# RSA-7-OB for FY-2024

**Form Name** RSA-7 OB

## Award FY 2024

**Report Through:** 09/30/2024

Program:Independent Living Services for Older Individuals Who Are Blind

Submitting Organization- California Department of Rehabilitation

## Part I: Funding Sources and Expenditures in Support of the OIB Program

### Funding Sources and Amounts in Support of the OIB Program for the Reported Federal Fiscal Year (FFY)

1. Title VII-Chapter 2 Federal grant award for reported FFY- $3,407,194
2. Title VII-Chapter 2 carryover from previous FFY- $1,028,280
3. Total Title VII-Chapter 2 Funds (A1 + A2)- $4,435,474
4. Title VII-Chapter 1, Part B Funds- $0
5. Other Federal funds available for expenditure in the reported FFY- $2,626,711
6. Total Federal funds (A3 + A4 + A5)- $7,062,185
7. State funds (excluding in-kind contributions)- $0
8. In-kind contributions- $551,127
9. Other non-Federal funds- $0
10. Total non-Federal funds (A7 + A9)- $0
11. Total of all funds available for expenditure in the reported FFY (A6+ A7 A9)- $7,062,185

### OIB Program Expenditures in Reported FFY

1. Funds expended for administrative costs in the reported FFY

1. Administrative expenditures from (1) Title VII-Chapter 2 Federal grant award funds and (2) non-Federal sources used in meeting the match requirement- $651,172
2. Administrative expenditures from all other allowable sources as identified in Part I - A above- $346,954
3. Total administrative expenditures (1a + 1b)- $998,126

2. Funds expended for direct services during the reported FFY

1. Direct service expenditures from (1) Title VII-Chapter 2 Federal grant award and (2) funds from non-Federal sources used in meeting the match requirement- $2,720,377
2. Direct service expenditures from all other allowable sources as identified in Part I - A above- $2,688,974
3. Total direct service expenditures (2a + 2b)- $5,409,351
4. Total funds expended for the program during the reported FFY (B1c + B2c)- $6,407,477

## Part II: Program Staffing

### Full-time Equivalent (FTE) Program Staff

FTE (full time equivalent) is the number of hours per week considered full time for the positions reported below.

FTE for State Agency staff- 40

FTE for Contract/Subgrant staff- 40

1. FTE State Agency
   1. Administrative/Support- 1.00
   2. Direct Service- 0.00
   3. Total- 1.00
2. FTE through contract/subgrant
   1. Administrative/ Support- 5.73
   2. Direct Service- 41.65
   3. Total- 47.38
3. Total FTE (A1+ A2)
   1. Administrative/ Support- 6.73
   2. Direct Service- 41.65
   3. Total- 48.38

### Employees with Disabilities

Employees with Disabilities (agency and contract/subgrant staff)

1. Employees with disabilities other than blindness or severe visual impairments- 10
2. Employees with blindness or severe visual impairments who are older than age 55- 29
3. Employees with blindness or severe visual impairments who are under age 55- 54
4. Total employees with disabilities (B1 + B2 + B3)- 93

## Part III: Data on Individuals Served

### Individuals Served

1. Number of individuals who began receiving services in the previous FFY and continued to receive services in the reported FFY- 1,512
2. Number of individuals who began receiving services in the reported FFY- 2,467
3. Total individuals served during the reported FFY (A1+ A2)- 3,979

### B. Age at Application

1. 55-64- 720
2. 65-74- 1,071
3. 75-84- 1,158
4. 85 and over- 1,030
5. Total (B1 + B2 + B3 + B4)- 3,979

### C. Gender

1. Individual self-identifies as female- 2,595
2. Individual self-identifies as male- 1,371
3. Individuals who did not self-identify gender- 13
4. Total (C1 + C2 + C3)- 3,979

### D. Race

1. American Indian or Alaska Native- 23
2. Asian- 360
3. Black or African American- 379
4. Native Hawaiian or Other Pacific Islander- 9
5. White- 2,543
6. Individual did not self-identify race- 472
7. Two or more races- 193
8. Total (D1 + D2 + D3 + D4 + D5 + D6 + D7) Do not include the sum of E1.- 3,979

