# RSA-7-OB for FY-2022

**Form Name** RSA-7 OB

## Award FY 2022

**Report Through:** 09/30/2022

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- $3,317,252
2. Title VII-Chapter 2 carryover from previous FFY- $1,131,312
3. Total Title VII-Chapter 2 Funds (A1 + A2)- $4,448,564
4. Title VII-Chapter 1, Part B Funds- $0
5. Other Federal funds available for expenditure in the reported FFY- $0
6. Total Federal funds (A3 + A4 + A5)- $4,448,564
7. State funds (excluding in-kind contributions)- $0
8. In-kind contributions- $472,991
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)- $4,448,564

### 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- $856,342
2. Administrative expenditures from all other allowable sources as identified in Part I - A above- $0
3. Total administrative expenditures (1a + 1b)- $856,342

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- $2,956,810
2. Direct service expenditures from all other allowable sources as identified in Part I - A above- $0
3. Total direct service expenditures (2a + 2b)- $2,956,810
4. Total funds expended for the program during the reported FFY (B1c + B2c)- $3,813,152

## 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- 10.40
	2. Direct Service- 38.85
	3. Total- 49.25
3. Total FTE (A1+ A2)
	1. Administrative/ Support- 11.40
	2. Direct Service- 38.85
	3. Total- 50.25

### Employees with Disabilities

Employees with Disabilities (agency and contract/subgrant staff)

1. Employees with disabilities other than blindness or severe visual impairments- 17
2. Employees with blindness or severe visual impairments who are older than age 55- 26
3. Employees with blindness or severe visual impairments who are under age 55- 39
4. Total employees with disabilities (B1 + B2 + B3)- 82

## 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- 1,759
2. Number of individuals who began receiving services in the reported FFY- 3,124
3. Total individuals served during the reported FFY (A1+ A2)- 4,883

### B. Age at Application

1. 55-64- 932
2. 65-74- 1,344
3. 75-84- 1,339
4. 85 and over- 1,268
5. Total (B1 + B2 + B3 + B4)- 4,883

### C. Gender

1. Individual self-identifies as female- 3,178
2. Individual self-identifies as male- 1,702
3. Individuals who did not self-identify gender- 3
4. Total (C1 + C2 + C3)- 4,883

### D. Race

1. American Indian or Alaska Native- 41
2. Asian- 253
3. Black or African American- 420
4. Native Hawaiian or Other Pacific Islander- 18
5. White- 3,063
6. Individual did not self-identify race- 871
7. Two or more races- 217
8. Total (D1 + D2 + D3 + D4 + D5 + D6 + D7) Do not include the sum of E1.- 4,883

### E. Ethnicity

1. Hispanic or Latino- 1,036

### F. Degree of Visual Impairment

1. Totally blind (light perception only or no light perception)- 386
2. Legally Blind (excluding totally blind)- 1,726
3. Severe Visual Impairment- 2,771
4. Total (F1 + F2 + F3)- 4,883

### G. Major Cause of Visual Impairment

1. Macular Degeneration- 1,575
2. Diabetic Retinopathy- 283
3. Glaucoma- 824
4. Cataracts- 338
5. Other cause of visual impairment- 1,863
6. Total (G1 + G2 + G3 + G4 + G5)- 4,883

### H. Other Age-Related Impairments

1. Hearing impairment- 1,022
2. Mobility impairment- 1,203
3. Communication impairment- 113
4. Cognitive or intellectual impairment- 184
5. Mental health impairment- 276
6. Other impairment- 1,285

### I. Type of Residence

1. Private residence (house or apartment)- 4,001
2. Senior independent living facility- 668
3. Assisted Living Facility- 160
4. Nursing Home/Long-term Care facility- 20
5. Homeless- 34
6. Total (I1 + I2 + I3 + I4 + I5)- 4,883

### J. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)- 1,076
2. Physician/medical provider- 196
3. State VR agency- 198
4. Government/public or private social service agency not listed elsewhere- 271
5. Veterans Administration- 14
6. Senior program- 367
7. Assisted Living Facility- 16
8. Nursing Home/Long-term Care facility- 2
9. Independent Living center- 55
10. Family member or friend- 822
11. Self-referral- 753
12. Other- 1,113
13. Total (J1 through J12)- 4,883

