection is...with medical teams, because like I'm accessing a lot of the...return to work planning through my occupational therapist doing cognitive work.*

One person mentioned that information about VR would be "really helpful" to other patients at her Long COVID clinic.

> *[At] my physical therapy clinic,...there were enough of us doing Long COVID rehab that we formed...a 5-week support group where we kind of like talked through available resources, and this would have been really cool to know.*

Some interviewees suggested the state maintain an accessible central website of resources. They emphasized that it needs to be accessible for people with various disabilities and different levels of literacy. One said that the language, especially in the headings and links, must be "clear" and use "simple terminology." Another interviewee had found good information on the state website but said it could be difficult to understand, especially as someone new to the experience of disability. She suggested making websites that feel visually "more coherent."

> *I loved all of the fact sheets, but as someone...who struggles a bit more visually, it was harder to follow because basically it was like a list of PDFs. So, it would have, I think, been helpful to have something... a little bit more visually engaging; even just like a little icon and then the file.*

One person suggested that website designers need input from people with disabilities:

> *They need to think like somebody with a disability. And they need to talk with people with disabilities. "What is going to make your life easier to navigate on our site?" And the way it's set up is not. I can't find Americans with Disabilities, I have to go to this and this and this and this and this. So, I finally pick up the phone and call them, "Where do I find this on your website?" And that's not easy.*

Another interviewee with a newly acquired disability suggested having both an online platform and a central phone number for resources.

> Sometimes it's really helpful to talk to a person and other times it's just like, "I have no energy and I can't talk to a person, just show me a website." But some sort of resource of like, "So you've found yourself not being able to...return to work, now what?"... Because it's all, you know, it's all so exhausting and overwhelming at that stage.

Others recommended VR New Hampshire post more information about their services on social media, such as Facebook or Instagram.

A few interviewees made more specific suggestions about reaching their communities. For example, one interviewee who was a pastor recommended connecting with the New Hampshire Council of Churches, Catholic Charities, the Catholic Diocese, and to individual congregations, especially for smaller religious communities. She said that pastors often know about local resources and network with each other to locate services for their parishioners.

Another interviewee had recommendations about reaching disabled veterans like himself, such as connecting with Veterans Affairs (VA) hospitals. He also said that when a service member is leaving the military, they get a package and a group or individual briefing, "and if you can make yourself a part of that benefit briefing, or you can make a package available to them, I would personally say get in front of their faces and tell them."

ACCESS NEEDS AND BARRIERS

Residents with disabilities had multiple, competing demands on their time, energy, and resources, including coordinating all the services and supports they and their families needed.

Interviewees were asked broadly about their rehabilitation goals, needs, and barriers as well as the services they received. In addition to the several major themes we identified in their responses (employment, education, transportation, health care, COVID-19, parenting, and financial struggles), other needs included:

- accessibility in buildings, sidewalks, and other public spaces
- inclusive and accessible state website
- more accessible recreation opportunities
- assistive technology and equipment
- assistance with home modifications

> **"So many systems just feel really intimidating."**
> —Individual with a newly acquired disability

Many interviewees were overwhelmed by finding and accessing all the resources that might be available to them. The effort required to manage their essential tasks, such as health care and family needs, can present barriers to reaching employment, education, or other rehabilitation goals. One individual with a newly acquired disability wished she had a case manager or "state advocate" to help coordinate all her services:

> It would be so helpful to [have] sort of like a state advocate who could help you fill out all of your applications...[because] it's a lot.... Trying to navigate the system of disability is a full-time job and one that I had to learn very fast. It felt like needing to be my own social worker...without having gone to social work school.

EMPLOYMENT

Most interviewees were not currently working but could articulate short or long-term employment goals. Not all were ready to seek employment, but most were interested in hearing more about VR New Hampshire and what it had to offer. Other interviewees were not ready to return to work but had other goals, including volunteering, engaging in recreation and hobbies, performing more personal care and household tasks, and generally gaining more independence.

Interviewees who had acquired disabilities highlighted the importance of support from employers.

One interviewee said that coworkers donated their sick time, and another had private short-term disability insurance to help immediately after the disabling event. The latter was also working with her employer to redefine her duties given her new limitations, and to make adaptations and accommodations, using assistive technology and mobility devices. However, she said, "I'm…trying to find solutions, but there probably are better ones that maybe I just don't have access to." Since acquiring her disability, she says that all her "coping strategies…are new." And she is getting some help but would like more:

> And mostly like I'm kind of just getting a lot better at delegating the things that I can't do, but—and I'm getting great coaching through occupational therapy. But, you know, just someone to sort of talk me through like, "Okay, like what even is available?" Because I've never needed accommodations at work before.

Transition age youth wanted job training, part-time jobs, or work-based learning experiences.

One youth interviewee and his mother were anxious for him to get job training and work experiences but were unable to access the existing programs. This individual expressed some ambivalence about the job training and other group programs. His mother speculated:

> I think he's just fearful, because—you know, I know he won't go to Job Corps because he wants to be home. But I think it would be beneficial for him if he wants to get some kind of career. I think he's thinking of how he's been treated in school all these years, and maybe he's—you know, he's a bit hesitant because he has been bullied and everything.

Another youth interviewee had met a VR counselor at an Individualized Education Planning (IEP) meeting but had not had contact beyond that. His mother said they would like to talk more with the VR counselor about his immediate vocational goals:

> They sat in one of our IEP meetings last year. And we tossed some ideas around. But the goal is to meet with them this coming school year, at the beginning, because now he wants to get an actual job in the community. So, I mean, he does—he walks dogs for friends now, but like, it's a job, but it's not like, a real job, you know?

Some adult interviewees wanted to continue their existing careers and needed support to stay in a job or find a new one. Other interviewees wanted to change occupations and needed help making that shift.

One interviewee had been searching for a job in her field of study for several years and thought that her age and the gaps in her resume were barriers in her job search. She noted that one gap was due to a period when she was caring for her dying father.

> I started looking again in April, and when my mother passed away, I was like, I got to find something. I got to find anything. So, I've been sending out applications like crazy.

Because she did not want to lose SSDI, this interviewee was mindful of the maximum allowable earnings. When asked if that has affected her job search, she replied that "maybe it has a little" because she knows "the cap" on her earnings and makes sure to "stay in a range."

Another interviewee reflected on her experience of becoming disabled from Long COVID and her hopes for how VR could help:

> We so define our self by the work that we can or cannot do in our culture.…For me, I've really struggled the last six months with like, "What am I?" Like that sense of, "Am I

> **"What can you do that allows you to express who you are, and that your disability is not a limitation, but another perspective that you bring to the table?"**
>
> **—NH resident with a disability, on her career exploration needs**

worth anything if I can't do what I used to be able to?" And I just appreciate that there's a service that can kind of come alongside you and help you discern—I hope not only, "Okay, where can we get you a job?" but also, "What can you do that allows you to express who you are, and that your disability is not a limitation, but another perspective that you bring to the table?"

The adult interviewees we spoke with had previous work experience, and some wanted to stay in their previous occupations, while others wanted a change. One, who had acquired Long COVID through an infection at her workplace, said:

Going back into healthcare…would be really hard for me emotionally and mentally. And yeah, so I'm kind of also feeling like…when I can go back to work, what should—like, what do I want to do? And trying to figure out what steps to take.

She considered applying her training or her hobby interests to an online business, but was unsure when she could start the process of returning to work:

I have a lot of different ideas, I'm just trying to figure out what's possible, and what I can do. But that's kind of like a…long-term goal.

Another interviewee had previous training in a skilled trade but says she is now unable to work in that field because of her disabilities. When asked if she would consider returning to work at all, she said "it is a possibility, but it would have to be something completely different."

Some interviewees were motivated to return to work but were facing barriers in their job search.

One interviewee said she could no longer work in her previous occupation and wanted to find something new but was unsure what that would look like:

It's really limiting on who's going to hire me. If there was something that I could fit into I would love to work again. It's hard not working and feeling like I'm just costing the family a lot of money and not contributing.

Another interviewee who had worked prior to acquiring her disability was ready to return to work and wanted a remote job. When asked the reasons for seeking employment, she said:

Income, and the, I guess, feeling of being needed, and knowing that I'm providing a service. It would be nice, you know, to not feel like I'm doing nothing.

> **"I apply for [jobs], but I never get a call back, because I have that 3–year gap in my work history that shows nothing. That was a time when I was recovering."**
>
> **—Jobseeker with acquired brain injury**

At the time of the interview, she was actively trying to find employment on her own using the internet from her phone, but was having no success:

I'm trying to use the things online, but no one ever gets back to you. And then they start sending you jobs, you know, that are an hour away. And I tell them I don't drive, that would be impossible. I don't have any remote jobs that are coming towards me, wanting me to work for them, you know what I mean?

She said that "it's not very easy to apply" for jobs. When asked what kinds of help she needs, she replied:

Well, I think that if there was someone who could help you with your resume….I don't know what to put in the 3-year gap. You know, what do I say? That becomes a huge issue. So maybe having someone who could help you with your resume, and possibly … someone online that could help you, you know, get in – like, find good fits for you.

One individual was seeking employment but was ambivalent about applying for VR services based on her experience as a customer over 10 years ago when she was unsuccessful in meeting her goals. Reflecting on what help she would have wanted, she wished the counselor had been "more of an advocate" and reached out directly to employers. When asked what advice she would give to VR NH, she said:

> Push us to the front of the pack. Just...allow us to be who we are. And, you know, [say], "I got this great resume, you ought to check this out." ...Getting us through the door is as important as having us, you know, fill out job applications.

Someone recently encouraged this interviewee to apply for VR to find a job that would "keep [her] busy," but she was reluctant to follow through. Because she has a master's degree, she was motivated to find a job in her field of study and not "be shoved into something that's convenient." She was unsure if VR could help with her specific career goals and was ambivalent about reapplying.

EDUCATION

Several interviewees discussed their goals, needs, and barriers they faced with respect to accessing education for themselves or their children.

For example, one interviewee was homeschooling her children but still wanted her teenage son with autism to access local inclusive and integrated recreation and other activities. While one youth interviewee had no complaints about his school other than "minor" accessibility issues, another teen faced bullying and said he did not get the support and disability accommodations he needed. His mother said:

> His IEP, they just chewed down everything, saying they didn't have the money or the resources for it. I mean, I offered to come in and try and help him. They said I couldn't do that.

They both wanted him to get job training and help studying for the high school equivalency exam but were told they could not access those until he turned 18. Another interviewee shared similar difficulties faced by her teenage grandson with autism:

> And I know that people with disabilities, especially with younger kids, and even young adults, they have to fight. And I know school systems are dropping the ball, because their budgets are cut back, and shame on every one of them. My grandson is 13 and he's autistic, and he gets no help at the school.

One interviewee tied her children's education access to her ability to meet her own goals:

> I think the best bet for me to get some of my goals would probably be with the kids going to full-time school. I just don't know if my daughter will physically make it through this year. I'm hoping that this upcoming year she will.

After hearing a short description of VR NH, this parent, who had chronic illnesses and physical disabilities, hoped she could get help with both her children's and her own learning needs:

> I think that more supports is always a better thing. A good thing. I grew up having—I have a learning disability myself...and I struggled in school in certain areas. And, you know, my youngest is also having learning struggles. So yeah, if, if there's any support to help me navigate this and maybe possibly make it easier on her than it was for me, yeah, I would definitely access it.

One youth interviewee was planning to apply for college, but he and his parents were having trouble finding colleges that are accessible and have the resources he needs:

I mean, I'm excited about going to college. But the main concern is accessibility. Like, which school will have accessible dorm rooms, that kind of thing.

