

Annual Report - Independent Living Services For Older Individuals Who Are Blind

RSA-7-OB for Missouri Rehabilitation Services for the Blind - H177B140025 report through September 30, 2014

Instructions

Introduction

The revised ED RSA-7-OB form incorporates revisions to the four established performance measures for the Independent Living Services for Older Individuals who are Blind (IL-OIB) program. Added in 2007, these measures aim to better reflect the program's impact on individual consumers and the community.

Added to capture information that may be required to meet GPRA guidelines, the performance measures can be found under Part VI: Program Outcomes/Performance Measures as follows:

Measure 1.1

Of individuals who received AT (assistive technology) services and training, the percentage who regained or improved functional abilities previously lost as a result of vision loss.

Measure 1.2

Of individuals who received orientation and mobility (O & M) services, the percentage who experienced functional gains or maintained their ability to travel safely and independently in their home and/or community environment.

Measure 1.3

Of individuals who received services or training in alternative non-visual or low vision techniques, the percentage that experienced functional gains or were able to successfully restore and maintain their functional ability to engage in their customary life activities within their home environment and community.

Measure 1.4

Of the total individuals served, the percentage that reported that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services.

Revisions to these established program performance measures consists of the following additional five items:

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only)

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (closed/inactive cases only)

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)

Submittal Instructions

OIB grantees are expected to complete and submit the 7-OB Report online through RSA's website (<https://rsa.ed.gov>), unless RSA is notified of pertinent circumstances that may impede the online submission.

To register with RSA's MIS, please go to <https://rsa.ed.gov> and click on *Info for new users*. The link provides instructions for obtaining an agency-specific username and password. Further instructions for completing and submitting the 7-OB Report online will be provided upon completion of the registration process.

OIB grantees submitting the 7-OB Report online are not required to mail signed copies of the 7-OB Report to RSA, but they must certify in the MIS that the signed and dated 7-OB Report and lobbying certification forms are retained on file.

The Report submittal deadline is no later than December 31 of the reporting year.

Part I: Funding Sources for Expenditures And Encumbrances — Instructions

Please note: Total expenditures and encumbrances for direct program services in Part I (C) must equal the total funds spent on service in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

- TITLE VII-CHAPTER 2 FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of your Title VII-Chapter 2 Grant Award for the reported Federal Fiscal Year (FY).
- OTHER FEDERAL GRANT AWARD FOR REPORTED FISCAL YEAR - Enter the total amount of any other federal grant award you received for the reported fiscal year
- TITLE VII-CHAPTER 2 CARRYOVER FROM PREVIOUS YEAR - Enter any chapter 2 grant carryover amount from the previous FY that was expended or encumbered in the reported FY.
- OTHER FEDERAL GRANT CARRYOVER FROM PREVIOUS YEAR - Enter any other federal grant carryover amount from the previous FY that was expended or encumbered in the reported FY from previous year

A. Funding Sources for Expenditures and encumbrances in reported fy

A1. Enter the total amount of Title VII-Chapter 2 funds *expended or encumbered* during the reported FY. Include expenditures or encumbrances made from both carryover funds from the previous FY and from the reported FY grant funds.

A2. Enter the total of any other federal funds *expended or encumbered* in the Title VII-Chapter 2 program during the reported FY. Designate the funding sources and amounts in (a) through (e).

A3. Enter the total amount of state funds *expended or encumbered* in the Title VII - Chapter 2 program. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A4. Enter the total amount of third party contributions including local and community funding, non-profit or for-profit agency funding, etc. Do not include in-kind contributions (e.g., documented value of services, materials, equipment, buildings or office space, or land).

A5. Enter the total amount of in-kind contributions from non-federal sources. Include value of property or services that benefit the Title VII-Chapter 2 program (e.g. the fairly evaluated documented value of services, materials, equipment, buildings or office space or land).

A6. Enter the total matching funds (A3 + A4 + A5). *Reminder:* The required non-federal match for the Title VII-Chapter 2 program is not less than \$1 for each \$9 of federal funds provided in the Title VII-Chapter 2 grant. Funds derived from or provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of non-federal contributions.