## 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- $109,238
2. Total unduplicated count of persons served – Vision screening/vision examination/low vision evaluation- 628
3. Total unduplicated count of persons served – Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions- 1

### B. Assistive Technology Devices and Services

1. Total expenditures from all sources of program funding- $630,059
2. Total unduplicated count of persons served – Provision of assistive technology devices and/or services- 3,526

### C. Independent Living and Adjustment Training Services

1. Total expenditures from all sources of program funding- $1,865,926
2. Total unduplicated count of persons receiving independent living and adjustment training services- 4,482
3. Number of persons receiving the following services:
	1. Orientation and mobility training- 684
	2. Communication skills training- 2,571
	3. Daily living skills training- 2,521
	4. Advocacy training- 1,551
	5. Adjustment counseling and/or peer support services (individual or group)- 1,729
	6. Information and referral services- 3,224
	7. Other independent living services- 1,304

### D. Supportive Services

1. Total expenditures from all sources of program funding- $192,362
2. Total unduplicated count of persons served – Supportive services (reader services, transportation, personal attendant services, support service providers, interpreters, etc.)- 1,529

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

1. Total expenditure from all sources of program funding- $159,225

### F. Total Direct Expenditures

Sum of A1 + B1 + C1 + D1 + E1, total must agree with the direct service expenditures reported in Part 1, B2c- $2,956,810

## 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).- 3,206

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.- 3,197

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.- 99.72%

### 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).- 3,608

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.- 3,594

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.- 99.61%

### Independence in the Home and Community

C1. Enter the total number of individuals completing a plan of services during the reported FFY (Denominator).- 3,807

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.- 3,784

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.- 99.40%

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).-3,796

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- 99.71%

### Efficiency Measure

D1. Total funds expended for direct program services during the reported FFY (as reported in PART I B2) (Denominator).- $2,956,810

D2. Number of individuals receiving services during the reported FFY (as reported in PART III A3) (Numerator).- 4,883

D3. The average annual cost per individual served through the program during the reported FFY.- $605.53

## 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 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 distributes grant monies 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 management 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 2022. Much of the technical assistance was consultation on strategies to meet grant performance goals and the needs of consumers as COVID-19 continues to impact traditional methods of service delivery. DOR wishes to continue receiving direction and feedback on best practices in tracking and reporting consumer services and attaining quality outcomes. This is especially relevant given the data collection requirements that began on October 1, 2020, for the updated 7-OB report template.

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 many 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. Currently, services are provided by 17 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 each 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. However, one county did not receive any service provider applications; and, for another county, the service provider was unable to serve the county and relinquished the award. Both counties are remote and have small populations, so, finding a service provider for those counties was not possible. Each OIB service provider is awarded base funding of $10,000, to ensure they have reasonable funds to operate, regardless of the number of counties served. The October 1, 2021, to September 30, 2022, federal fiscal year is the fifth year of a six-year grant cycle and amendments to continue funding were made to all 17 service providers.

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 17 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 17 service providers served over 65% of their consumers among ethnic minority groups. Five additional service providers are serving over 44% minorities. Particularly, Access to Independence (A2I) and Blindness Support Services, Incorporated (BSSI), are making concerted efforts to reach the Hispanic population of the diverse San Diego/Imperial Valley and Inland Empire areas respectively. Both A2I and BSSI employ a racially and ethnically diverse staff, which continues to help ensure success in serving the diverse population in their service area. The data reflects that 37.3% of consumers served by the 17 service providers during the 2021-22 grant year were from underserved minority populations. This is an increase from 36.4% in the prior grant year. The ongoing adjustments in outreach and service delivery practices and ongoing pandemic challenges appear to have contributed to the increase in services to some of the underserved minority communities. Below is a list of the OIB service providers, listed in descending order by percentage of diverse consumers served, by each provider including their office location and counties served.