When asked what he needs to go to college, his mother said:

Absolutely everything. We have no idea what places have disability services. We know that the one college we looked at…which is the closest, has one accessible dorm room. That's it…. Places that say they're ADA compliant are not. You know, it's just, it's really hard… Because he wants to do all the normal things. He can go to college; he's a great student. He will do well at college. It's the accessibility part that we're, you know—if we don't do the work, it doesn't happen. And it's hard.

She continued, suggesting that "there should be a council for young people with disabilities in New Hampshire to help these kids on their journey." She pointed out that her son had extensive services as an infant and young child with a disability.

They did absolutely everything they could to help with it. So many resources and all this stuff, right? Why isn't there an organization like that for kids, like him, or young people like him, who want to go to college? Or who want to get out into the workforce too, you know?

A few interviewees highlighted the importance of disability services and supportive educators when they attended college or graduate school. One interviewee spoke about the contrast between seeking higher education before and after the ADA was passed.

[In the 1980s] when I first became disabled, I was [in college in New Hampshire], and the director of [my] program told me flat out, "You either have to find a program that's conducive to somebody with disability, or leave the school, because there's nobody in this program with a disability." …And then, in the early '90s…I started talking to the professor actually who was the chair of [a similar] department in California. He's like, "I've worked with other disabled students before. Come on out."…I went to California in '94. And that's when the ADA had taken effect…and it was so different for me.

Another person spoke to the value of hiring teachers with disabilities, from her experiences both as a college teacher and a graduate student.

I had a better understanding of other students that struggled… And just so you know, I finished my master's with a brain injury. I was three courses from getting it. I went on a 504 plan, which I kind of chuckled about, because I'm a teacher. And the instructor said, "You have come this far, you're going to finish." And they helped me finish. It was amazing, they were great. They were really good.

TRANSPORTATION

Nearly all interviewees identified transportation as a significant need and lack of transportation as a barrier to access.

A common theme was the need for reliable and affordable transportation to access services – traveling to, for example, medical appointments, support groups, and occupational, physical, and mental health therapy – and also for shopping, dining, visiting friends and family, entertainment, and recreation. Transportation-related barriers included:

- lack of available public transportation and paratransit
- insufficient accessible parking
- traveling long distances to services
- the cost of travel

Using informal and natural supports for transportation can feel safer, but it can also be less consistently available.

Many relied on friends, family, churches, and neighbors for rides. One person preferred riding with known people for safety reasons:

> I need to be really safe with COVID precautions. So, for me, any service being really clear about what their masking policy is, because I don't want to get picked up by someone who refuses to wear a mask.

These natural supports can be inconsistent and unevenly distributed. Also, some worried about the burden that places on others and wanted to be able to travel independently. For these reasons, several people with disabilities indicated a need for more accessible and reliable public transportation.

> "I would really like to have that independence, to be able to go appointments and get home, and be safe doing it….That is the number one thing."
>
> **— NH resident with a disability**

Limited public transportation and paratransit were cited as barriers throughout the state, but especially in northern and rural areas.

Public transportation barriers included too few buses, stops being too far away, or a complete lack of public transit, especially in areas outside of large cities. Some interviewees were able to access paratransit or medical transit to appointments, but not to other places in the community. Some people found these services to be confusing or "intimidating" to access for the first time. One interviewee who recently acquired a disability was ambivalent about using those services:

> So many systems just feel really intimidating. I think both because my own internalized ableism of like, "Oh God, I can't…just take the state bus. You're 32 years old!" …But then also just like the, "Oh my God! How would I even go about…scheduling someone to come pick me up and take me to a doctor's appointment?"

Another tried paratransit but found it slow and difficult to access safely given her disabilities:

> There's this range of hours, and you could wait for an hour or so for the bus to come back by. And then they may have to make several stops on the way before they drop you off. And I live way down here in [a small town], and it just takes forever. I did it once, and I won't do it again. I will cancel an appointment first. It's just—it was too much riding, it was too bumpy. I can't do that, not with a brain injury.

A parent was disappointed to find no public transportation options for her teenage son.

> The LNA from the state can't drive him anywhere. So they're stuck in the house with him… That's not getting these people with disabilities out in the community as they should be. Like, it would be fine if we had public transportation for people with disabilities, because then [the LNA] could go on that bus, or that van, with them. But we also don't have that.

Some interviewees were able to drive but traveling long distances and finding accessible parking could be a barrier.

As a young parent with less visible disabilities, one interviewee feels stigma for using accessible parking and wishes there were greater awareness that "there isn't an age limit…to be disabled." She would like to see more accessible parking spaces available, especially at medical offices and public services.

> And a lot of people are like, "it's really not that big a deal." But it is. It's a huge deal, and it's a huge leap I have to take. And that is exhausting. It could ruin my entire day… because there was so much energy into just getting to the place.

Another interviewee had trouble navigating the process of applying for a parking placard and was unsure if she would even qualify because she can walk short distances without a cane. Without accessible parking, she said, "honestly, I just don't go to many places."

People living in more rural and northern areas of the state were especially burdened with having service providers far away. However, even people living in the southern regions sometimes had to travel to Boston for specialized care.

> *[For] doctors, I travel either to Littleton, which is an hour away, or to my primary care, which is two and a half hours away. So—and when I can't drive, which is like, right now, it's very hard to find drivers to take me to these appointments.*

Some interviewees had to prioritize certain needs over others. For example, one individual had to delay occupational therapy for her child because it was not offered during the school day.

> *They're there from 8 until…2:45. And you get home, and she crashes. And then somehow we're supposed to drive, and the closest places that have OT are like Manchester, Concord, Dover…. It wasn't working because she was too exhausted.*

Some residents with disabilities rely on taxis and rideshare services, but cost can be a barrier, especially in remote areas.

> *One person living in the North Country said that it cost $90 to see her doctor, whose office is an hour away. But even short distances can be expensive, especially with recent increases in gas prices. One interview had to delay picking up a prescription because "Uber would have cost me $15 [and] it's less than a mile from my house."*

HEALTH CARE

Interviewees with disabilities needed accessible, affordable, and quality health care to engage in employment, education, and community life.

Interviewees with disabilities raised a variety of health care needs, including in-home personal and nursing care, physical and occupational rehabilitation, primary care and specialist physicians, and mental health treatment. Interviewees identified several barriers related to health care, including:

- balancing busy schedules with many appointments
- insufficient providers in northern areas of the state
- traveling long distances for medical care (including out of state)
- long waits for appointments, particularly with specialists
- high costs of care, including peripheral costs like gas and parking
- finding qualified, reliable providers for in-home care

> **"There are some treatment options that I have put off because it requires me to travel back and forth from Mass and I just don't have the time. But there's a possibility that I could maybe go into some remission and, you know, get back to work."**
>
> **– Parent with a disability**

The parent of a teenager described their troubles hiring and keeping in-home care providers:

> *Either we get people in here who are really bad, and never show up, or we get somebody good and they can't stay because the pay is so bad. Now, and what's going to happen when he goes to college? I can't go to college with him. You know? This is a barrier for kids; anybody in New Hampshire. It's a huge barrier.*

Another interviewee faced challenges getting a procedure approved by health insurance and suggested:

> Doctors have to be up on what is available, and there has to be some sort of advocacy between, I don't know, people with disabilities, and the state, and doctors, and everybody coming together. So that everybody can get the services that they should have, to make their lives easier.

Asked what services would make her life better, one interviewee responded, "access to good medical care." She said she had good health insurance, but living in the far northern part of the state, she had trouble finding healthcare providers nearby. Another interviewee described significant hurdles trying to find mental health services:

> I was looking for mental health help too. Which, that has been like—I can't even find a counselor right now. Everybody's booked, or doesn't take my insurance, so that's been a huge barrier too.... They still have me on a waiting list for a counselor.

COVID-19

The COVID-19 pandemic had major impacts on some interviewees' lives, goals, and access to services.

Three interviewees had serious and/or chronic illnesses from COVID-19, which caused their disabilities or compounded existing medical conditions. One described contracting the virus as the most recent in a series of setbacks.

> [When] I got out of the surgery I came home for two days, and I lost consciousness, and some of the doctors think I had a mini stroke when I got home because I had COVID, and I ended up back in the hospital for a month and two weeks. But I couldn't remember where I was on some days when I was in the hospital.... So, I mean that fogginess is real and it's still real to today. And the only thing that is clear to me is that I have to rest and give my brain cells a chance to recover or I'm not going to be the same person.

Another interviewee described her experience prior to acquiring her disability through a COVID-19 infection:

> So, before COVID...I was a competitive Irish step dancer in my free time. I would go for three walks a day with my dog and my husband. Super active. I have a giant garden that I spent a ton of time in. And then...working more than full time through the pandemic...It's been a busy few years.

After contracting COVID-19 and developing Long COVID, her life changed significantly:

> My days are kind of a combination of rehab, both telehealth and in-person... And then a lot of rest, just time in bed with the lights off and the air conditioner on and just trying to get my heart rate down enough to regain some energy.

The treatments, including medication, she has received at a Long COVID clinic have improved her stamina, but her activities remain limited:

> That's kind of made the biggest difference in being able to be a little bit more up and about and take on additional responsibilities, both in my household and at work. So, we're getting there. So now I can basically do two things a day. So, like today, one of

Interviewees with disabilities mentioned several pandemic-related needs and barriers, including:

- contracting COVID-19 at work or while getting medical care
- limited access to care for Long COVID-19
- school shutdowns and remote learning
- closure of services due to the pandemic
- need for more remote access to programs and services
- safety in accessing public spaces and need for others to wear masks
- difficulty communicating (hearing, lipreading) when others wear masks

the things is this [interview]…And then I would like to take a shower. Today would be a good shower day; so that's number two. And then the rest of the day, I'll be resting.

Other effects on interviewees included the shift to virtual learning and services, which had pros and cons. For example, managing virtual learning was difficult for some parents. On the other hand, the increase in remote options made some services and activities more accessible.

Having more things be virtual has been helpful. And I really would like that not to go away because that has been something that has made a lot of things accessible to me. I kind of wish that not only doctor's appointments and stuff, but other things were also available… I would pay a ticket to watch a show, but I might not necessarily be able to actually sit in a large room with all these people, or I might not be able to find a sitter for my medically complicated child at seven o'clock at night…. And I really wish that it would be a more mainstream thing…because there's a lot of reasons why someone might not be able to attend an event.

For that individual, masks made it safer to engage in public settings, but for another interviewee, who was hard of hearing, masks made communication difficult.

It's just awful trying to walk around places and, I mean, if you can't hear, and then you have something in front of the face that's like, literally just muffles the sound. And you can't even see the lips to try to, like, decipher, like, what those letters may be, you know, forming from the expression….I, personally, would much rather have COVID again than to, to, like, deal with that.

Others had encountered services being unavailable because of the pandemic:

I looked for an attorney that would do it pro bono. They say they have attorneys that I went through all the steps, and the end process I ended up talking to a gentleman, and he said, "I'm sorry, that program is no longer, because of COVID."…I didn't want to spend a lot of money on a lawyer, especially being in my situation. But I ended up spending a lot of money on a lawyer.

PARENTING

Parents with disabilities described difficulty managing all the responsibilities of parenthood, including parenting children with disabilities, while meeting their own rehabilitation needs.

Parents we interviewed mentioned several needs, including:

- caregiving
- finding childcare and respite care providers
- accessing appropriate education
- meeting their own and their children's medical, health care, and rehabilitation needs

One interviewee reflected on how important access to health and rehabilitation services, a good job, and a supportive employer had been to him as a parent:

All of my access to care has really made a difference in my life and in my family's lives. And my kids are grown, they're in their 30s, and you can imagine what it's done for the family going through all those years.