A7. Enter the total amount of all funds expended and encumbered (A1 + A2 + A6) during the reported fiscal year.

B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs

Enter the total amount of expenditures and encumbrances allocated to administrative, support staff, and general overhead costs. Do not include costs for direct services provided by agency staff or the costs of contract or sub-grantee staff that provide direct services under contracts or sub-grants. If an administrator spends a portion of his or her time providing administrative services and the remainder providing direct services, include only the expenditures for administrative services.

C. Total expenditures and encumbrances for direct program services

Enter the total amount of expenditures and encumbrances for direct program services by subtracting line B from line A7.

Part II: Staffing — Instructions

Base all FTE calculations upon a full-time 40-hour workweek or 2080 hours per year. Record all FTE assigned to the Title VII-Chapter 2 program irrespective of whether salary is paid with Title VII-Chapter 2 funds.

A. Full-time Equivalent (FTE) Program Staff

A1. Under the “Administrative & Support” column (A1a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers,

drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from the State agency. (For example, if 20% or 8 hours per week of a staff person's time were spent on administrative and support functions related to this program, the FTE for that staff person would be .2). Under the "Direct Services" column (A1b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, drivers for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from the State agency. If administrative or support staff of the State agency also provide direct services, report the FTE devoted to direct services in the "Direct Services" column (A1b). (For example, if 80% of a staff person's time were spent in providing direct services, the FTE for that person would be 8). Finally, add across the "Administrative & Support" FTE (A1a) and "Direct Service" FTE (A1b) to enter the total State agency FTE in the TOTAL (A1c) column.

A2. Under the "Administrative & Support" column (A2a), enter the full-time equivalent (FTE) of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the Title VII-Chapter 2 program from contractors or sub-grantees. Under the "Direct Services" column (A2b), enter the FTE of all direct service staff (e.g. rehabilitation teacher, IL specialist, orientation and mobility specialist, social worker, driver for individuals receiving services, etc.) assigned to the Title VII-Chapter 2 program from contractors and sub-grantees. If administrative staff of the contractors or sub-grantees also provides direct services, report the FTE devoted to direct services in the "Direct Services" column (A2b). Finally, add across the "Administrative & Support" FTE (A2a) and "Direct Service" FTE (A2b) to enter the total contractor or sub-grantee FTE in the TOTAL (A2c) column.

A3. Add each column for A1 and A2 and record totals on line A3.

B. Employed or advanced in employment

B1. Enter the total number of employees (agency and contractor/sub-grantee staff) with disabilities (include blind and visually impaired not 55 or older), including blindness or visual impairment, in B1a. Enter the FTE of employees with disabilities in B1b. (To calculate B1b, add the total number of hours worked by all employees with disabilities and divide by 2080 to arrive at the FTE)

B2. Enter the total number of employees (agency and contractor/sub-grantee staff) who are blind or visually impaired *and* age 55 and older in B2a. Enter the FTE of employees who are blind or visually impaired *and* age 55 or older in B2b. (To calculate B2b, add the total number of hours worked by employees who are blind or visually impaired *and* age 55 and older and divide by 2080 to arrive at the FTE)

B3. Enter the total number of employees (agency and contractor/sub-grantee staff) who are members of racial/ethnic minorities in B3a. Enter the FTE of employees who are members of racial/ethnic minorities in B3b. (To calculate B3b, add the total number of hours worked by employees who are members of racial/ethnic minorities and divide by 2080 to arrive at the FTE)

B4. Enter the total number of employees (agency and contractor/sub-grantee staff) who are women in B4a. Enter the FTE of employees who are women in B4b. (To calculate B4b, add the total number of hours worked by women and divide by 2080 to arrive at the FTE)

B5. Enter the total number of employees (agency and contractor/sub-grantee staff) who are ages 55 and older, but not blind or visually impaired, in B5a. Enter the FTE of employees who are

ages 55 and older, but not blind or visually impaired, in B5b. (To calculate B5b, add the total number of hours worked by employees who are ages 55 and older, but not blind or visually impaired, and divide by 2080 to arrive at the FTE)

C. Volunteers

C1. Enter the FTE of program volunteers in C1. (To calculate C1, add the total number of hours worked by all program volunteers and divide by 2080 to arrive at the FTE).