### E. Ethnicity

1. Hispanic or Latino- 703

### F. Degree of Visual Impairment

1. Totally blind (light perception only or no light perception)- 342
2. Legally Blind (excluding totally blind)- 1,421
3. Severe Visual Impairment- 2,216
4. Total (F1 + F2 + F3)- 3,979

### G. Major Cause of Visual Impairment

1. Macular Degeneration- 1,302
2. Diabetic Retinopathy- 240
3. Glaucoma- 675
4. Cataracts- 227
5. Other cause of visual impairment- 1,535
6. Total (G1 + G2 + G3 + G4 + G5)- 3,979

### H. Other Age-Related Impairments

1. Hearing impairment- 715
2. Mobility impairment- 983
3. Communication impairment- 122
4. Cognitive or intellectual impairment- 184
5. Mental health impairment- 206
6. Other impairment- 944

### I. Type of Residence

1. Private residence (house or apartment)- 3,218
2. Senior independent living facility- 569
3. Assisted Living Facility- 152
4. Nursing Home/Long-term Care facility- 17
5. Homeless- 23
6. Total (I1 + I2 + I3 + I4 + I5)- 3,979

### J. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)- 1,138
2. Physician/medical provider- 131
3. State VR agency- 162
4. Government/public or private social service agency not listed elsewhere- 132
5. Veterans Administration- 8
6. Senior program- 508
7. Assisted Living Facility- 23
8. Nursing Home/Long-term Care facility- 2
9. Independent Living center- 92
10. Family member or friend- 571
11. Self-referral- 748
12. Other- 464
13. Total (J1 through J12)- 3,979

## Part IV: Types of Services Provided and Funds Expended

### A. Clinical/Functional Vision Assessments and Services

1. Total expenditures from all sources of program funding- $125,318
2. Total unduplicated count of persons served – Vision screening/vision examination/low vision evaluation- 868
3. Total unduplicated count of persons served – Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions- 4

### B. Assistive Technology Devices and Services

1. Total expenditures from all sources of program funding- $1,612,716
2. Total unduplicated count of persons served – Provision of assistive technology devices and/or services- 2,899

### C. Independent Living and Adjustment Training Services

1. Total expenditures from all sources of program funding- $3,157,892
2. Total unduplicated count of persons receiving independent living and adjustment training services- 3,848
3. Number of persons receiving the following services:
   1. Orientation and mobility training- 794
   2. Communication skills training- 2,378
   3. Daily living skills training- 2,235
   4. Advocacy training- 1,224
   5. Adjustment counseling and/or peer support services (individual or group)- 1,286
   6. Information and referral services- 2,893
   7. Other independent living services- 990

### D. Supportive Services

1. Total expenditures from all sources of program funding- $331,301
2. Total unduplicated count of persons served – Supportive services (reader services, transportation, personal attendant services, support service providers, interpreters, etc.)- 1,495

### E. Community Awareness Activities and Information and Referral

1. Total expenditure from all sources of program funding- $182,124

### F. Total Direct Expenditures

Sum of A1 + B1 + C1 + D1 + E1, total must agree with the direct service expenditures reported in Part 1, B2c- $5,409,351

## Part V: Program Performance Measures and Outcome Data

Provide the following data for each of the performance measures below.

## Program Performance Data

### Assistive Technology Devices and Services

A1. Enter the unduplicated number of individuals receiving assistive technology devices and services for whom change in functional capabilities was assessed during the reported FFY (Denominator).- 2,539

A2. Enter the unduplicated number of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY (Numerator). Note: An individual who maintained but did not improve their capabilities may be reported here if the individual’s goal was to prevent further decline in their capabilities.- 2,533

A3. The percentage of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY consistent with the objectives for receiving such devices and services (A2 divided by A1). The percentage is calculated by RSA MIS.- 99.76%

### Independent Living and Adjustment Training Services

B1. Enter the unduplicated number of individuals receiving independent living and adjustment training services for whom change in functional capabilities was assessed during the reported FFY (Denominator).- 2,912