However, others cited barriers, including limited time, energy, finances, and external supports. One parent said that her own rehabilitation needs were "pushed aside" because she "couldn't rationalize putting that money aside" when her autistic child has so many needs of his own. Another said:

Especially after COVID and having all the virtual learning and all, you know, I felt like I

was in a million places doing everything at once. And I suffer from brain fog just as a symptom. So, to be a mom with so many things going on and remembering to email teachers and coordinate, the burnout and the brain fog just make me too tired to really have any more energy and just brain capacity to do things.

Difficulty finding appropriate services and providers, including respite and Licensed Nursing Assistant (LNA) services, was another barrier interviewees cited. One person said she was approved for respite care for a child but "didn't get a lot of guidance" in finding and hiring a provider and, "exhausted" by the process, finally "gave up." She said it would have been "a lot easier" if she had help with that process, adding:

It seems like such a small thing, but when you add all the small things, it gets to be a huge, a huge overwhelming thing.

FINANCIAL

Interviewees also discussed financial needs and barriers. One mentioned that her disabilities made it difficult for her to manage money, and she was fortunate to have help from a family friend. Some people with disabilities said they had trouble making ends meet but did not qualify for benefits that could help. A few people pointed out that many disability-related expenses are not covered by health insurance but are still not "taken into account in a lot of applications" for public benefits. For example, a mother with disabilities talked about the costs associated with medical care:

But the amount of money that goes for medical isn't always necessarily taken into account; like how much extra money it is to get to the appointments, how much it has cost our family in hospital days.... And it was just, you know, you pay to park in the parking garage, you pay for the gas. I had to pay for food outside because they didn't have any refrigerators for us to buy groceries and store [them]. And so sometimes those extra expenses that are not covered by insurance.

She went on to say that her family's needs aren't "extravagant," but financial assistance would help them afford "some of the things that we need in the house to make life a little easier, a little accessible for us." These improvements would make housework safer for her and prevent injury.

An individual living in the far northern part of NH also had concerns about the costs of safe housing:

If I ever have to move out of my dad's place, I don't know what I'm going to do. It's in probate now, so we'll see what happens. There are no apartments up here at all. And what is up here are in the very, very low-income district where there's a lot of violence. And they're over a thousand dollars just for a tiny studio apartment. And I'm not going to pay that. I can't. I need to feel safe.

Another received SSDI and alimony but was told she is not eligible for any other financial assistance. She explained that it was difficult to live with her adult son on limited income:

I can barely afford the food, all the bills, you know, and my son helps out, but he only gets $300 from his disability a month. And he doesn't work, and he's unable to work really. So, it's kind of disappointing that the state of New Hampshire doesn't find that someone who is disabled might need extra help.

This individual was looking for work on her own but had been unsuccessful and was unaware, until the interview, that VR services were an option for her.

VR and Older Blind Customer Satisfaction Survey Findings

The 2019–2020 and 2020–2021 VR and Older Blind Customer Satisfaction Surveys focused on the experience of customers who applied for and received services during the program periods and did not directly ask about the rehabilitation needs of individuals with disabilities in the state. We have integrated a selection of survey results in this section to supplement the findings from the other CSNA data collection activities. The recent customer respondents noted some similar and some different issues related to awareness, access, and quality of VR and State Services for Independent Living (SSIL) services.

AWARENESS OF SERVICES

In the most recent customer surveys of both VR and Older Blind participants of the SSIL program, feedback from participants indicated that they had a lack of knowledge of available resources and need for connecting to other services. They reported that the state agency could do a better job of advertising its services:

- *I had no expectations of what they could or should do.*

- *Let me just say I had a hard time finding this group. I was trying to find the NH Association for the Blind then I found this group with a new name and I found this woman who assisted me. She is a highly personable knowledgeable person. They told me they want to have me evaluated by a physical therapist to see what would be the best way to go so the Association can help me find the best adaptive devices.*

Some VR and Older Blind customers also suggested that even after starting services with VR NH, they were not aware of everything VR has to offer.

- *I wanted to be more informed with what's going on, if I could maybe get emails or something to let me know what services are available.*

- *I was not aware of [the Client Assistance Program] CAP] or other services. I was not aware that self-employment was something that I could get coaching in or help in developing.*

BARRIERS TO ACCESS SERVICES

Older Blind customers in particular noted technology needs as a barrier to accessing services, as in the following examples:

- *I'm completely satisfied with the services from the agency but I still feel that there are certain pieces of equipment that are nonexistent or difficult to locate. The phone I am using is a landline. Where I am sitting in a chair at the moment, I have difficulty using the phone. The numbers are not clear to me and there's no speed dial. I can use a phone that plugs into a phone outlet but I don't have access to a phone outlet where I am sitting. I need a handset phone AT&T with more visible numbers and speed dial and for it to be cordless.*

- *I had called because I was having trouble with my computer but the nice ladies told me they couldn't help me because I needed to learn the basics for the computer before they could help you and I didn't know where to find help to learn about the basics of a computer. So they weren't able to help me. I need so much help it's not even funny.*

Like the interviewees, many VR and Older Blind customers also expressed that lack of transportation services was a direct barrier to their independence and expressed a desire for these services to be available.

- *Adding transportation services.*

- *I can only speak for myself. To try to make more transportation available.*

- *I don't feel like that they don't have any services that help people travel to get to doctor's appointments, because I can't drive and arranging for transportation is very expensive. That*

was the only disappointment that I had with them.

- *I would like transportation, but I live in a rural area and understand the limitations that presents.*
- *Transportation was a barrier cause I couldn't get there. Anything I had an issue with concerning my vision they've been wonderful about it.*

Several VR customers reported that they did not have the access to services which they needed. In some cases, they were on a waiting list and did not receive services as quickly as they would have liked. COVID-19 also dramatically changed the services; services were offered remotely during much of the pandemic. Some customers saw that as an improvement while others found it to be a major barrier. COVID also presented some challenges to services other than counseling.

- *COVID-19 caused difficulty in receiving certain in-person services, such as job training. Sometimes a service like this requires a bit more hands-on work.*
- *… Virtual nature made it easier. I didn't have to drive to meet with them. I could spend my available energy not needing to get dressed, get ready, drive. I could spend time doing the things I needed to get done.*

QUALITY OF SERVICES

In the survey of VR customers and family members of VR customers served in 2020–2021 (N = 165 respondents) the majority (78%) of VR customers and 74% of family members agreed or strongly agreed that applying for VR services was easy, and that the counselor provided prompt and timely service delivery. About 68% of VR customers and 53% family members indicated they were able to access VR services as quickly as they wanted, with some citing the waiting list or COVID-19 as factors impacting timeliness of services.

Overall, the customer service indicators yielded high levels of satisfaction. The majority of VR customer respondents (84%) agreed or strongly agreed that the staff treat them with courtesy and respect, 81% agreed that staff were concerned about their needs, and 81% agreed that the staff take complaints and concerns seriously. In addition, 78% of VR customers agreed that they felt satisfied with the amount of communication from VR NH.

The majority (73%) of customers agreed or strongly agreed that VR NH helped them to evaluate their skills and abilities and to develop realistic goals. About two-thirds of VR customer respondents agreed or strongly agreed that VR NH assisted in getting the appropriate training to reach vocational goals or obtain a job. Overall, 23% of VR customers strongly agreed and 43% agreed that VR NH helped them achieve the goals they set, while 16% disagreed and 17% strongly disagreed that VR NH helped them achieve the goals they set.

Positive Experiences

As reflected in some of the quantitative data, many VR customers were very satisfied with their experiences. Several customers commented that they were pleased with the support they received.

- *It helped us to achieve the goal. The program you guys have is pretty effective.*
- *I just am so grateful and thankful for the help I received over the last three years to achieve my goals. It's given me hope. It's given me something to look forward to - when my world came crashing down, I had nothing to look forward to. It's given me hope, and that means a lot.*
- *Smooth, efficient and complete assistance in helping me with new hearing aides, very satisfied.*
- *I was very satisfied with the services I received from VR NH because they helped me with a lot of things and overcame so much. I was very satisfied with the services received from the community rehabilitation provider because they helped me a lot with the services. The extent the services I received from VR NH met most of my expectations and will help me accomplish more things in my future. The services I received in VR NH*

was very ideal and was really helpful.

- *The services I received from NH Vocational Rehab and the Community Provider were both excellent.*
- *Case worker was excellent in explaining options and following up.*

Similarly, several Older Blind customers expressed that they were very satisfied with the services and support they received.

- *They exceeded my expectations. They continued to serve with the same intense concern for my condition that they started with.*
- *When I call the agency they're very quick to respond. they don't give me any fluff. It's straightforward and the person who comes to the house, that woman is a saint. She would get an A ++ from me.*
- *The visit of person who came to the house and spoke to our mother and gave us tabs that you put on things to locate different things. They were very helpful, and they helped her remotes, talking books, and other.*
- *Providing some accessibility tools and devices and educating me about what services were out there generally. Connecting those of us with vision issues was a big help in terms of reducing isolation. We help each other. Which was encouraged by SSIL.*

Communication & Coordination

A few VR customers also wished that VR could help them connect to other agencies to assist with some of the other challenges.

- *Find more organizations that help due to a number of them closing as a result of COVID-19. Not having a program to help with vehicle purchase is not ideal when there are services designed to modify cars for those with disabilities. In order to use this service however there needs to be reasonable access to vehicles.*

Some VR customers also expressed that VR did not always respond to their inquiries promptly.

- *Communication! Return phone calls and emails promptly.*
- *Though we love my son's VR case worker, she seems incredibly overwhelmed and is often difficult to get a hold of.*

Meeting Individual Needs

Some VR customers felt they did not receive specific assistance for their individual needs, either that they were recommended for inappropriate jobs or otherwise VR services did not meet their needs.

- *He didn't help me find a job, he didn't send jobs, he didn't help me find a program, and he's never once asked me how I pay for rent. I will have trouble paying for housing next month. He doesn't ask.*
- *I did get a good job, yet it does have some gaps between seasons at times and would have liked to have gotten some help to get a part-time job to fill those gaps.*
- *I have what would be considered high functioning autism. I need help with the nuances of the job interview process and career advancement. I feel like they were very helpful, but the contacted counselors didn't necessarily have the skills to help in that area (e.g., salary negotiation, develop plans for career advancement…they offered no advice or guidance on how to achieve that now or in the future (I suspect perhaps because they don't know how).*
- *Unrealistic expectations and lack of support.*
- *Never given a listing of employment choices. Told where to work.*

- *My social anxiety was a problem with the career person because the jobs she directed to me were reception type positions.*
- *I have been only given cleaning jobs options.*
- *Provide more resources to help people achieve their goals. Like a list of schools that can be given to the people looking for schooling instead of them telling you to go find a school.*

Business Input

We asked businesses in general what they see as the most critical types of services and supports needed by workers with disabilities in New Hampshire. We asked participating businesses to select the top three critical services (See Table 11). The most frequently selected types of services and supports identified by businesses included:

1. access to transportation
2. services to obtain, maintain, or advance in employment
3. access to education and training

TABLE 11. BUSINESS INPUT: MOST CRITICAL TYPES OF SERVICES AND SUPPORTS NEEDED BY WORKERS WITH DISABILITIES (N=10 BUSINESS RESPONDENTS)

Services and Supports	Frequency selected
Access to transportation	8
Services to obtain, maintain, or advance in employment	6
Access to education and training	5
Mental health services	3
Access to housing	2
Advocacy / Legal	2
Access to public benefits (e.g. Social security)	1
Other - Please explain	1
Independent living services	1
Health care and employer-provided medical benefits	0
Childcare services	0
Assistive Technology (Equipment)	0

One business selected "other" and indicated the need to remove limits on the amount of income a person is able to earn, and later commented:

> *As a business owner I'd be willing to offer the person who works for us a full-time position rather than the mandated part-time position if his public benefits program didn't limit his income potential, remove the cap and allow him to work full-time.*

One business struggled with the question somewhat due to a lack of awareness of needs, services, or supports for workers with disabilities, stating:

> *From a business side…I have limited tools that I can utilize for people with disabilities, and I also don't know a lot of things, so the more information I can have, the better suited I am.*

Later, this businessperson reaffirmed this statement by noting "I don't know what I don't know."