Part III: Data on Individuals Served — Instructions

Provide data in all categories on program participants who received one or more services during the fiscal year being reported.

A. Individuals Served

A1. Enter the number of program participants carried over from the previous federal fiscal year who received services in this reported FY (e.g. someone received services in September (or any other month) of the previous FY and continued to receive additional services in the reported FY).

A2. Enter the number of program participants who began receiving services during the reported fiscal year irrespective of whether they have completed all services.

A3. Enter the total number served during the reported fiscal year (A1 + A2).

B. Age

B1-B10. Enter the total number of program participants served in each respective age category.

B11. Enter the sum of B1 through B10. This must agree with A3.

C. Gender

C1. Enter the total number of females receiving services.

C2. Enter the total number of males receiving services.

C3. Enter the sum of C1 and C2. This must agree with A3.

D. Race/Ethnicity

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D1. Enter the number of individuals served who are Hispanic/Latino of any race or Hispanic/Latino only. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

D2. Enter the number of individuals served who are American Indian or Alaska Native. American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

D3. Enter the number of individuals served who are Asian. Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent

including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

D4. Enter the number of individuals served who are Black or African American. Black or African American means a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” may be used.

D5. Enter the number of individuals served who are Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

D6. Enter the number of individuals served who are White or Caucasian. White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

D7. Enter the number of individuals served who report two or more races but who are not Hispanic/Latino of any race.

D8. Enter “race and ethnicity unknown” only if the consumer refuses to identify race and ethnicity.

D9. Enter the total of D1 through D8. This number must agree with A3.

E. Degree of Visual Impairment

E1. Enter the number of individuals served who are totally blind (e.g. have light perception only or no light perception).

E2. Enter the number of individuals served who are legally blind (excluding those recorded in E1).

E3. Enter the number of individuals served who have severe visual impairment.

E4. Add E1 + E2 + E3 and enter the total. This number must agree with A3.

F. Major Cause of Visual Impairment

(Please note that the primary site for the definitions of diseases is <http://www.nia.nih.gov/AboutNIA/StrategicPlan/ResearchGoalA/Subgoal1.htm>.)

Enter only one major cause of visual impairment for each individual served.

F1. Enter the number of individuals served who have macular degeneration as the major cause of visual impairment. Age-related macular degeneration (AMD) is a progressive disease of the retina wherein the light-sensing cells in the central area of vision (the macula) stop working and eventually die. The cause of the disease is thought to be a combination of genetic and environmental factors, and

It is most common in people who are age 60 and over. AMD is the leading cause of legal blindness in senior citizens.

F2. Enter the number of individuals served who have diabetic retinopathy as the major cause of visual impairment. Diabetic retinopathy is the leading cause of new cases of legal blindness among working-age Americans and is caused by damage to the small blood vessels in the retina. It is believed that poorly controlled blood sugar levels are related to its progression. Most

persons with diabetes have non-insulin-dependent diabetes mellitus (NIDDM) or what is commonly called “adult-onset” or Type II diabetes, and control their blood sugar with oral medications or diet alone. Others have insulin-dependent diabetes mellitus (IDDM), also called “younger or juvenile-onset” or Type I diabetes, and must use insulin injections daily to regulate their blood sugar levels.

F3. Enter the number of individuals served who have glaucoma as the major cause of visual impairment. Glaucoma is a group of eye diseases causing optic nerve damage that involves mechanical compression or decreased blood flow. It is permanent and is a leading cause of blindness in the world, especially in older people.

F4. Enter the number of individuals served who have cataracts as the major cause of visual impairment. A cataract is a clouding of the natural lens of the eye resulting in blurred vision, sensitivity to light and glare, distortion, and dimming of colors. Cataracts are usually a natural aging process in the eye (although they may be congenital) and may be caused or accelerated by other diseases such as glaucoma and diabetes.

F5. Enter the number of individuals served who have any other major cause of visual impairment.

F6. Enter the sum of F1 through F5. This number must agree with A3.