|  |  |  |  |
| --- | --- | --- | --- |
| **OIB Service Providers** | **Diversity %** | **Office Location** | **Counties Served** |
| Access to Independence | 96.4% | San Diego | Imperial |
| Blindness Support Services, Inc. | 65.0% | Riverside | Riverside, San Bernardino |
| Valley Center for the Blind | 58.50% | Fresno | Fresno, Kings, Madera, Tulare |
| Dayle McIntosh Center for the Disabled | 49.6% | Anaheim | Los Angeles, Orange |
| San Diego Center for the Blind | 49.4% | San Diego | San Diego |
| Independent Living Center of Kern County | 49.2% | Bakersfield | Kern |
| Lighthouse for the Blind | 44.2% | San Francisco | Alameda, Contra Costa, Del Norte, Humboldt, Marin, San Francisco, San Mateo, Trinity |
| Lions Center for the Visually Impaired | 39.3% | Pittsburg | Alameda, Contra Costa, Solano |
| Community Center for the Blind and Visually Impaired | 26.6% | Stockton | San Joaquin |
| Society for the Blind | 24.4% | Sacramento | Amador, Butte, Calaveras, El Dorado, Glenn, Mendocino, Mono, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba |
| Center of Vision Enhancement | 20.6% | Merced | Mariposa, Merced |
| Blind and Visually Impaired Center of Monterey County | 20.3% | Monterey | Monterey |
| Independent Living Resource Center | 16.7% | Santa Barbara | San Luis Obispo, Santa Barbara, Ventura |
| Vista Center for the Blind and Visually Impaired | 16.2% | Palo Alto | San Benito, San Mateo, Santa Clara, Santa Cruz |
| Visually Impaired Persons Support | 12.6% | Modesto | Stanislaus, Tuolumne |
| Disability Action Center | 8.9% | Chico | Colusa, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama |
| Earle Baum Center | 6.4% | Santa Rosa | Lake, Napa, Sonoma |

### **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. Careful 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 (when possible) 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.

### **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.

Blindness Support Services, Inc. (BSSI): A sixty-eight-year-old woman who is legally blind due to diabetic retinopathy contacted BSSI to inquire about the services they provide. She was delighted to learn about their in-home approach. After an over the phone assessment was completed, she was provided in home training and was given various adaptive aids that would assist her with performing everyday tasks independently. She was most grateful for the long white cane and basic Orientation and Mobility training she received. The consumer is now more independent and able to maneuver using the sighted guide technique and is able to walk around her property independently by using the constant contact and trailing techniques.

Community Center for the Blind and Visually Impaired (CCBVI): A consumer came in to ask about getting audio books since he could not read print. He was informed about the Braille and Talking Book Library and CCBVI staff filled out the paperwork to get him signed up for services with the Talking Book Library. The consumer was also informed about other CCBVI services but he said he didn’t think he needed them. A couple of weeks later he contacted CCBVI and an intake was completed as he had identified areas of need. The consumer then completed an ILS lesson with products that he was able to take home. He was very excited because he had no idea about products like the mixed bump dots and the liquid level indicator. The consumer talked with CCBVI staff a couple more times on the phone to ensure the consumer knew how to use items and didn’t have any further questions about the products supplied by CCBVI. In the end, the consumer is very happy with his new items and new ways of doing things that can make his life easier. He also is very happy because he can be of more assistance to his wife around the house and feels newly independent.

Independent Living Resources Center, Inc. (ILRC): A Consumer, working with a sub-contractor, was able to identify which magnifier was helpful and beneficial for them. The contractor showed different magnifiers to the consumer and was able to assist the consumer in identifying which handheld magnifier increased access to information they needed. The consumer was able to go through training on how to use the magnifier effectively. Being able to increase accessibility through the use of a magnifier this consumer was able to read important communications and documents that contained small font print they were unable to read previously. This greatly increased their ability to locate and read items independently.

Society for the Blind: A consumer (age 68), contacted Society for the Blind to learn to be more independent and keep track of his own glucose levels. He wanted to learn to assess his own glucose levels each day by using the talking prodigy glucose meter. He stated that his partner has been evaluating his levels twice each day for several months and recording the levels for his doctor. He hoped to evaluate his blood sugar on his own for safety and security when his partner is not available to assist. The consumer was taught how to work with the glucose meter, including how to adjust settings on the glucose meter, locate and orient the test strips, work through possible errors, stick his finger for blood, and apply blood to the test strip. When the consumer finished all of his training, he was pleased that he was able to go through the process completely without assistance. He repeated the steps three additional times after which he stated that he felt confident and would be able to evaluate his own glucose levels and take the proper steps to regulate his blood sugar levels with complete 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 17 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.