We then asked businesses how state agencies, including VR New Hampshire, can meet the needs of businesses and their workers with disabilities. Businesses indicated staff capacity to meet the needs of individuals with disabilities, specifically in terms of the importance of:

- provider support
- staff retention
- clarifying the roles of support staff
- promoting the flexibility of support staff (e.g., hours worked)
- improving the ability of provider staff to support individuals in disclosing disability and accommodation needs

> **"The time it takes to get the support staff up to speed with the needs of the associate and the company can be a challenge. The retention of support staff is paramount to a successful partnership."**
>
> **— NH business**

One business noted:

I believe the largest challenge I have come across is the need for consistent support. Many of my associates with disabilities need the structure and help of support staff. Very often the support staff changes, this takes away from the productivity of the associate and in some cases causes stress.

Also on the topic of support staff, one business expressed a need for clarity about the role and structure of the provider support staff:

The individuals from the [CRP] come in and do their thing, but what is their thing? Is there a program? Are they supposed to come twice a week but they are only showing up once a week? I have no clue. What is that program and what does it look like?

Another business commented on the flexibility of support staff and a need to provide services outside the traditional 9–5 workday:

Agencies that assist with job placement and support, both private and state, should be willing to be flexible. Maybe the "office" part of the agency isn't open longer, but the support people should be available evenings or weekends, etc., to assist their client. Many more individuals with disabilities would find employment.

Other businesses indicated a need for resources and funding for providers who can assist individuals with disabilities to pursue employment opportunities, or relatedly, expand opportunities for training and follow-up. For example, one business indicated strong interest in working with VR or other workforce entities to create a customized program within the different lines of business at his company to meet the needs of everyone, using an internship or training approach, but he expressed some barriers in identifying and accessing the resources needed to build this. In another example, a business recommended expanding programs such as Project Search as a way to increase access to long-term employment and noted the importance of transportation to help individuals get to and from these programs. Another business suggested that there is a need to work together (the state agencies and businesses) to help individuals find the right job placement, and another business recommended that the state create a jobs site where businesses can post their employment opportunities.

IV. DISCUSSION & RECOMMENDATIONS

More than 800 persons provided input through interviews, focus groups, or surveys. Both ICI and the VR New Hampshire leadership are grateful for their time, thoughtful comments, and consideration. The VR New Hampshire Statewide Rehabilitation Council (SRC) provided guidance, reviewed evaluation strategies, and offered suggestions at numerous points during the CSNA effort. Close to 200,000 NH residents are persons with disabilities, some of whom have disabilities significant enough to interfere with education, employment, and/or independent living. The prevalence of disability is increasing not just among older residents but among 14 to 24-year-olds, likely to be in high school, college, or starting their work life. VR New Hampshire is a vital part of both the public workforce system and the disability service system intent on improving the quality of life of residents with disabilities.

> **"I am beyond grateful for the services / hearing aids, I have received. I was referred to your services from Jessica at "The Hearing Aid Shop" in Wolfeboro NH. [My counselors] through VR NH have been Fabulous, caring and considerate. I thank you all so very, very much!"**
>
> **—VR Customer (2020 - 2021)**

From October 1, 2020 through September 30, 2021, VR New Hampshire supported 4,212 persons with disabilities seeking employment services and over 300 persons who were receiving services from the Older Blind unit. Nearly half of the customers were transition age youth (14–24 years old) whose lives had been greatly affected by the global COVID-19 pandemic. The majority of customers were not working at application but were not receiving disability income supports such as Social Security Disability Insurance (SSI) or Supplemental Security Income (SSI) and were also not often receiving Medicaid or Medicare health insurance. VR New Hampshire may be serving people who are either about to enter the workforce as they reach working age or complete postsecondary education or people who are not currently working but not receiving other types of support. The Older Blind unit provides support to persons over age 65 who are seeking services to remain independent. Thus, VR New Hampshire is a system that may be diverting people from other public income support and poverty programs.

Findings from interviews of current, recent, and potential customers suggest that persons with disabilities highly value the services of VR New Hampshire. Many made comments about the life changing value of getting a paid job with the support of the agency. They also made suggestions for how to improve aspects of the program that might make a difference, including timeliness of services; improving communication with counseling and frontline staff; support for resolving transportation, childcare, and complex health care needs; and more understanding of how to address financial pressures. Business representatives who had hired VR New Hampshire customers also reported the high value of the program with one employer offering to be a reference to other businesses that are considering partnering with VR. Employers recommended attention to frontline worker capacity issues as a needed focus. WIOA partners weighed in on the nature of underserved and unserved communities in New Hampshire, opportunities for partnership, and a need to address long-standing structural barriers that impact all that seek employment, namely transportation, digital equity, and access to postsecondary education. Frontline workers, either employed by VR New Hampshire or at a CRP, offered a number of suggestions for improvement, identified unserved and underserved communities, and repeated the concerns of WIOA partners that structural barriers are significant obstacles to supporting the vocational rehabilitation of NH residents with disabilities.

This section looks across the CSNA data collection efforts to identify potential courses of action in three main areas:

1. Awareness
2. Accessibility
3. Quality of Services

We are adapting the Three Delays model originally created in maternal child health and expanded as a Women's Empowerment Model. (c.f., Actis Danna, Valentina & Bedwell, Carol & Wakasiaka, Sabina & Lavender, Tina. (2020)[1]. The model components translate to VR systems as it focuses on multi-system service delivery and the importance of local decision-making, and recognizes that the empowerment of individual actors is critical.

Awareness

Awareness is the level of knowledge by key actors of the existence, applicability, and timing of services options and how that knowledge may influence decision-making about pursuing or referring others to services.

> "We would be more than happy to share our experience working with the [CRP] and employing people with disabilities with other companies that might be hesitant to do so. Our experience has been unbelievably rewarding for both our typically abled and disabled employees. "
>
> —NH Business

SUMMARY OF KEY FINDINGS:

There was consensus among VR agency staff and providers, WIOA partners, and individuals with disabilities who identified the lack of awareness of services as a major challenge for the state workforce system to meet the rehabilitation needs of individuals with disabilities in the state, particularly for unserved/underserved populations.

Most interviewees learned about VR services through connecting with other people, such as family, friends, neighbors, and other community members. Interviewees also connected with services through disability service agencies and organizations. Sometimes referrals led to other resources and formed a network of supports. Some interviewees described barriers they encountered when trying to locate services that met their specific needs.

VR New Hampshire requested a dual focus on the needs of VR customers and residents with disabilities who may not have any involvement with the agency. The ICI reached out to a wide range of populations, organizations, and public agencies and noted:

- Some VR customers felt they were not aware of all the services VR New Hampshire has to offer and would like to have a better understanding of what is available.
- People with newly acquired disabilities were not sure whether VR New Hampshire services were right for them.
- New Hampshire residents with disabilities who were not connected and not aware of VR New Hampshire responded positively once they heard about what would be available to them.
- The demographics of New Hampshire are changing in ways that directly relate to a potential increase in demand for VR and independent living services.
- The COVID-19 pandemic may bring new populations to VR New Hampshire over the next several years as emerging reports document disability among those who survived intensive medical interventions or have Long COVID and are now pursuing disability benefits (c.f. https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/)

1 Utility of the three-delays model and its potential for supporting a solution-based approach to accessing intrapartum care in low-and middle-income countries. A qualitative evidence synthesis. Global Health Action. 13. 1-23. 10.1080/16549716.2020.1819052.).

UNDERSERVED AND UNSERVED COMMUNITIES: POTENTIAL ACTION STEPS TO IMPROVE AWARENESS

VR New Hampshire may want to consider intentional marketing and awareness strategies either embedded in the current branding initiative or in partnership with other public systems for specific populations, including:

- New Americans and persons who speak a language other than English
- Persons who are over 65 and acquiring vision and hearing loss who may not understand those changes as qualifying for disability services
- Persons receiving social security benefits who may be unaware of work incentive options and support for returning or engaging in work or who limited their employment due to the COVID-19 pandemic
- Veterans who may not explore employment services outside of the VA
- Northern and rural communities of people in New Hampshire who may have difficulty getting information about available services
- Persons with mental health disabilities who may be receiving services from WIOA partners but not necessarily from the New Hampshire mental health system
- Incumbent workers who may not be connected to VR New Hampshire
- Persons with disabilities who are parents of young children or who have caregiving responsibilities
- Persons who are experiencing disability due to COVID or intensive interventions.

WIOA partners discussed actively seeking ways to create more inclusive marketing and outreach efforts, as well as coordinating referrals across state partners. This may create opportunities for VR New Hampshire to enhance WIOA partners' efforts to ensure improved awareness of unique services available.

> **"[There is a] balance between what we can provide, the services that we can offer and recognizing when referrals to our partner agencies or community organizations are necessary to help that person really be able to enter into the workforce."**
>
> **—New Hampshire Employment Security**

RECOMMENDATIONS TO IMPROVE AWARENESS: BUSINESS ENGAGEMENT, PARTNERSHIPS, AND TARGETED OUTREACH

VR New Hampshire launched a major branding and marketing initiative that has a high potential for raising awareness. Findings from this CSNA are highly supportive of a continued focus on marketing and engagement strategies and suggest that VR New Hampshire include an effort to track success that may identify expansion or modification opportunities.

Residents with disabilities, VR and Older Blind customers, WIOA partners, and businesses recommended a wide range of marketing efforts intentionally tailored for unique populations. These may be underway or in planning phases as part of the VR New Hampshire's marketing initiative. We have listed recommendations here as support for roll-out and enhancement.

- Engage with businesses to reach incumbent workers with disabilities. This may be an opportunity to partner with other WIOA entities in business outreach efforts.
- Target outreach to systems and providers that support people who may not be aware of their disability eligibility, including refugee resettlement organizations, neurologists, physical and occupational therapists, ophthalmologists, audiologists, mental health counselors, and WIOA partners.

- Identify existing social media initiatives that are linked to high priority populations, such as youth, families of transition age youth, families of elders, rural populations, and disability subgroups, such as persons with brain injury and those with Long COVID.
- Identify, customize, and modify awareness initiatives from other state VR agencies or the RSA that offer practical information about how to apply, what to bring, and what to expect and that include vignettes from underserved populations. Watch: Arizona VR's YouTube video
- Partner to host WIOA community events that focus on the needs of jointly served populations that provide information about the unique role of VR New Hampshire.
- Expand efforts to provide a highly practical and full picture of service options to new and current VR customers at orientation, intake, or at points along the VR process.
- Work with the VA to provide information about VR New Hampshire upon discharge from the military.
- Reach out to community-based and faith -based organizations.

Marketing and outreach efforts should consider tracking success at the regional office and service delivery unit levels. VR New Hampshire's data indicate variation in demographics and disability characteristics across the state. VR New Hampshire may also want to connect marketing and outreach efforts with measures of local CRP capacity. This CSNA suggests there may be more demand for services in the next three years. A successful marketing and outreach strategy may have implications for a range of process and capacity measures important to customers, businesses, and CRPs.

Accessibility

Accessibility is broadly defined to include infrastructure, capacities, skills, and service delivery facilitators and limitations that may influence how people and organizations aware of VR New Hampshire services are able to obtain services. The COVID-19 pandemic created significant accessibility issues and most interviewees and survey respondents described what transpired. Residents with disabilities, VR and Older Blind customers, WIOA partners, and businesses mentioned other structural issues, such as the availability of transportation, internet access, digital literacy, and daycare affordability.