G. Other Age-Related Impairments

Enter the total number of individuals served in each category. Individuals may report one or more non-visual impairments/conditions. The National Institute on Aging (NIA) Strategic Plan identifies age-related diseases, disorders, and disability including the following categories.

G1. Hearing Impairment: Presbycusis is the gradual hearing loss that occurs with aging. An estimated one-third of Americans over 60 and one-half of those over 85 have some degree of hearing loss. Hearing impairment occurs when there is a problem with or damage to one or more parts of the ear, and may be a conductive hearing loss (outer or middle ear) or a sensorineural hearing loss (inner ear) or a combination. The degree of hearing impairment can vary widely from person to person. Some people have partial hearing loss, meaning that the

Ear can pick up some sounds; others have complete hearing loss, meaning that the ear cannot hear at all. One or both ears may be affected, and the impairment may be worse in one ear than in the other.

G2. Diabetes: Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Type 2 diabetes, which results from insulin resistance and abnormal insulin action, is most prevalent in the older population. Diabetes complications, such as heart disease and loss of sight, increase dramatically when blood sugar is poorly controlled and often develop before diabetes is diagnosed.

G3. Cardiovascular Disease and Strokes: Diseases of the heart and blood vessels are the leading cause of hospitalization and death in older Americans. Congestive heart failure is the most common diagnosis in hospitalized patients aged 65 and older.

G4. Cancer: The second leading cause of death among the elderly is cancer, with individuals age 65 and over accounting for 70 percent of cancer mortality in the United States. Breast, prostate, and colon cancers, are common in older people.

G5. Bone, Muscle, Skin, Joint, and Movement Disorders: Osteoporosis (loss of mass and quality of bones), osteoarthritis (inflammation and deterioration of joints), and sarcopenia (age-related loss of skeletal muscle mass and strength) contribute to frailty and injury in millions of older people. Also contributing to loss of mobility and independence are changes in the central nervous system that control movement. Cells may die or become dysfunctional with age, as in Parkinson's disease. Therefore, older people may have difficulty with gross motor behavior, such as moving around in the environment, or with fine motor skills, such as writing.

G6. Alzheimer's Disease/Cognitive Impairment: Alzheimer's disease is the most common type of dementia (a brain disorder that significantly affects an individual's ability to carry out daily life activities) in older people. It and other cognitive impairments impact parts of the brain that control thought, memory, and language.

G7. Depression is widespread, often undiagnosed, and often under-treated in the elderly. It is believed to affect more than 6.5 million of the 35 million Americans who are 65 or older. Depression is closely associated with dependency and disability. Symptoms may include: loss of interest in normally pleasurable activities, persistent, vague or unexplained somatic complaints, memory complaints, change in weight, sleeping disorder, irritability or demanding behavior, lack of attention to personal care, difficulty with concentration, social withdrawal, change in appetite, confusion, delusions or hallucinations, feeling of worthlessness or hopelessness, and thought about suicide.

G8. Other Major Geriatric Concerns: Several conditions can compromise independence and quality of life in older persons including weakness and falls, urinary incontinence, benign prostatic hyperplasia, and co morbidity (co morbidity describes the effect of all other diseases an individual might have on the primary disease).

H. Type of Residence

H1. Enter the number of individuals served who live in private residence (house or apartment unrelated to senior living).

H2. Enter the number of Individuals served who live in senior living/retirement community (e.g. housing designed for those age 55 and older).

H3. Enter the number of individuals served who live in assisted living facility (e.g. housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry).

H4. Enter the number of individuals served who live in nursing homes/long-term care facility (e.g. any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis).

H5. Enter the number of individuals served who are homeless

H6. Enter the sum of H1, H2, H3, H4 and H5. This number must agree with A3.

