

Does Vocational Rehabilitation Agency Structure Matter?

A Review of the Research on Outcomes for Blind and Visually Impaired Consumers Served in Separate vs. Combined Agencies

In 1920, legislation was signed into law creating the first civilian vocational rehabilitation (VR) agencies. These early VR agencies served very few blind consumers. Instead, most individuals with blindness or low vision (B/LV) sought services from separate, non-governmental organizations. As service delivery for individuals with B/LV evolved, more states created VR agencies focused specifically on serving individuals with B/LV (referred to as “separate” or “blind” agencies). As of 2022, there were 22 separate agencies serving individuals with B/LV. Instead of maintaining separate agencies, other states operate “combined” agencies that serve consumers of all disability types.

Separate and combined agencies can take on many different forms. In general, separate agencies are those that have their own administrator, budget, spending authority, and plan for provision of services. Some separate agencies restrict services to consumers with the most severe B/LV; in those cases, consumers with less severe impairments are served by the state’s general VR agency. Combined agencies may have a division dedicated to consumers with B/LV, or they may take a more general approach to service delivery (for example, consumers with B/LV may be served by the same personnel that serve consumers with all other disabilities).

The existence of separate agencies has been a source of controversy. Opponents of separate agencies consider them to be expensive, duplicative, and potentially unfair to individuals with other disabilities. Instead of maintaining separate agencies, opponents suggest that separate agencies be absorbed into combined agencies. On the other hand, many consumer groups, advocates, and professionals in the field of blindness promote the maintenance of separate blind agencies. They believe that individuals with B/LV have unique needs that can best be served by dedicated agencies.

Several research studies from the NRTC have examined services provided by separate and combined agencies. In general, our findings support the maintenance of separate agencies for individuals with B/LV. Research-based answers to frequently asked questions can be found below.

Do separate and combined agencies serve different consumer populations?

Multiple studies have found that, in general, separate agencies serve consumers who are more socially and economically disadvantaged. Overall, consumers of separate agencies are more likely to:

- Have more severe vision loss
- Be Hispanic
- Have less than a high school diploma
- Have a secondary disability
- Be female
- Receive public assistance

In general, the population served by separate agencies contains more consumers at higher risk for unemployment due to their sociodemographic characteristics, such as lower levels of education and the presence of secondary disabilities.

Research Takeaway

Across multiple studies, separate agencies were found to serve a higher proportion of socially disadvantaged individuals but performed as well as, if not better than, combined agencies on key outcome measures, such as competitive employment rates

How does service provision differ between separate and combined agencies?

When served by a separate agency, legally blind consumers typically receive more services and spend more time in VR. This finding is not surprising, given that separate-agency consumers are more likely to be economically disadvantaged, have less education, or have a secondary disability. Separate agencies are more likely than combined agencies to provide their consumers with adjustment services, on-the-job training, and counseling/guidance services.

Costs in separate agencies are slightly higher than costs in combined agencies, and this may be due to several factors: (a) separate agencies tend to serve a more at-risk population who may require more services; (b) separate agencies deliver more services per consumer; and (c) separate agencies' consumers tend to spend a longer time in VR. It is also important to note that, although separate agencies may have greater expenditures, this does not speak to the question of cost-effectiveness, which also takes outcomes into consideration. It may be that, given the more at-risk population they serve, separate agencies are just as, or more, cost-effective than their combined agency peers.

Among Social Security Disability Insurance (SSDI) beneficiaries, consumers who receive job-readiness training from a separate agency experience better employment outcomes compared to their peers who receive the same service in a combined agency. This finding may indicate that separate agencies do an especially good job of providing consumers who need such work basics training with the extra support they need to achieve positive employment outcomes.

Do consumers served in separate and combined agencies have different outcomes?

In some states, consumers served in separate agencies were more likely to:

- Achieve competitive employment
- Report that income/earnings at closure are their primary source of support (rather than public assistance)

Separate agencies closed more clients in competitive employment and self-employment and close fewer clients as homemakers or unpaid family workers.