SUMMARY OF KEY FINDINGS:

Employment inequities increased during the COVID-19 pandemic for NH residents with disabilities. New data suggest that the percentage of working NH residents with disabilities is returning to pre-pandemic levels and has held around 28%. However, there is evidence that people with disabilities faced significant inequities accessing medical care during the pandemic, which is likely to have implications for their education, employment, and independent living.

The percentage of individuals with disabilities who did not get needed medical care for conditions other than COVID-19 during the pandemic was higher than the percentage of those without disabilities. Individuals with disabilities described the direct impacts of serious and chronic illness that may have long-term education, employment, and independent living implications for people with disabilities.

The RSA-911 national data indicate that VR New Hampshire reported nearly 16% of customers were receiving SSDI and 11% were receiving SSI at application. During October 2020 through September 2021, VR New Hampshire data indicate that a much lower percentage of VR customers were receiving social security benefits. Of those customers that completed VR services during that time, 9% had SSDI at application and 5.4% had SSI at application. Several explanations are possible, including that people who did not complete services in the year may

have a higher rate of SSA benefit receipt. The case data suggest the opposite. What may be more likely is that people receiving SSA benefits delayed applying to VR New Hampshire during the pandemic. This could have significant implications for customers. It could also reduce VR New Hampshire's program income.

COVID-19

Pandemic-era solutions may have enhanced access for some NH residents with disabilities, but some populations may not have experienced decreased access.

While the workforce system shift to virtual service delivery likely increased access to services for some populations, it may have created new barriers for others. Pandemic-era solutions to barriers to service delivery, namely virtual service delivery, has raised questions of digital equity of access, potentially affecting individuals or groups of people who may not have had barriers before the pandemic, or exacerbating existing barriers (e.g., Older Blind population). There is a need to ensure online systems and processes that emerged during the COVID-19 pandemic are accessible and equitable. This may be an opportunity for WIOA partners to work together to support more advanced digital literacy skills, particularly for online training programs and for basic technology skills. The digital literacy initiative spearheaded by Adult Education has the opportunity to address equity issues for virtual or online education and service delivery. People with disabilities may benefit greatly from an increased collaboration between VR New Hampshire and Adult Education.

> **The COVID-19 pandemic had major impacts on some interviewees' lives, goals, and access to services. Issues included:**
>
> - **contracting COVID-19 at work or while getting medical care**
> - **becoming disabled through acquiring Long COVID**
> - **limited access to care for Long COVID**
> - **setbacks in rehabilitation due to serious COVID infection complications**
> - **parenting during school shutdowns and remote learning**
> - **closure of services due to the pandemic**
> - **need for more remote access to programs and services**
> - **safety in accessing public spaces and need for others to wear masks**
> - **difficulty communicating (hearing, lipreading) when others wear masks**

Transportation continues to be an issue for access to services and to workplaces. This was a universal observation across interviewees and survey respondents.

Nearly all interviewees identified transportation as a significant need and lack of transportation as a barrier to access services, get a job, keep a job, and remain independent. WIOA partners stated that transportation barriers are not limited to rural locations but are evident in places like Concord and across other cities and towns in New Hampshire. Transportation-related barriers included:

- lack of available public transportation
- availability of accessible parking
- need for traveling long distances to services
- the cost of travel

Using informal and natural supports for transportation can feel safer, but it can also be less consistently available. Limited public transportation and paratransit were cited as barriers throughout the state, but especially in northern and rural areas.

Living in rural communities is a barrier to accessing VR services and employment.

New Hampshire has a high percentage of rural communities, particularly in the northern part of the state bordering Quebec, Canada, Maine, and the Gulf of Maine. While Northern New Hampshire

has many rich resources, people with disabilities may face significant hurdles in accessing public services.

Most people with disabilities, providers, VR staff, and WIOA partners identified geographic inequities. Many of the inequities are structural in nature and beyond the immediate control of VR New Hampshire alone. Approximately 10% of VR New Hampshire customers served are persons living in zip codes listed as rural areas by US Census data. This varies substantially across regional units from a high of 47% in the Berlin Regional Office to less than 1% in Manchester and Portsmouth Regional offices. Keene, Concord, and the SBVI unit have 11%, 8%, and 7% of their customers living in rural communities, respectively.

> **"Opening up online options has helped, but then we have a digital equity issue that goes across all populations."**
> **—Adult Education**

It is unclear whether the regional offices that have lower percentages of customers in rural communities are not serving rural areas, or if customers in those areas are not accessing services because they have difficulty reaching nearby cities. The Berlin regional office may have strategies other offices could use to engage applicants from rural communities. VR New Hampshire should consider ways to track how marketing and rebranding initiatives draw in applicants from rural communities and how virtual services may facilitate or impede access from rural communities.

Customers who speak languages other than English face barriers to VR services and employment.

Multiple interviewees and respondents indicated that customers who speak languages other than English belonged to significantly underserved and unserved populations. People with disabilities, providers, VR staff, and WIOA partners reported that counselor and CRP level capacity was limited, as proportionately few frontline personnel spoke languages other than English or had familiarity with the cultural perspectives of customers that influence education, employment, and independent living.

About 2% of applicants who received services from October 2020 through September 2021 were identified in case management data as an English Language Learner (ELL). This varied across the regions with a high of 7% in Manchester and a low of less than 1% in Keene. New Hampshire census data suggests that these numbers are likely to increase over the next few years, particularly as New Hampshire has become a resettlement location for multiple refugee and immigrant populations likely to have a high prevalence of disability, such as physical injury, trauma, and sensory disabilities.

Parents with disabilities who have young children or caregiving responsibilities may be emerging as an underserved population.

Two indicators suggest that parents with disabilities may not be accessing education and employment services though they appear interested. This may have had a larger impact on women than men. Interviews of potential customers mentioned that childcare responsibilities were overwhelming and were complicating their access to services. Secondly, a majority of VR New Hampshire customers are men (57%) even though census data indicate that women are more likely to have disabilities in New Hampshire. Many national reports suggested women, particularly those with caregiving responsibilities, reduced or left work due to the COVID-19 pandemic.

UNDERSERVED AND UNSERVED COMMUNITIES: POTENTIAL ACTION STEPS TO IMPROVE ACCESSIBILITY

Solutions may involve partnerships across WIOA agencies and with a wide array of providers. Businesses in industries struggling to find workers may have creative solutions for a wide range of underserved populations. Businesses may also be amenable to increasing digital literacy or support training of incumbent workers. Small businesses may need support from public agencies to address structural issues and provider capacity challenges that narrow the talent pool of workers.

- Digital equity improvements may open the door for telecommuting and work-from-home options where transportation barriers are intractable.
- VR New Hampshire and WIOA partners may want to investigate national initiatives that could be brought home to New Hampshire, such as becoming a pilot site and participating or encouraging model demonstration projects that could bring expertise, financial support, and assessment into New Hampshire. Encouraging and identifying statewide partnerships between public workforce systems, public transportation, and businesses may assist VR New Hampshire in finding solutions that are beyond its capacity to launch.
- VR New Hampshire may consider engaging with the Rural Institute for Inclusive Communities at the University of Montana for a wide range of place-based solutions to employment in rural areas
- VR New Hampshire should consider including measurements that monitor increased access and provider capacity that are attuned to regional differences in underserved and unserved communities including:
  » people who speak languages other than English
  » parents and caregivers with disabilities, particularly women
  » persons with Long COVID or those acquiring disabilities in their middle and late careers who are at risk for job loss
  » people from rural communities

RECOMMENDATIONS TO IMPROVE ACCESS: COORDINATION, ACCOMMODATIONS AND ACTIVITIES

VR New Hampshire is part of a larger network of WIOA agencies and partners. There are a number of activities that VR New Hampshire may elect to lead or advance independently that are likely to lead to improved access. Some of these activities include:

- Investigating strategies for "low dose" return-to-work services for parents with disabilities who are rebounding from school closures and limited daycare or afterschool care options
- Creating or accessing cross-agency referral mechanisms and identify gaps or barriers to rapid coordination particularly but not limited to rural communities, people who speak languages other than English, and mid-career workers acquiring disabilities
- Considering advancing an initiative for cross-agency data sharing and analysis that identifies who is missing from services and why
- Identifying options for accommodations for virtual long-term training and education, including out-of-state options
- Expanding information and links about accessible transportation, including paratransit, parking placards, and vehicle modifications on fact sheets, social media, and website portals for current and future VR customers

Quality

Quality of services considers processes, outcomes, and customer experiences. Processes include factors like staff competency, provider capacity, timeliness, pacing, equity, and inclusivity. Outcomes include system level outcomes, customer level outcomes, and business outcomes. Customer experiences of both job seekers and businesses are critical to assessing the quality of VR services.

SUMMARY OF KEY FINDINGS:

VR New Hampshire has recently launched the Progressive Employment Model designed by the Vermont VR agency as a dual-customer rapid engagement practice with a significant emphasis on meeting business needs across communities, including rural communities. This CSNA suggests that VR New Hampshire continue this implementation and prioritize rural business needs, CPR capacity, and timeliness of services.

IMPROVING THE QUALITY OF SERVICES: PERSPECTIVES OF RESIDENTS WITH DISABILITIES, VR CUSTOMERS, OLDER BLIND CUSTOMERS, BUSINESSES, WIOA PARTNERS, AND VR STAFF AND CRPS

Many of the persons with disabilities interviewed had no contact with VR New Hampshire and were purposefully selected so that this report could identify opportunities for engaging underserved and unserved populations. Several consistent and actionable themes emerged related to awareness and access. However, most interviewees who were residents with disabilities had little opportunity to judge the quality of VR New Hampshire services. They did offer a sense of what might be valuable to them as a service. Some of these are within the purview of VR New Hampshire and some may be the domain of other WIOA partners or disability systems. We share these insights to give a sense of possible service delivery options that enhance the attractiveness of applying for services.

- **Education services:** Some interviewees with disabilities wanted help in accessing postsecondary education.
- **Health and Medical care:** Interviewees with disabilities needed accessible, affordable, and quality health care to engage in employment, education, and community life.
- **Parenting:** Parents described difficulty managing all the responsibilities of parenthood, including parenting children with disabilities, while meeting their own rehabilitation needs. Interviewees with disabilities mentioned several parenting issues, including finding caregivers and providers, meeting their children's health and disability needs, and accessing appropriate education.
- **Financial:** Individuals with disabilities spoke about financial needs and barriers, including managing personal finances, limited income, limited access to public benefits, non-reimbursable medical expenses, and costs of transportation, housing, assistive technology, and accessibility modifications.
- **Other needs:** New Hampshire residents with disabilities identified wide range of other needs, including improving accessible spaces, accessible state websites, more accessible recreation opportunities, assistive technology access, and assistance with home modifications.

VR New Hampshire funded a companion customer satisfaction survey effort during the CSNA time period that included 165 VR customers and/or family members served in 2020–2021. Highlights from the report indicate a high level of satisfaction from customers seeking employment services:

- Almost 80% of VR customers and 74% of family members agreed or strongly agreed that applying for VR services was easy. About 68% of VR customers and 53% family members indicated they were able to access VR services as quickly as they wanted, with some citing the waiting list or COVID-19 as factors impacting timeliness of services.

- The majority of VR customer respondents agreed or strongly agreed that VR staff treat them with courtesy and respect (84%), staff were concerned about their needs (81%) and staff take complaints and concerns seriously (81%) .
- Most VR customers (78%) agreed that they felt satisfied with the amount of communication from VR New Hampshire.
- The majority (73%) of VR customers agreed or strongly agreed that VR NH helped them evaluate their skills and abilities and develop realistic goals.
- Overall, 23% of VR customers strongly agreed and 43% agreed that VR NH helped them achieve the goals they set, while 16% disagreed and 17% strongly disagreed that VR NH helped them achieve the goals they set.