I. Source of Referral

- I1. Enter the number of individuals served referred by an ophthalmologist or optometrist.
- I2. Enter the number of individuals served referred by a medical provider other than an ophthalmologist or optometrist.
- I3. Enter the number of individuals served referred by a state vocational rehabilitation agency.
- I4. Enter the number of individuals served referred by a government or social services agency defined as a public or private agency which provides assistance to consumers related to eligibility and securing entitlements and benefits, counseling, elder law services, assistance with housing, etc.
- I5. Enter the number of individuals served referred by the Veterans Administration
- I6. Enter the number of individuals served referred by a senior program defined as a community-based educational, recreational, or socialization program operated by a senior center, nutrition site, or senior club.
- I7. Enter the number of individuals served referred by an assisted living facility defined as housing that provides personal care and services which meet needs beyond basic provision of food, shelter and laundry.
- I8. Enter the number of individuals served referred by a nursing home/long-term care facility defined as any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis.
- I9. Enter the number of individuals served referred by a faith-based (religious affiliated) organization.
- I10. Enter the number of individuals served referred by an independent living center (ILC) defined as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.
- I11. Enter the number of individuals referred by a family member or friend.
- I12. Enter the number of individuals who were self-referred.
- I13. Enter the number of individuals referred from all other sources aside from those listed above.
- I14. Enter the sum of I1, I2, I3, I4, I5, I6, I7, I8, I9, I10, I11, I12, and I13. This number must agree with A3

Part IV: Types of Services Provided and Resources Allocated — Instructions

Please note: Total expenditures and encumbrances for direct program services in Part I C must equal the total funds spent on services in Part IV. Part I C must equal the sum of Part IV A1+B1+C1+D1.

In addition, salary or costs associated with direct service staff or contractors providing

direct services should be included in the cost of services provided in A, B, C, and D.

A. Clinical / Functional Vision Assessments and Services

A1. Enter the total cost from Title VII-Chapter 2 federal grant funds (A1a) and the total cost from all other sources of program funding (A1b) for clinical and/or functional vision assessments and services, whether purchased or provided directly.

A2. Enter the total number of program participants who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists or optometrists, and who received functional vision assessments or low vision evaluations to identify strategies for enhancing visual performance both without and with optical and low vision devices and equipment. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. These assessments are typically provided by skilled professionals or those who are certified or have a master's degree in low vision rehabilitation. Do not include evaluations for orientation and mobility. These should be included in C3.

A3. Enter the total number of program participants who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and, hospitalizations related to such services. Include *prescription* optics in this service category. Nonprescription optics should be reported in B2.

B. Assistive Technology Devices, Aids, Services and Training

B1. Enter the total cost from Title VII-Chapter 2 federal grant funds (B1a) and the total cost from all other sources of program funding (B1b) for the provision of assistive technology devices, aids, services and training.

B2. Enter the total number of program participants who received one or more assistive technology devices and aids. As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), "assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." Assistive technology devices may include such items as canes, slates, insulin gauges, CCTVs, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, Braille, large button telephones, etc.

B3. Enter the total number of program participants who received one or more assistive technology services and training. As defined in Section 3(5) of the Assistive Technology Act of 2004 (PL 108-364), "assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device." Services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, costs of loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision therapy services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

C. Independent Living and Adjustment Training and Services

C1. Enter the total cost from Title VII-Chapter 2 federal grant funds (C1a) and the total cost from all other sources of program funding (C1b) for the provision of services and adjustment training leading to independent living. Evaluation and assessment services (excluding those included in A2 or B3) leading to the planning and implementation of services and training should be included in these costs.

C2. Enter the total number of individuals who received orientation and mobility (O & M) services or travel training (i.e. learning to access public or private transportation and to travel safely and as independently as possible in the home and community with or without the use of mobility aids and devices).

C3. Enter the total number of individuals who received communication skills training (e.g. reading and writing Braille, keyboarding and computer literacy, computer skills training, using the telephone, handwriting guides, telling time, using readers, use of audio and tactile technologies for home, recreational or educational use; etc.). Training in the use of newspaper reading services and radio services should be included.

C4. Enter the total number of individuals who received personal management and daily living skills training (e.g. training in the use of adaptive aids and assistive technology devices for personal management and daily living, blindness and low vision alternative techniques for food preparation, grooming and dress, household chores, medical management, shopping, recreational activities, etc.)

C5. Enter the total number of individuals who received supportive services (e.g. reader services, transportation, personal attendant services, support service providers, interpreters, etc.) while actively participating in the program or attaining independent living goals.