Blind and Visually Impaired Center (BVIC): At minimum three times a month, The Blind and Visually Impaired Center provides presentations and outreach at community fairs, senior resource meetings, at senior retirement communities, and for others interested in learning more of BVIC’s programs. The Executive Director provided outreach as part of several different boards he sits on. In September, The Blind and Visually Impaired Center had a table for the senior resource fair as a part of the Monterey County Fair. The center hosted a presentation at Park Lanes, Forest Hill, and Del Mesa Senior retirement and assisted living facilities. The Blind and Visually Impaired Center also aired their first ever television commercial, not paid by OIB funds, that will run throughout the remainder of the year. This commercial provides over half a million impressions to the residents of Monterey County. The commercial can be viewed on the top of BVIC’s homepage at blindandlowvision.org.

Lions Center for the Visually Impaired (LCVI): LCVI outreach activities are a mixture of traditional and social mediums. LCVI ensures that they reach out to their consumers using multiple avenues to distribute information about free services to those impacted by vision loss. In addition to Public Outreach efforts including Billboards the center also distributes postcards monthly mailers and flyers to current consumers and health and faith-based organizations that support the needs of community members. The postcards are distributed in English, Spanish, and Tagalog. It is because of these outreach efforts that they have noted an increase in consumers served.

The examples above give a good idea of how DOR’s service providers make efforts to provide extensive community awareness and information and referral to as many programs and individuals in their service areas as possible. Service providers throughout California promote and model practices that allow OIB consumers to live more independently and fully integrated in their communities.

### **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.**

Given the ongoing challenges of COVID-19 service providers report continuing to adjust and adapt curricula, streamlining virtual service delivery strategies, and utilizing virtual methods of doing business to increase service provision capacity. Service providers are adapting and modifying services to ensure consumers are served in the safest and most effective manner. An additional benefit from these capacity building efforts are the methodologies can continue to be utilized and will be available and ongoing , enhancing the ability of service providers to serve consumers who reside in hard-to-reach areas of California.

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 refine service delivery, strengthening their respective programs.

All 17 service providers seek to expand services in their respective communities, despite ongoing challenges of service provision through the pandemic, service providers continue to make adaptations and adjustments in their methods of collaboration. 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 seniors who are blind or visually impaired.

Disability Action Center (DAC): DAC staff have done outreach and work collaboratively with agencies in each county DAC serves that work with or interact with seniors on a regular basis. These relationships have helped to spread the word about DAC’s OIB program and increase referrals. Those clients who were referred from other agencies and businesses might not have otherwise heard about DAC. Following are some of the agencies DAC has collaborative relationships with;

* Plumas county VA & Plumas County Community Health program
* Meals on Wheels in all OIB counties
* Redding VA home
* Siskiyou Eye
* Senior Centers in all OIB counties
* Local Chapter for the Federation for the Blind
* In-Home Supportive Services
* Society for the Blind-referring clients for cane training
* Well Connected -referring clients to the vision support groups
* PSA.2 in Redding & Siskiyou

Center of Vision Enhancement (COVE): COVE continues to be part of the Area Agency on Aging network of providers. Staff are also part of the Social Services Transportation Advisory Committee. COVE’s Board has connections with a variety of community groups and keep COVE staff informed of outreach activities, as the Board members act as ambassadors of COVE. The center has reached out to medical facilities, clinics, and eye doctors. With this, they are receiving more referrals from them than in the past due to these collaborative efforts. COVE continues to collaborate with the local Lions Clubs and Elk’s Lodge. The Elk’s Lodge in Los Baños allows COVE to meet in their facility once a month. This allows a local site for the residents of the Westside of the County to meet in-person without the 45 mile drive to COVE’s main office in Merced.

## 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

Telephone: 916-558-5800

Date Signed: 12/22/2022