B2. Enter the unduplicated number of individuals receiving independent living and adjustment training services who demonstrated improvement in one or more functional capabilities (Numerator). Note: An individual who maintained but did not improve their capabilities may be reported here if the individual’s goal was to prevent further decline in their capabilities.- 2,902

B3. The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY (B2 divided by B1). The percentage is calculated by RSA MIS.- 99.66%

### Independence in the Home and Community

C1. Enter the total number of individuals completing a plan of services during the reported FFY (Denominator).- 2,887

C2. Enter the number of individuals completing a plan of services during the reported FFY that reported an increased ability to engage in their customary daily life activities in the home and community (Numerator). Note: An individual who maintained but did not improve their ability to engage in customary daily life activities may be reported here if the individual’s goal was to prevent further decline in their capabilities.- 2,875

C3. The percentage of individuals completing a plan of services who reported an increased ability to engage in their customary daily life activities in the home and community (C2 divided by C1). The percentage is calculated by RSA MIS.- 99.58%

C4. Enter the number of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation as a result of services they received (Numerator).-2,878

C5. The percentage of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation (C4 divided by C1). The percentage is calculated by RSA MIS- 99.69%

### Efficiency Measure

D1. Total funds expended for direct program services during the reported FFY (as reported in PART I B2) (Denominator).- $5,409,351

D2. Number of individuals receiving services during the reported FFY (as reported in PART III A3) (Numerator).- 3,979

D3. The average annual cost per individual served through the program during the reported FFY.- $1,359.47

## Part VI: Training and Technical Assistance Needs

**Enter a brief description of your training and technical assistance needs, based on challenges you have experienced in implementing the program, and how such training and technical assistance might assist in the implementation and improvement of the performance of the OIB program in your State.**

California’s OIB program is implemented through sub-grant agreements with private, nonprofit community-based organizations (service providers) that have expertise providing effective services to individuals who are blind or visually impaired. The Department of Rehabilitation (DOR) is the State agency that awards grant dollars to local service providers, so the training and/or technical assistance focus is on ensuring consistency in delivery of services and accuracy in reporting. This focus supports DOR’s primary role as the grant oversight entity. DOR strives to provide program specific training and technical assistance to the service providers through quarterly virtual meetings and continual, multi-modal communication. In-person program reviews, and technical assistance visits. Technical assistance was provided to all service providers in 2024. Much of the technical assistance was consultation on strategies to meet grant performance goals, compliance with regulations, and meeting the needs of consumers as hybrid service delivery has become routine. DOR wishes to continue receiving direction and feedback on best practices in tracking and reporting consumer services and attaining quality outcomes.

DOR continues to participate in technical assistance activities offered by the OIB Technical Assistance Center at Mississippi State (OIB-TAC). DOR staff attended and participated in some of the monthly OIB-TAC Program Manager meetings, collaborating with other state OIB staff and sharing knowledge/learning about different ways of supporting service providers in California.

## Part VII: Narrative

### **A. Briefly describe the agency’s method of implementation for the OIB program (i.e., service delivery provided in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Include any updates from the prior year’s report. List all sub-grantees/contractors.**

Implementation: Through a statewide competitive grant process, DOR provides core comprehensive independent living services (ILS) to individuals aged 55 years and older who are blind and visually impaired. In 2024 services were provided by 16 service providers across California. Services are provided to consumers in various locations; in their home, virtually, at a service provider’s office, or in a consumer’s local community. DOR desires to fund services in all of the 58 counties within California, in order to have a robust Title VII, Chapter 2 program throughout the state. Awards for each county are determined by a formula based on the population of persons aged 55 and older who are blind or visually impaired residing in the county, along with the geographic size of the county. In the 2023 competitive process all counties received service provider applications. Each OIB service provider is awarded base funding of $25,000 to ensure they have reasonable funds to operate, regardless of the number of county(ies) served. The October 1, 2023, to September 30, 2024, federal fiscal year is the first year of a five-year grant cycle. DOR conducted a competitive award process in 2023 and after three solicitations secured 16 service providers who had OIB services available across the entire State in 2024!