C6. Enter the total number of program participants who participated in advocacy training or support network activities such as consumer organization meetings, peer support groups, etc.

C7. Enter the total number of individuals who received counseling (peer, individual or group) to assist them in adjusting to visual impairment and blindness.

C8. Enter the total number of program participants that received information and referral to other service providers, programs, and agencies (e.g. senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community. Do not include individuals who received *only* information and referral and for whom no other services were provided.

C9. Enter the total number of individuals served who were provided any other service not listed above.

D. Community Awareness Activities / Information and Referral

D1. Enter the total cost from Title VII-Chapter 2 federal grant funds (D1a) and the total cost from all other sources of program funding (D1b) for providing information and referral services and community awareness activities/events to individuals for whom this was the only service provided (i.e. training for other professionals, telephone inquiries, general inquiries, etc.).

D2. Enter the number of individuals receiving information and referral services for whom this is the only service provided. (optional)

D3. Enter the number of community awareness events/activities in which the Chapter 2 program participated during the reported year (D3a) and the number or estimated number of individuals who benefited from these activities (D3b).

Part V: Comparison of Prior Year Activities to Current Reported Year — Instructions

A1. Program Expenditures and Encumbrances (all sources) Enter the total cost of the program for the prior fiscal year (A1a), and the fiscal year being reported (A1b). The total cost of the program can be found in Part I A7. Calculate the change (plus or minus) from the prior year to the reported year (A1c).

A2. Number of Individuals Served Enter the total number of eligible individuals served in the prior year (A2a), and in the current reported year (A2b). The total number of individuals served can be found in Part III A3. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A2c).

A3. Number of Minority Individuals Served Enter the total number of minority individuals served in the prior year (A3a), and in the fiscal year currently being reported (A3b). The total number of minority individuals served is the total of Part III D1+D2+D3+D4+D5 +D7. Calculate the change (plus or minus) in the numbers served from the prior year to the reported year (A3c).

A4. Number of Community Awareness Activities Enter the number of community awareness activities or events in which the Chapter 2 program participated during the prior year (A4a), and in the fiscal year currently being reported (A4b). The number of community awareness activities is found in Part IV D3a. Calculate the change (plus or minus) in the number of events from the prior year to the year being reported (A4c).

A5. Number of Collaborating Agencies and Organizations Enter the number of collaborating organizations or agencies (formal agreements or informal activity) other than Chapter 2 paid sub-grantees or contractors in the prior year (A5a), and in the fiscal year currently being reported (A5b). Calculate the change (plus or minus) from the prior year to the year being reported (A5c).

A6. Number of Sub-grantees/Contractors If you provide services through sub-grantee agencies or contract, enter the number of sub-grantees or contracts in the prior year (A6a), and in the fiscal year currently being reported (A6b). Calculate the change (plus or minus) from the prior year to the year being reported (A6c). If you do not use sub-grantees, enter 0 in A6a, A6b, and A6c.

Part VI: Program Outcomes/Performance Measures — Instructions

A. Enter the number from Part IV B3 in A1. From available program data and evaluations, enter the number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss in A2. (closed/inactive cases only).

In A3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

B. Enter the number from Part IV C2 in B1. From available program data and evaluations, of those receiving orientation and mobility (O & M) services, enter the number of individuals who

experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services in B2 (closed/inactive cases only).

In B3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

C. Enter the number from Part IV C3 in C1. From available program data and evaluations, of those receiving communication skills training, enter the number of individuals who gained or maintained their functional abilities as a result of services they received in C2 (Closed/inactive cases only).

In C3, from available program data and evaluations, enter the number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

D. Enter the number from Part IV C4 in D1. From available program data and evaluations, of those receiving daily living skills training, enter the number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills In D2 (Closed/inactive cases only).

In D3, enter the Number of individuals for whom functional gains have not yet been determined at the close of the reporting period (This number would not include those individuals who are no longer receiving services and who either did not make functional gains or maintain functional ability before case closure or inactivity).

E1. Enter the Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E2. Enter the number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E3. Enter the number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received (Closed/inactive cases only).