Several additional themes emerged from the VR customers, including expectations, timeliness, meeting customer needs, and meeting the needs of businesses.

Some customers noted that they had different expectations and felt their needs were not met.

Multiple customers mentioned that they expected VR New Hampshire would have a direct connection to jobs and that they would get placed immediately. Other interviewees expected VR New Hampshire would have a list of postsecondary educational institutions and instead were told that they needed to identify which school they would like to attend. This echoes earlier statements from interviewees who felt ill-informed about what VR New Hampshire has to offer or could do. It may also indicate confusion about how VR services differ from workforce center services, what having an individual plan for employment means, and how VR New Hampshire follows a philosophy of self-determination.

> **"Advocate for us. You know, push us forward....Just open the door a little wider for us. We can get our arm in but that's about it...Just push us a little bit further so we can get through the door."**
>
> **—Individual with an acquired brain injury**

Customers highly value interpersonal connections and communication with VR counselors and direct support staff. Yet some interviewees raised concerns about their counselor underestimating their need or potential.

Customers were largely satisfied with interactions with counselors and their employment services teams. Interviewees that reported dissatisfaction largely identified *communication* and *creating a trusting dynamic* as key issues. They described instances in which a counselor or CRP staff member underestimated their potential or missed an opportunity to provide guidance. The following are quotes from interviewees who were current or recent VR customers:

- *He didn't help me find a job, he didn't send jobs, he didn't help me find a program, and he's never once asked me how I pay for rent. I will have trouble paying for housing next month. He doesn't ask.*

- *I have what would be considered high functioning autism. I need help with the nuances of the job interview process and career advancement. I feel like they were very helpful, but the contacted counselors didn't necessarily have the skills to help in that area (e.g., salary negotiation, develop plans for career advancement)...they offered no advice or guidance on how to achieve that now or in the future. I suspect perhaps because they don't know how.*

- *My social anxiety was a problem with the career person because the jobs she directed to me were reception type positions.*

While these experiences may not be universal across all counselors or all customers, it speaks to the high importance of supporting counselors to build mastery in communication skills. It was often difficult to disentangle whether the customer was thinking of a VR New Hampshire counselor, a CRP employment specialist, or others.

The customer satisfaction survey also sought the perspectives of persons receiving Older Blind services from the NH State Services for Independent Living (SSIL).

Forty-seven respondents indicated a very high level of satisfaction. Over 95% agreed or strongly agreed that the SSIL staff assisted them in getting the appropriate training and supports to reach their independent living goals and over 81% of Older Blind and SSIL customers agreed or strongly agreed that services have been helpful in achieving their goals.

> **"I received everything I requested. I would like to say they have helped me tremendously to remain independent and to care for myself. I'm a little less independent because I'm getting older but without their aid I would be even less independent."**
>
> **—Older Blind Customer (2020-2021)**

Businesses are a direct customer of VR New Hampshire and were very forthcoming about the value of services. However, they also raised issues about logistics and provider capacity.

While WIOA partners, including VR New Hampshire, place a high priority on meeting the needs of business, there seemed to be a distance between what WIOA partners identified as business needs and what business interviewees identified. WIOA partners see a need to encourage creativity and flexibility in hiring and demystifying accommodations. Yet when businesses provided input on the rehabilitation needs of workers with disabilities, they focused on the need for reliable transportation and consistent frontline support staff that had flexible schedules.

Business representatives, largely small businesses, talked about the logistics of identifying candidates and the challenge of resolving transportation issues. They also raised concerns about CRP capacity to provide direct support (i.e., job coaches) in the workplace and the disruption of turnover, lack of scheduling flexibility, and orientation to the site.

Provider capacity was identified as a barrier to service delivery. CRP representatives noted bureaucratic procedures were causing time delays and creating associated costs.

Of the VR staff and CRPs surveyed, the majority (82.3%) felt a need to develop new community rehabilitation partners. A similar percentage (87.3%) expressed a need to improve existing relationships with community partners. Some CRPs felt the public system bureaucracy prevented them from doing what is best for customers. Both customers and CRPs expressed that it takes too much time to obtain services. The COVID-19 pandemic exacerbated these issues, but interviewees and respondents indicated these were pre-existing system-wide issues. One respondent on the VR staff and provider survey recommended:

- *Continue to connect and educate with other community rehabilitation providers. Many CRPs do not understand the services they are providing to a full extent. It would be helpful to collaborate more with CRPs and help them feel supported in the field. Support could be continued communication and making sure they have the information necessary to work with participants, during the referral process.*

RECOMMENDATIONS FOR IMPROVING QUALITY:

Tailoring services to the needs of customers with disabilities

Over the next three years, VR New Hampshire is likely to see an increase in demand from a wide range of populations. Demographic changes, recovery from the pandemic, marketing and rebranding initiatives, and outreach to businesses may encourage more people to pursue services. Interviewees identified differences in expectations, a need for caregiving services, interest in jobs with higher levels of educational attainment, and solutions for logistical barriers. VR New Hampshire may want to consider the following:

- WIOA partnership opportunities to invest in career pathways and career advancement, including telecommuting and work-from-home opportunities.
- Identify partnerships and initiatives that link parents with disabilities with childcare and caregiving services.
- Invest in counseling staff and CRP staff to enhance communication skills, such as motivational interviewing and supporting new populations.
- Identify counselors with expertise in underserved and unserved communities and create opportunities for peer-to-peer support across regional units.
- Examine CRP capacity and competency by region and identify which providers have capacity for serving underserved and unserved communities.

Addressing CRP capacity to maintain consistent and flexible frontline employment personnel, particularly those who have a presence or interaction with New Hampshire businesses.

CRP capacity was a universal concern across respondents, including CRPs themselves. It is highly likely that applicants to VR New Hampshire will increase, and it may put a future strain on service delivery. VR New Hampshire may need to consider working appropriately within the state to address the need for more frontline workers to meet both customer needs and business needs. The CSNA data suggest that solutions may need to be regional in consideration. While it is critical to build skills and capacity to serve persons with disabilities, it is equally critical to ensure that businesses who hire VR customers have access to competent, consistent, and just-in-time support. At least one interviewee raised concerns about pay scale and the ramifications for retention of frontline workers.

Examine opportunities to improve the pacing of services, including ways to streamline processes such as intake, eligibility determination, documentation, and referral.

Customers, VR staff, and CRPs suggested that pacing of services is an important quality improvement need. Many researchers and technical assistance centers have documented the importance of rapid engagement and reducing unnecessary delays throughout the VR process. Reducing bureaucracy has been linked to retention of customers. VR New Hampshire recast services for a virtual environment during the last two years and this may create opportunities for more rapid communication, eliminating paper delays, and encouraging coordination in the referral processes. One suggestion for VR New Hampshire is to look within and across regional units at pacing, timeliness, and innovative streamlining to see if process measures have been improving.

Business representatives appear to define their needs logistically and differently from WIOA partners and VR New Hampshire representatives.

VR New Hampshire has adopted and started implementing a dual-customer strategy that prioritizes small business needs in identifying talent. This model, Progressive Employment, may help VR New Hampshire and CRP staff understand the logistical and ongoing support needs of businesses. VR New Hampshire will continue this effort and build in measures related to business

needs, such as repeat business, number of businesses engaging, and common performance measures. VR New Hampshire may find this is an area to create new initiatives with WIOA partners that are region specific, industry specific, or pathway specific. VR New Hampshire serves a high percentage of transition age youth and opportunities to build pre-apprenticeship programs, internships, registered apprenticeships, and career pathways may support both youth and businesses.

Conclusion

VR New Hampshire supports NH residents with disabilities in education, employment, and independent living. Most of those seeking services are young and in high school or adults who are not currently working. Persons receiving Older Blind services were highly satisfied and considered the services critical. Customers and businesses served report high levels of satisfaction, though there are opportunities for improvement. WIOA partners suggested continuing and expanding initiatives. VR New Hampshire has launched a rebranding and outreach strategy and is actively seeking to engage underserved and unserved communities. As the state economy recovers from the global COVID-19 pandemic, it is highly likely that both businesses and residents with disabilities will increase their interest in VR New Hampshire services. Demographic changes also suggest that an increase in demand among youth, workers, and older residents with disabilities. Nearly every group interviewed or responding to surveys raised concerns about staffing frontline service delivery at current caseload levels. This CSNA documents a need to address staff and CRP capacity issues as they are likely to increase in severity. Statewide structural issues such as transportation, digital equity, and access to affordable daycare may be beyond the ability of one public agency to solve alone. Yet, these were mentioned universally as considerable challenges across populations. VR New Hampshire may seek to encourage model demonstrations and become a pilot site for large scale national initiatives.

APPENDIX

TABLE 12. APPENDIX 1A NH GENERAL POPULATION STATISTICS

General Population	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Population (All NH)	1327815	1310720	1323770	1319540	1332435	1328190	1347430	1363130	1369340	1369826
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Age: 0-13	205505	207095	207790	200155	193800	194595	188725	202335	201005	188519
	15.48%	15.80%	15.70%	15.17%	14.54%	14.65%	14.01%	14.84%	14.68%	13.80%
Age: 14-24	203255	187040	188780	198225	196535	188740	195540	185860	187280	189374
	15.31%	14.27%	14.26%	15.02%	14.75%	14.21%	14.51%	13.63%	13.68%	13.80%
Age: 25-64	734080	720360	723225	714070	722160	716665	725385	729140	732900	726816
	55.28%	54.96%	54.63%	54.12%	54.20%	53.96%	53.83%	53.49%	53.52%	53.10%
Age: 65 and above	184975	196225	203975	207090	219940	228190	237780	245795	248155	265117
	13.93%	14.97%	15.41%	15.69%	16.51%	17.18%	17.65%	18.03%	18.12%	19.40%

TABLE 13. APPENDIX 1B. NH DISABILITY STATISTICS: NEW HAMPSHIRE RESIDENTS WITH AT LEAST ONE TYPE OF DIFFICULTY

PWD	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
At least one difficulty	157925	162010	175340	166015	186130	178705	181795	179190	182200	183237
	11.89%	12.36%	13.25%	12.58%	13.97%	13.45%	13.49%	13.15%	13.31%	13.38%
Age: 0-13	7165	8120	9120	9840	9590	8400	9840	6705	7755	7901
	0.54%	0.62%	0.69%	0.75%	0.72%	0.63%	0.73%	0.49%	0.57%	0.58%
Age: 14-24	11525	12450	12375	13620	14680	12685	13830	13330	14445	16547
	0.87%	0.95%	0.93%	1.03%	1.10%	0.96%	1.03%	0.98%	1.05%	1.21%
Age: 25-64	71205	72000	78240	72280	83920	78830	75855	80035	79475	76957
	5.36%	5.49%	5.91%	5.48%	6.30%	5.94%	5.63%	5.87%	5.80%	5.62%
Age: 65 and above	68030	69440	75605	70275	77940	78790	82270	79120	80525	81832
	5.12%	5.30%	5.71%	5.33%	5.85%	5.93%	6.11%	5.80%	5.88%	5.97%