Outreach Efforts to Unserved and Underserved Populations: The OIB service providers are encouraged to utilize methodologies that help to ensure eligible consumers are aware of services and to focus on unserved and underserved population groups. The outreach strategies of the 16 service providers to identify local needs of sub-population groups within their geographic area have been met with innovative and effective efforts that include:

* providing translation services for non-English speaking populations;
* incorporating gender and ethnic appropriate ILS promotional information via various media; specialty publications, ethnic-specific print, radio, and public service announcements;
* conducting in-person and virtual ILS informational visits to eye care medical specialists and physicians serving targeted population groups in underserved and unserved communities to increase referrals for services;
* conducting in-person and virtual presentations at adult day health centers, health/social service organizations and homes for seniors located in unserved and underserved ethnic, linguistic, or economic communities;
* providing ILS information, including brochures, mailings, virtual meetings, and telephone calls, to organizations, agencies and businesses serving target populations;
* utilizing ‘mentors’ to orient and demonstrate non-visual skills to members of targeted population sub-groups living in residential facilities;
* attending health and disability fairs and participating in culturally based social activities and support groups by virtual and in-person methods;
* hiring staff and recruiting volunteers who are representative of various cultures and languages of diverse populations, to identify and respond to service barriers (i.e., transportation, geography, cultural sensitivity, and translation services); and
* distributing ILS information to faith-based organizations and establishments located in underserved and unserved diverse communities.

Notably, two of California’s 16 service providers served over 67% of their consumers among ethnic minority groups. five additional service providers are serving over 40% minorities. Particularly, Access to Independence (A2I) and Lions Center for the Visually Impaired (LCVI), are making concerted efforts to reach the Hispanic population of the diverse San Diego/Inland Empire and the East Bay areas respectively. Both A2I and LCVI employ a racially and ethnically diverse staff, which continues to help ensure success in serving the diverse population in their service areas. The data reflects that 36.1% of consumers served by the 16 service providers during the 2023-24 grant year were from underserved minority populations. This is a slight decrease from 39.9% in the prior grant year. The ongoing adjustments in outreach and service delivery by service providers will hopefully contribute to an increase in services to some of the underserved minority communities in future grant years. Below is a list of the OIB service providers, listed in descending order by percentage of diverse consumers served, including their office location and counties served.

|  |  |  |  |
| --- | --- | --- | --- |
| **OIB Service Providers** | **Race/Ethnicity %** | **Office Location** | **Counties Served** |
| Access to Independence | 100% | San Diego | Imperial |
| Lions Center for the Visually Impaired | 67.6% | Pittsburg | Alameda |
| Blindness Support Services, Inc. | 64.7% | Riverside | Los Angeles, Riverside, San Bernardino |
| Valley Center for the Blind | 53.4% | Fresno | Fresno, Kern, Kings, Madera, Tulare |
| Wayfinder Family Services | 43.5% | Los Angeles | Los Angeles |
| Lighthouse for the Blind | 42.1% | San Francisco | Alameda, Alpine, Colusa, Contra Costa, Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Plumas, San Francisco, Shasta, Siskiyou, Tehama, Trinity |
| San Diego Center for the Blind | 40.9% | San Diego | San Diego |
| Dayle McIntosh Center for the Disabled | 31.4% | Anaheim | Orange |
| Center of Vision Enhancement | 27.8% | Merced | Inyo, Mariposa, Merced, Mono |
| Community Center for the Blind and Visually Impaired | 27.6% | Stockton | San Joaquin |
| Society for the Blind | 23.9% | Sacramento | Amador, Butte, Calaveras, El Dorado, Glenn, Nevada, Placer, Sacramento, Sierra, Solano, Sutter, Yolo, Yuba |
| Vista Center for the Blind and Visually Impaired | 21.6% | Palo Alto | San Benito, San Mateo, Santa Clara, Santa Cruz |
| Independent Living Resource Center | 21.5% | Santa Barbara | San Luis Obispo, Santa Barbara, Ventura |
| Blind and Visually Impaired Center of Monterey County | 18.4% | Monterey | Monterey |
| Earle Baum Center | 7.7% | Santa Rosa | Sonoma |
| Visually Impaired Persons Support | 7.3% | Modesto | Stanislaus, Tuolumne |