E4. Enter the number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss (Closed/inactive cases only). "Change in lifestyle" is defined as any non-vision related event that results in the consumer's reduced independence, such as moving from a private residence (house or apartment) to another type of residence e.g. living with family, senior living community, assisted living facility, nursing home/long-term facility, etc. Reduced independence could also result in employing a caregiver to enable the consumer continue to live in his/her home. Examples of events that could result in reduced independence of the consumer include loss of spouse and onset or worsening of other health conditions such as diabetes, cancer, heart disease, etc.

E5. Enter the number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received (Closed/inactive cases only).

Part VII: Training and Technical Assistance — Instructions

On July 22, 2014, Public Law 113-128, the Workforce Innovation and Opportunity Act (WIOA) was enacted and included a new requirement under Section 751A that the RSA Commissioner shall conduct a survey of designated State agencies that receive grants under section 752 regarding training and technical assistance needs in order to determine funding priorities for such training and technical assistance. Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Independent Living Services for Older Individuals Who Are Blind grant (for example, financial management, reporting requirements on the 7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, outreach, etc.).

Part VIII: Narrative — Instructions

Self-explanatory.

Part IX: Signature Instructions

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

Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	619,369
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	398,612
Other federal grant carryover from previous year	0

A. Funding Sources for Expenditures in Reported FY

A1. Title VII-Chapter 2	337,165
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A2. Total other federal	0
(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	0
A3. State (excluding in-kind)	68,819
A4. Third party	0
A5. In-kind	0
A6. Total Matching Funds	68,819
A7. Total All Funds Expended	405,984
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	289,170

C. Total expenditures and encumbrances for direct program services

116,814

Part II: Staffing

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

A. Full-time Equivalent (FTE)

Program Staff a) Administrative and Support b) Direct Service c) Total

1. FTE State Agency	2.0000	3.2300	5.2300
2. FTE Contractors	0.5000	0.0000	0.5000
3. Total FTE	2.5000	3.2300	5.7300

B. Employed or advanced in employment

a) Number employed b) FTE

1. Employees with Disabilities	10	0.5000
2. Employees with Blindness Age 55 and Older	9	1.4000
3. Employees who are Racial/Ethnic Minorities	10	0.5000
4. Employees who are Women	41	1.9500

5. Employees Age 55 and Older 14 0.7000

C. Volunteers

C1. FTE program volunteers (number of volunteer hours divided by 2080) 0.00

Part III: Data on Individuals Served

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

A. Individuals Served

1. Number of individuals who began receiving services in the previous FY and continued to receive services in 512 the reported FY

2. Number of individuals who began receiving services in the reported FY 710

3. Total individuals served during the reported fiscal year (A1 + A2) 1,222

B. Age

1. 55-59 110

2. 60-64 117

3. 65-69 104

4. 70-74 121

5. 75-79 143

6. 80-84 197

7. 85-89 227

8. 90-94 162

9. 95-99 33

10. 100 & over 8

11. Total (must agree with A3) 1,222

C. Gender

1. Female 854

2. Male 368

3. Total (must agree with A3) 1,222

D. Race/Ethnicity

For individuals who are non-Hispanic/Latino only

1. Hispanic/Latino of any race 11

2. American Indian or Alaska Native 1

3. Asian	5
4. Black or African American	135
5. Native Hawaiian or Other Pacific Islander	0
6. White	1,069
7. Two or more races	1
8. Race and ethnicity unknown (only if consumer refuses to identify)	0
9. Total (must agree with A3)	1,222

E. Degree of Visual Impairment

1. Totally Blind (LP only or NLP)	70
2. Legally Blind (excluding totally blind)	831
3. Severe Visual Impairment	321
4. Total (must agree with A3)	1,222