TABLE 14. APPENDIX 1C. NH DISABILITY STATISTICS: AGE GROUPS BY TYPE OF DISABILITY

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Has cognitive difficulty	58535	63895	67500	64265	77345	66840	71970	68600	74790	74488
	4.41%	4.87%	5.10%	4.87%	5.80%	5.03%	5.34%	5.03%	5.46%	5.44%
Age: 0-13	4875	6950	7510	6795	8050	6750	8245	5510	5935	6521
	0.37%	0.53%	0.57%	0.51%	0.60%	0.51%	0.61%	0.40%	0.43%	0.48%
Age: 14-24	8840	10040	9575	10970	10900	10205	10805	9590	11540	13302
	0.67%	0.77%	0.72%	0.83%	0.82%	0.77%	0.80%	0.70%	0.84%	0.97%
Age:25-64	26760	28970	33435	30190	37925	30295	33220	35545	37760	33151
	2.02%	2.21%	2.53%	2.29%	2.85%	2.28%	2.47%	2.61%	2.76%	2.42%
Age:65 and above	18060	17935	16980	16310	20470	19590	19700	17955	19555	21514
	1.36%	1.37%	1.28%	1.24%	1.54%	1.47%	1.46%	1.32%	1.43%	1.57%
Has ambulatory difficulty	78945	82465	85530	78595	92590	84245	84240	83500	86030	84440
	5.95%	6.29%	6.46%	5.96%	6.95%	6.34%	6.25%	6.13%	6.28%	6.16%
Age:0-13	685	985	385	1470	1105	1075	735	405	765	1240
	0.05%	0.08%	0.03%	0.11%	0.08%	0.08%	0.05%	0.03%	0.06%	0.09%
Age: 14-24	400	1875	2145	330	2400	1935	1465	895	1520	2134
	0.03%	0.14%	0.16%	0.03%	0.18%	0.15%	0.11%	0.07%	0.11%	0.16%
Age: 25-64	36590	35595	37540	32200	43450	34170	30450	37925	32470	32784
	2.76%	2.72%	2.84%	2.44%	3.26%	2.57%	2.26%	2.78%	2.37%	2.39%
Age:65 and above	41270	44010	45460	44595	45635	47065	51590	44275	51275	48282
	3.11%	3.36%	3.43%	3.38%	3.42%	3.54%	3.83%	3.25%	3.74%	3.52%
Has independent living difficulty	57560	56475	61240	56210	67790	60935	62590	62490	64190	69984
	4.33%	4.31%	4.63%	4.26%	5.09%	4.59%	4.65%	4.58%	4.69%	5.11%
Age: 0-13	0	0	0	0	0	0	0	0	0	0
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Age: 14-24	3645	3705	4785	4025	5985	4525	5240	5150	5300	5999
	0.27%	0.28%	0.36%	0.31%	0.45%	0.34%	0.39%	0.38%	0.39%	0.44%
Age:25-64	24650	25240	26580	21935	28485	24730	25115	28160	27040	27402
	1.86%	1.93%	2.01%	1.66%	2.14%	1.86%	1.86%	2.07%	1.97%	2.00%
Age:65 and above	29265	27530	29875	30250	33320	31680	32235	29180	31850	36583
	2.20%	2.10%	2.26%	2.29%	2.50%	2.39%	2.39%	2.14%	2.33%	2.67%
Has Self Care Difficulty	29675	32265	30965	30990	39315	31995	33735	33930	31390	37918
	2.23%	2.46%	2.34%	2.35%	2.95%	2.41%	2.50%	2.49%	2.29%	2.77%
Age:0-13	1380	1260	1010	2235	1145	1995	2095	905	2005	2119
	0.10%	0.10%	0.08%	0.17%	0.09%	0.15%	0.16%	0.07%	0.15%	0.15%
Age: 14-24	520	1485	1340	635	2280	1780	590	1275	745	2047
	0.04%	0.11%	0.10%	0.05%	0.17%	0.13%	0.04%	0.09%	0.05%	0.15%
Age:25-64	11300	13205	11495	9945	16045	11120	11060	12600	10625	9368
	0.85%	1.01%	0.87%	0.75%	1.20%	0.84%	0.82%	0.92%	0.78%	0.68%
Age:65 and above	16475	16315	17120	18175	19845	17100	19990	19150	18015	24384
	1.24%	1.24%	1.29%	1.38%	1.49%	1.29%	1.48%	1.40%	1.32%	1.78%
Has vision difficulty	22225	23255	24065	22105	28105	30875	28495	27115	28510	28959
	1.67%	1.77%	1.82%	1.68%	2.11%	2.32%	2.11%	1.99%	2.08%	2.11%
Age:0-13	785	645	1310	1520	820	1230	1900	285	1485	296
	0.06%	0.05%	0.10%	0.12%	0.06%	0.09%	0.14%	0.02%	0.11%	0.02%
Age: 14-24	1335	1040	635	1090	2650	1680	990	1430	920	2016
	0.10%	0.08%	0.05%	0.08%	0.20%	0.13%	0.07%	0.10%	0.07%	0.15%
Age:25-64	9510	8445	11305	9790	11140	13185	12500	13000	14060	11925
	0.72%	0.64%	0.85%	0.74%	0.84%	0.99%	0.93%	0.95%	1.03%	0.87%
Age:65 and above	10595	13125	10815	9705	13495	14780	13105	12400	12045	14722
	0.80%	1.00%	0.82%	0.74%	1.01%	1.11%	0.97%	0.91%	0.88%	1.07%
Has hearing difficulty	51185	46195	52605	52100	54780	59390	59510	56035	49075	58252
	3.85%	3.52%	3.97%	3.95%	4.11%	4.47%	4.42%	4.11%	3.58%	4.25%
Age:0-13	1125	1240	1385	1835	1065	1140	1240	675	1210	757
	0.08%	0.09%	0.10%	0.14%	0.08%	0.09%	0.09%	0.05%	0.09%	0.06%
Age: 14-24	1620	1520	640	1535	1635	2155	1555	1285	1060	1189
	0.12%	0.12%	0.05%	0.12%	0.12%	0.16%	0.12%	0.09%	0.08%	0.09%
Age:25-64	17685	13940	16735	16550	18620	21030	17030	17015	16105	16831
	1.33%	1.06%	1.26%	1.25%	1.40%	1.58%	1.26%	1.25%	1.18%	1.23%
Age:65 and above	30755	29495	33845	32180	33460	35065	39685	37060	30700	39475
	2.32%	2.25%	2.56%	2.44%	2.51%	2.64%	2.95%	2.72%	2.24%	2.88%

TABLE 15. APPENDIX 1D. NH GENERAL POPULATION STATISTICS: MEAN AGE BY AGE GROUP

General Population	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Age	39.65	40.01	40.2	40.31	41	41.14	41.36	41.3	41.41	41.62
Age: 0-13	7.26	7.21	7.3	7.34	7.52	7.23	7.15	7.25	7.24	7.42
Age: 14-24	18.88	18.99	18.86	18.94	19.09	19.15	19.12	19.21	19.08	19.85
Age: 25-64	45.75	45.57	45.72	45.76	45.92	45.68	45.64	45.44	45.53	45.68
Age: 65 and above	74.79	74.66	74.32	74.3	74.41	74.38	74.14	74.14	74.05	74.23

TABLE 16. APPENDIX 1E. NH DISABILITY STATISTICS: MEAN AGE BY AGE GROUP

PWD	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Age	57.76	57.06	57.42	56.68	56.77	58.34	57.26	58.28	57.56	57.77
Age: 0-13	9.48	8.85	8.66	8.58	9.45	9.66	8.79	9.67	9.21	9.58
Age: 14-24	18.51	19.45	19	18.15	19.61	18.99	19.21	19.64	19.56	19.32
Age: 25-64	49.34	48.56	49.53	49.11	48.99	50.17	48.26	49.3	48.62	48.52
Age: 65 and above	78.08	77.98	77.74	78.67	77.96	78.04	77.7	77.98	77.85	77.64

TABLE 17. APPENDIX 1F. NH GENERAL POPULATION: EMPLOYMENT, EDUCATION, AND POVERTY

General Population	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Employment Status										
Employed	697480	689080	690645	702670	719940	723025	737430	735095	736230	714847
	64.15%	64.28%	63.81%	64.69%	65.04%	65.46%	65.41%	64.95%	64.70%	62.02%
Unemployed	50350	45390	39380	40570	32310	28830	31425	24590	22115	39912
	4.63%	4.23%	3.64%	3.74%	2.92%	2.61%	2.79%	2.17%	1.94%	3.46%
Not in Labor Force	339480	337510	352255	342965	354645	352605	358585	372080	379575	397839
	31.22%	31.48%	32.55%	31.57%	32.04%	31.93%	31.81%	32.88%	33.36%	34.52%
Education Status										
No Formal Education	69605	70055	72765	66950	63535	67120	69005	72370	68000	64022
	5.24%	5.34%	5.50%	5.07%	4.77%	5.05%	5.12%	5.31%	4.97%	4.70%
Less than HS	281965	273875	272235	273480	262795	253765	244735	251670	258980	240361
	21.24%	20.90%	20.57%	20.73%	19.72%	19.11%	18.16%	18.46%	18.91%	17.50%
HS Diploma (0-13 excluded)	653920	630645	638475	637090	653460	641295	661225	656640	652600	644119
	58.30%	57.10%	57.20%	56.90%	57.40%	56.60%	57.10%	56.60%	55.90%	54.50%
BA or above (only applies to individuals aged 25+)	307785	324150	325420	324780	335190	345510	357445	364085	374680	404747
	33.50%	35.40%	35.10%	35.30%	35.60%	36.60%	37.10%	37.30%	38.20%	40.80%
Poverty Status										
Under Poverty Line	113185	123610	113250	104975	91030	133630	98955	94855	101010	96100
	8.80%	9.70%	8.80%	9.50%	8.10%	7.10%	7.20%	7.60%	7.60%	7.0%
Working Hours										
Mean Weekly working hours	37.64	37.94	37.77	37.7	37.79	37.76	37.72	38.16	37.97	37.42
Income										
Mean Annual Wage/Salary Income (in $1000)	45.84	46.29	46.51	47.3	52.55	51.49	53.08	53.41	54.19	56.34