### **Briefly summarize results from your recent evaluations or satisfaction surveys conducted for your program.**

Service providers, as a whole, report a 99% or higher level of positive consumer outcomes which indicate a very high level of consumer satisfaction. The evaluation of the reporting requirements for OIB is an in-house program evaluation activity. Documentation of service provision and consumer outcomes helps measure performance and effectiveness and identify technical assistance needs. Furthermore, the evaluations augment accountability, strengthen quality assurance, and identify where program policy revisions are needed. The evaluation process includes all components of the data collection requirements established by the Rehabilitation Services Administration (RSA). When monitoring programs, DOR focuses significant time on reviewing services, methods of service delivery, successful outcomes, and consumer satisfaction. Overall, the OIB service providers report a high percentage of consumers who are very satisfied and feel more independent because of the services they received. Ongoing virtual and on-site monitoring will continue to promote accurate documentation of outcomes and follow-up with consumers to ensure they are completing services and meeting goals. This review process also allows DOR to consult with the service providers on many of their program aspects, helping ensure that the objectives established in grant agreements are being tracked and adjustments are made with a focus on providing comprehensive OIB ILS services that meet consumer needs. Service Providers provide self-evaluation narratives twice a year to help identify and adjust any aspects of program design, service delivery, and other important aspects of providing the best possible services to consumers.

### **C. Briefly describe the impact of the OIB program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).**

Below are a few examples of OIB service providers’ narrative reports, edited for brevity and clarity, about their consumers.

Access to Independence (A2I): A consumer with multiple disabilities, including blindness in one eye, was having difficulty reading small print, which made everyday tasks challenging. To address this, the consumer was supported in obtaining a variety of assistive devices. Each device was chosen to help regain independence in different areas. The consumer was provided magnifiers, a cap magnifier and remover (for prescriptions), a folding magnifier, bump dots, a nail clipper with magnifier, extra-large screen for cell phone. The magnifier's will assist them in being able to read their documents and bible. The cap magnifier and nail clippers will assist them in their daily routines/personal health maintenance. During the in-home visits, the coordinator provided instructions on how to use each device. They practiced until the consumer felt comfortable enough to use on their own. The consumer stated feeling more independence in maintaining their living situation and grateful for the services that were provided.

Community Center for the Blind and Visually Impaired (CCBVI): A client has received services a number of times due to ongoing vision changes. Most recently, after a drastic reduction in vision, they came back and attended Assistive Technology classes for computer skills and received orientation and mobility. This time they took Braille and joined peer support groups, along with enrolling in other independent living and adjustment services. They came back to the program because they felt that the Center gave them hope and strength to stay independent.

Wayfinder Family Services: Wayfinder has begun providing Ray-Ban Meta smart glasses to some OIB clients. The glasses provide Meta AI, a conversational assistant that can allow a user to make phone calls, send and read text messages, describe images, objects and people, and read text. The Meta smart glasses can also connect to the app WhatsApp allowing someone connected to the person through the app to see what the camera in the glasses is focused on. A client was given a pair of Ray-Ban Metas and described how they were able to use the WhatsApp feature to connect with a family member while traveling and she was able to help them locate the correct bus to their hotel, describe the hotel room, and provide other critical information while they were traveling. This feature is similar to using some other services but has the advantage of being free of additional cost and connecting the user to a trusted family member or friend which provides greater independence.

### **D. Briefly describe the community awareness/outreach efforts and information and referral activities conducted with Title VII-Chapter 2 funds and other funds and the outcome of those activities.**

All 16 service providers have relationships with other organizations in their respective communities. The following are two examples submitted by California’s OIB service providers to highlight some of the ways in which they provide community awareness and Information and Referral to better connect in their communities. These narratives, edited for brevity and clarity, give a good representation of the community awareness and information and referral efforts that service providers use to better connect in their service areas. These efforts have been employed in many communities across the State by the below and other OIB service providers.