VR consumers who are deaf-blind were nearly twice as likely to be closed with employment if they received services from a separate agency rather than from a combined agency. Deaf-blind consumers served by general agencies (those that serve people with all disabilities other than blindness or visual impairment) were also more likely to be closed with employment than those served by combined agencies. Consumers with B/LV and a traumatic brain injury (TBI) who were serviced by separate agencies were also more likely to obtain competitive employment. However, there was no difference in earnings based on type of agency for consumers who are deaf-blind or B/LV and a TBI.

When SSDI recipients are served by separate agencies, they are more likely to achieve employment than those served in combined agencies. The positive impact of separate agencies was especially evident for older SSDI recipients. Rates of employment in combined agencies dropped off sharply for consumers over age 60. Consumers of a similar age served in separate agencies were more likely to achieve competitive employment, and this higher employment rate did not diminish as consumers grew older. Female SSDI beneficiaries, who usually have lower employment outcomes compared to males, had better results when served in a separate agency. Being served in a separate agency provided a substantial earnings advantage for younger SSDI beneficiaries as well.

Should separate agencies be maintained?

Findings from multiple research sources support the continued existence of separate agencies for the following reasons:

- Separate agencies serve a consumer population that is more economically and socially at risk for poor employment outcomes (for example, individuals who are the most significantly disabled). Consumers of separate agencies are more likely to have lower levels of education and higher levels of secondary disabilities and public assistance receipt.

- When compared with combined agencies, separate agencies provide more services at only a slightly higher cost.
- Consumers served in separate agencies are more likely to achieve competitive employment and earn higher wages.
- Among SSDI recipients, being served by a separate agency can help overcome employment disadvantages for women and older individuals, as well as provide an earnings boost to younger individuals.
- VR consumers who are B/LV and additional disabilities (i.e., deaf-blindness or TBI) have greater odds of obtaining employment when served by a separate agency.

Learn More

Cavanaugh, B. S. (1999). Relationship of agency structure and client characteristics to rehabilitation services and outcomes for consumers who are blind. Available for download: <https://www.blind.msstate.edu/research/publications/reports>

Cavanaugh, B. S. (2010). An update on services and outcomes of blind and visually impaired consumers served in separate and general/combined VR agencies. Available for download: <https://www.blind.msstate.edu/research/publications/reports>

Cavanaugh, B. S., Giesen, J. M., & Pierce, S. J. (2000). Rehabilitation of visually impaired persons in separate and general agencies. *Journal of Visual Impairment & Blindness*, 94(3), 133-145.

Giesen, J. M., & Cavanaugh, B. S. (2013). Disability Insurance beneficiaries with visual impairments in Vocational Rehabilitation: Socio-demographic influences on employment. *Journal of Visual Impairment & Blindness*, 107(6), 453-467. Available for download: <https://www.blind.msstate.edu/research/publications>

Giesen, J. M., & Lang, A. H. (2018). Predictors of earnings enabling likely roll departure for SSDI beneficiaries with visual impairments in vocational rehabilitation. *Journal of Disability Policy Studies*. DOI: 10.1177/1044207318780363. Available for download: <https://www.blind.msstate.edu/research/publications>

McDonnall, M. C., & Cmar, J. (2019). Employment outcomes and job quality of vocational rehabilitation consumers with deaf-blindness. *Rehabilitation Counseling Bulletin*, 63(1), 13-24. Available or download: <https://www.blind.msstate.edu/research/publications>

McDonnall, M. C., Cmar, J. L., & Sui, Z. (2020). Service factors and personal characteristics associated with employment and job quality for vocational rehabilitation consumers with combined traumatic brain injury and visual impairment. *Journal of Vocational Rehabilitation*, 52(3), 223-238. Available for download: <https://www.blind.msstate.edu/research/publications>

Contact Us

Email: nrtc@colled.msstate.edu

Webpage: www.blind.msstate.edu or www.ntac.blind.msstate.edu

Facebook: www.facebook.com/msu.nrtc/

Twitter: @MSU_NRTC



The contents of this manuscript were developed under a grant from the U.S. Department of Health and Human Services, NIDILRR grant 90RT5040-01-00.

However, these contents do not necessarily represent the policy of the Department of Health and Human Services and should not indicate endorsement by the Federal Government.