TABLE 18. APPENDIX 1G. DISABILITY STATISTICS: EMPLOYMENT, EDUCATION, AND POVERTY

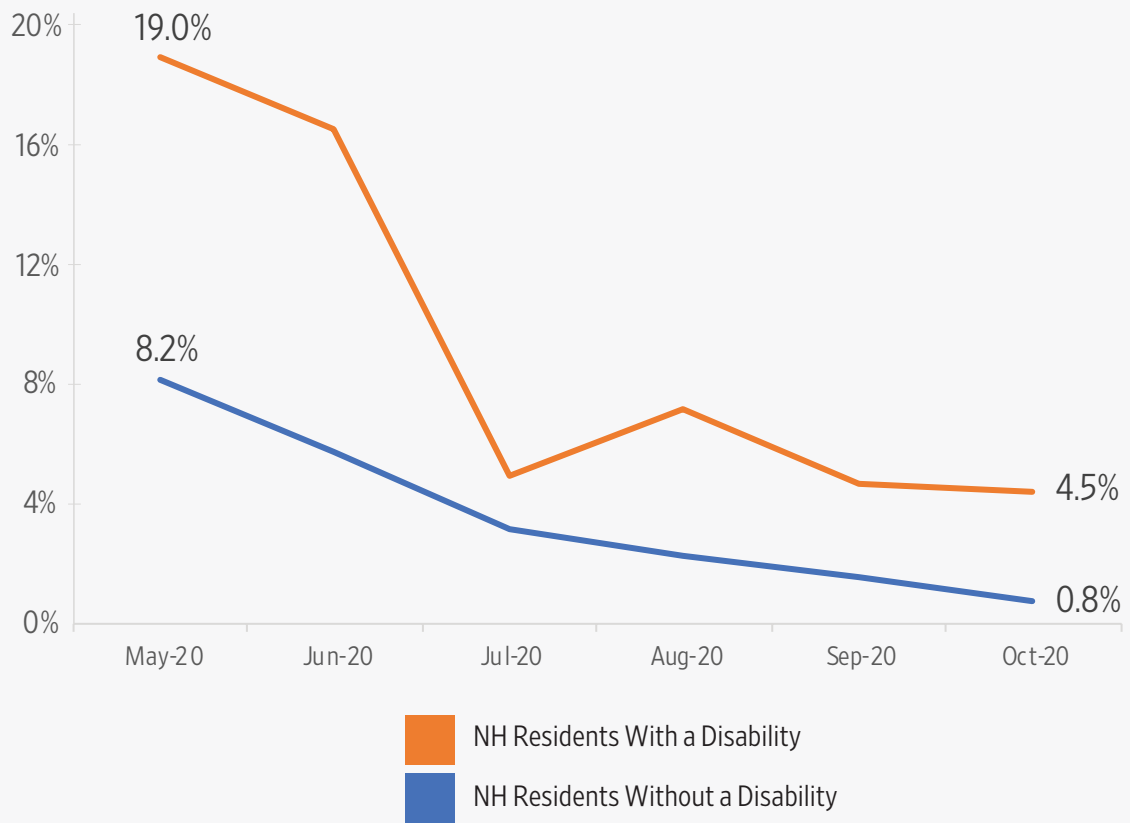| Disability Population	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Employment Status										
Employed	34840	34205	40130	37140	46485	47955	44705	47690	46700	48233
	23.56%	22.46%	24.53%	24.22%	26.62%	28.42%	26.36%	28.01%	26.99%	28.07%
Unemployed	6545	6410	5605	7570	5530	1865	5300	3830	3725	7284
	4.43%	4.21%	3.43%	4.94%	3.17%	1.11%	3.13%	2.25%	2.15%	4.24%
Not in Labor Force	106490	111685	117870	108625	122630	118930	119590	118770	122595	116330
	72.01%	73.33%	72.05%	70.84%	70.22%	70.48%	70.52%	69.75%	70.86%	67.69%
Education Status										
No Formal Education	2270	2620	4245	3540	2020	2265	2670	3875	2975	2360
	1.44%	1.62%	2.42%	2.13%	1.09%	1.27%	1.47%	2.16%	1.63%	1.30%
Less than HS	34435	32820	33045	37280	33985	33455	34015	30160	31180	29358
	21.80%	20.26%	18.85%	22.46%	18.26%	18.72%	18.71%	16.83%	17.11%	16.00%
HS Diploma (0-13 excluded)	95325	99935	103950	96430	118850	109145	114125	110360	115230	109696
	63.20%	64.90%	62.50%	61.70%	67.30%	64.10%	66.40%	64.00%	66.10%	62.60%
BA or above (only applies to individuals aged 25+)	25640	26335	33815	28680	30815	33085	30985	34595	32530	41220
	18.40%	18.60%	22.00%	20.10%	19.00%	21.00%	19.60%	21.70%	20.30%	26.00%
Poverty Status										
Under Poverty Line	24625	29550	28610	23780	29665	22585	26040	22995	26525	25146
	16.50%	19.30%	17.30%	15.40%	16.90%	13.50%	15.40%	13.60%	15.60%	13.70%
Working Hours										
Mean Weekly working hours	32.86	33.42	32.68	34.82	32.62	33.44	33.96	33.44	33.84	33.24
Income										
Mean Annual Wage/Salary Income (in $1000)	36.51	27.7	34.68	33.53	34.07	36.85	37.54	34.98	38.48	36.32

TABLE 19. APPENDIX 1H. VR NEW HAMPSHIRE CUSTOMERS RECEIVING SERVICES IN 2020-2021 - AWARE CASE FILE DATA SUMMARY

	Regional Office >>	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	Total
Total N		569	694	704	845	466	624	310	4212
		100%	100%	100%	100%	100%	100%	100%	100%
Case Status	Active Case	409	450	491	628	324	411	227	2940
		71.90%	64.80%	69.70%	74.30%	69.50%	65.90%	73.20%	69.80%
	Closed Case	160	244	213	217	142	213	83	1272
		28.10%	35.20%	30.30%	25.70%	30.50%	34.10%	26.80%	30.20%
Age Categories	14-24	310	291	313	378	238	299	91	1920
		54.50%	41.90%	44.50%	44.70%	51.10%	48.00%	29.40%	45.60%
	25-34	72	119	114	142	58	88	41	634
		12.70%	17.10%	16.20%	16.80%	12.40%	14.10%	13.30%	15.10%
	35-44	44	75	69	108	43	71	51	461
		7.70%	10.80%	9.80%	12.80%	9.20%	11.40%	16.50%	11.00%
	45-54	69	101	91	121	68	77	56	583
		12.10%	14.60%	12.90%	14.30%	14.60%	12.40%	18.10%	13.80%
	55-64	54	81	76	70	41	65	44	431
		9.50%	11.70%	10.80%	8.30%	8.80%	10.40%	14.20%	10.20%
	65+	17	24	36	17	13	18	24	149
		3.00%	3.50%	5.10%	2.00%	2.80%	2.90%	7.80%	3.50%
	Missing	3	3	5	9	5	5	2	32
		0.50%	0.40%	0.70%	1.10%	1.10%	0.80%	0.60%	0.80%
Sex	Male	315	364	393	468	267	338	168	2313
		55.40%	52.40%	55.80%	55.40%	57.30%	54.20%	54.20%	54.90%
	Female	250	322	306	367	194	276	140	1855
		43.90%	46.40%	43.50%	43.40%	41.60%	44.20%	45.20%	44.00%
	Did Not Identify	1	5	0	1	0	5	0	12
		0.20%	0.70%	0.00%	0.10%	0.00%	0.80%	0.00%	0.30%
	Missing	3	3	5	9	5	5	2	32
		0.50%	0.40%	0.70%	1.10%	1.10%	0.80%	0.60%	0.80%
Primary Disability	Unknown	39	100	90	130	48	76	21	504
		6.90%	14.40%	12.80%	15.40%	10.30%	12.20%	6.80%	12.00%
	Mental health	140	196	199	248	158	174	12	1127
		24.60%	28.30%	28.30%	29.40%	33.90%	27.90%	3.80%	26.70%
	Substance Abuse	5	12	13	11	2	7	0	50
		0.90%	1.70%	1.80%	1.30%	0.40%	1.10%	0.00%	1.20%
	Specific Learning Disabilities	87	37	60	37	18	37	1	277
		15.30%	5.30%	8.50%	4.40%	3.90%	5.90%	0.30%	6.60%
	Developmental	165	197	198	258	180	226	17	1241
		29.00%	28.40%	28.10%	30.50%	38.60%	36.20%	5.50%	29.50%
	Physical impairments	79	103	80	75	47	79	12	475
		13.90%	14.80%	11.40%	8.90%	10.10%	12.70%	3.90%	11.30%
	Sensory/ Communicative Impairments	54	49	64	86	13	25	247	538
		9.50%	7.10%	9.10%	10.20%	2.80%	4.00%	79.70%	12.80%

TABLE 19. APPENDIX 1H. VR NEW HAMPSHIRE CUSTOMERS RECEIVING SERVICES IN 2020-2021 - AWARE CASE FILE DATA SUMMARY (CONTINUED)
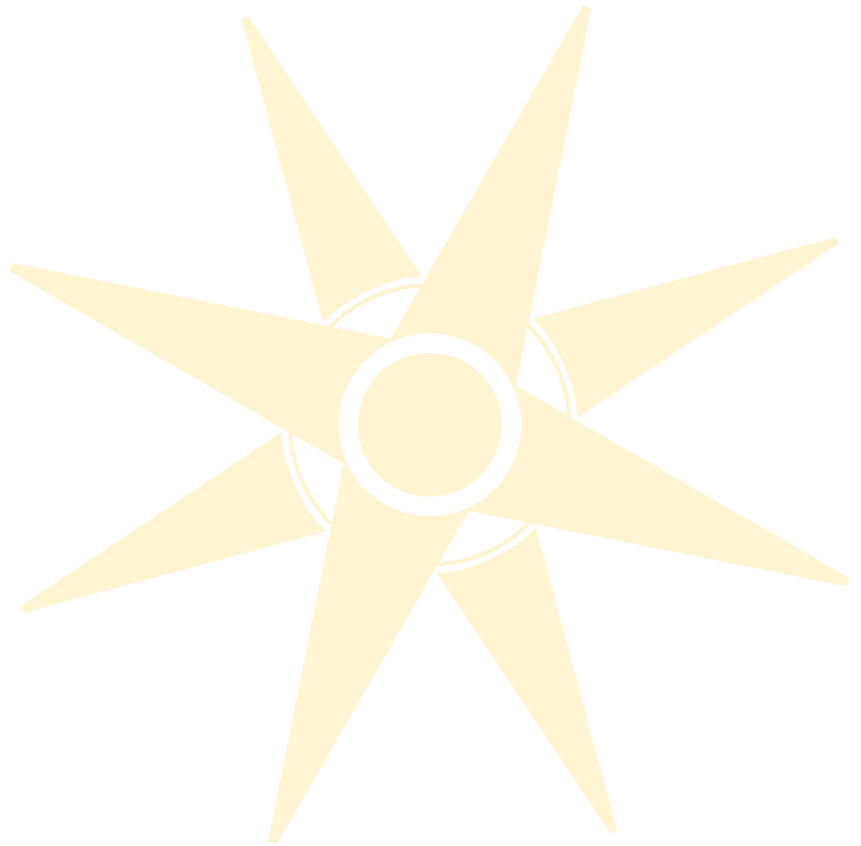
	Regional Office >>	Berlin	Concord	Keene	Manchester	Nashua	Portsmouth	SBVI	Total
Race	White	556	664	671	792	434	589	290	3996
		97.70%	95.70%	95.30%	93.70%	93.10%	94.40%	93.50%	94.90%
	Black	8	21	15	43	24	20	12	143
		1.40%	3.00%	2.10%	5.10%	5.20%	3.20%	3.90%	3.40%
	Native	6	5	12	8	9	5	2	47
		1.10%	0.70%	1.70%	0.90%	1.90%	0.80%	0.60%	1.10%
	Asian	5	6	8	11	6	9	5	50
		0.90%	0.90%	1.10%	1.30%	1.30%	1.40%	1.60%	1.20%
	Hawaiian	0	3	1	3	2	1	1	11
		0.00%	0.40%	0.10%	0.40%	0.40%	0.20%	0.30%	0.30%
Ethnicity	Hispanic	6	6	8	53	12	5	8	98
		1.10%	0.90%	1.10%	6.30%	2.60%	0.80%	2.60%	2.30%
Support @ application	SSDI	11	20	17	24	20	19	5	116
		1.90%	2.90%	2.40%	2.80%	4.30%	3.00%	1.60%	2.80%
	SSI	12	9	7	20	14	6	1	69
		2.10%	1.30%	1.00%	2.40%	3.00%	1.00%	0.30%	1.60%
	Medicare	8	19	20	25	18	17	5	112
		1.40%	2.70%	2.80%	3.00%	3.90%	2.70%	1.60%	2.70%
	Medicaid	25	28	24	61	36	28	4	206
		4.40%	4.00%	3.40%	7.20%	7.70%	4.50%	1.30%	4.90%
	Missing	522	616	638	738	388	551	291	3744
		91.70%	88.80%	90.60%	87.30%	83.30%	88.30%	93.90%	88.90%
Employment @IPE	Employed	6	22	15	6	2	5	14	70
		1.05%	3.17%	2.13%	0.71%	0.43%	0.80%	4.52%	1.66%
	Not Employed	330	339	358	417	258	350	180	2232
		58.00%	48.85%	50.85%	49.35%	55.36%	56.09%	58.06%	52.99%
	Missing	233	333	331	422	206	269	116	1910
		40.95%	47.98%	47.02%	49.94%	44.21%	43.11%	37.42%	45.35%

FIGURE 3. PERCENTAGE OF NH RESIDENTS WHO DID NOT GET MEDICAL CARE FOR CONDITION OTHER THAN COVID-19 DUE TO THE PANDEMIC

NH Residents With a Disability

NH Residents Without a Disability