Center of Vision Enhancement (COVE): COVE continues to be part of the Advisory Council of the Merced County Area Agency on Aging. At each monthly meeting COVE shares its programs and activities with the group and learns about what other community groups are doing. These meetings have led to greater community awareness of services and receiving an increasing number of referrals on a regular basis. Contact has also been made with Human Services programs in mariposa, Mono and Inyo Counties, who have requested informational materials.

Presentations and visits have been made to senior food programs throughout the county. COVE will participate in upcoming senior recognition and health fairs in Merced and mariposa Counties this year.

Several referrals for services have come through the Meals on Wheels program, who have found persons isolated in their homes due to sight loss.

The Earle Baum Center (EBC): Our dedicated senior focused instructor runs the twice monthly Low Vision Group that is in person on the EBC campus and available through ZOOM. The meetings focus on introduction to new equipment, safety training and discussions, good eating habits and hands-on demonstrations. Typical Sonoma County senior participation is at ~ 10 to 12 seniors each session. Remote classes are held monthly at 5 locations in Sonoma County and provide similar information, training and discussion as noted in the above paragraph. Monthly participation runs at ~ 10 to 12 individual seniors per meeting. These community awareness and Information and Referral activities help identify potential consumers who’s individual needs can be addressed by providing OIB services.

### **Briefly describe capacity-building activities, including collaboration with other agencies and organizations (other than with sub-grantees) and the outcome of these activities on expanding or improving the program.**

Service providers have adjusted to a new hybrid approach of providing services which has increased their capacity to provide more in-depth services and follow-up. An additional benefit of these capacity building efforts is that the methodologies can continue being utilized which enhances the service provider’s ability to serve consumers who reside in the hard-to-reach areas of California. This option also allowed for statewide availability of services as there are large portions of the state with no service provider organizations.

DOR continues providing technical assistance and consultation to service providers on delivering comprehensive ILS services that meet the needs of OIB consumers. Service providers deliver a wide variety of services, work to stay connected with other OIB service providers, and collaborate with service organizations in their community. To further collaborative relationships, DOR connects service providers with one another when a provider needs guidance. DOR chooses a provider with expertise in the area of question and connects the service providers to each other. Service providers collaborated to cross train staff and refined service delivery, strengthening their respective programs.

Service providers continue to make adaptations and adjustments in their methods of collaboration and community building. The following service provider narratives, edited for brevity and clarity, describe some of the diverse collaborative methods utilized to expand services and bring awareness to communities about services available for the unique needs of consumers who are blind or visually impaired.

Blind and Visually Impaired Center of Monterey (BVIC): BVIC has actively engaged in capacity-building activities aimed at enhancing our programs and services through collaboration with various agencies and organizations. These efforts focus on improving our capacity and effectiveness in collaboratively serving individuals who are blind or visually impaired. These partnerships help us better understand the unique needs of different community groups, enabling us to tailor our programs accordingly. Our participation in local advisory boards and committees has fostered communication and resource sharing. These collaborations strengthen our network and enhance our ability to advocate for the needs of individuals who are blind or visually impaired. Building partnerships with local agencies has fostered a sense of community, resulting in more robust support networks for our clients. Overall, these capacity-building activities have significantly contributed to expanding and improving our programs, ultimately enhancing the quality of life for individuals who are blind or visually impaired in Monterey County.

Lions Center for the Visually Impaired (LCVI): LCVI has focused on collaborative efforts with our services. Our Early Detection & Intervention services program relies on the collaborative efforts of our organization along with senior housing facilities, Assisted Living facilities, and other residential sites to screen our target population for potential vision loss. We collaborate with HMOs, City, County staff, clinics, Ophthalmology centers, prescription eye glass sites, UC Berkeley, Lions Foundations, Area Agencies on Aging, Lions Clubs, VSP Health care, and many others. We also collaborate with local organizations that focus on food and housing insecurity as well as other resources to ensure our consumer’s whole life needs are addressed.

## Part VIII: Signature

Please sign and print the name, title, and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Signed by: Joe Xavier

Title: Director, California Department of Rehabilitation

Date Signed: 12/24/2024