F. Major Cause of Visual Impairment

1. Macular Degeneration 697

2. Diabetic Retinopathy 150

3. Glaucoma 148

4. Cataracts 19

5. Other 208

6. Total (must agree with A3) 1,222

G. Other Age-Related Impairments

1. Hearing Impairment 398

2. Diabetes 417

3. Cardiovascular Disease and Strokes 761

4. Cancer 113

5. Bone, Muscle, Skin, Joint, and Movement Disorders 736

6. Alzheimer's Disease/Cognitive Impairment 66

7. Depression/Mood Disorder 168

8. Other Major Geriatric Concerns 220

H. Type of Residence

1. Private residence (house or apartment) 986

2. Senior Living/Retirement Community 118

3. Assisted Living Facility 54

4. Nursing Home/Long-term Care facility 63

5. Homeless 1

6. Total (must agree with A3) 1,222

I. Source of Referral

1. Eye care provider (ophthalmologist, optometrist) 202

2. Physician/medical provider 97

3. State VR agency 16

4. Government or Social Service Agency	99
5. Veterans Administration	16
6. Senior Center	65
7. Assisted Living Facility	1
8. Nursing Home/Long-term Care facility	14
9. Faith-based organization	2
10. Independent Living center	39
11. Family member or friend	332
12. Self-referral	232
13. Other	107
14. Total (must agree with A3)	1,222

Part IV: Types of Services Provided and Resources Allocated

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

A. Clinical/functional vision assessments and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	9,673	
1b. Total Cost from other funds	0	
2. Vision screening / vision examination / low vision evaluation		922
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		30

B. Assistive technology devices and services

	Cost	Persons Served
1a. Total Cost from VII-2 funds	326,120	
1b. Total Cost from other funds	0	
2. Provision of assistive technology devices and aids		1,159
3. Provision of assistive technology services		1,041

C. Independent living and adjustment training and services

Cost	Persons
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		Served
1a. Total Cost from VII-2 funds	1,372	
1b. Total Cost from other funds	0	
2. Orientation and Mobility training		409
3. Communication skills		1,065
4. Daily living skills		978
5. Supportive services (reader services, transportation, personal		43
6. Advocacy training and support networks		231
7. Counseling (peer, individual and group)		1,027
8. Information, referral and community integration		777
. Other IL services		186

D. Community Awareness: Events & Activities

Cost	a. Events / Activities	b. Persons Served
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1a. Total Cost from VII-2 funds	0		
1b. Total Cost from other funds	0		
2. Information and Referral			4
3. Community Awareness: Events/Activities	0	0	

Part V: Comparison of Prior Year Activities to Current Reported Year

A. Activity

	a) Prior Year	b) Reported FY	c) Change (+ / -)
1. Program Cost (all sources)	644,880	467,431	-177,449
2. Number of Individuals Served	1,524	1,222	-302
3. Number of Minority Individuals Served	185	153	-32
4. Number of Community Awareness Activities	320	323	3
5. Number of Collaborating agencies and organizations	73	73	0
6. Number of Sub-grantees	0	0	

Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	1,041	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	725	69.64%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	260	24.98%
B1. Number of individuals who received orientation and mobility (O & M) services	409	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	262	64.06%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	124	30.32%
C1. Number of individuals who received communication skills training	1,065	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	734	68.92%

C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	295	27.70%
D1. Number of individuals who received daily living skills training	978	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	666	68.10%
D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	265	27.10%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	760	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	12	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	1	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	12	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	29	n/a

Part VII: Training and Technical Assistance Needs

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

Missouri's Older Blind Program has no training needs at this time.

Part VIII: Narrative

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

Missouri Rehabilitation Services for the Blind/Older Blind Services Program (RSB/OBS) uses the In-House Model to provide independent living services to its older blind clients. Rehabilitation teaching staff, based in each of RSB's seven district offices, is responsible for the provision of IL services to clients in their areas. The staff provides individualized and group training in the clients' own homes and communities. Services are provided in an itinerant model by rehabilitation teachers and orientation and mobility specialists, the majority of who are blind or severely visually impaired. This style of service delivery underscores the ability of individuals with visual impairment because seniors who are blind or visually impaired are able to observe the independence and ability of others with visual loss.

Our rehabilitation teachers and mobility specialists devote a portion of their time to serving clients of this program and provide services in both urban and rural areas. The decentralization of service provision enhances utilization of community resources regardless of the locale of the client and provides additional resources at no additional expense to the program.

RSB/OBS staff is committed to promoting the participation of minority individuals and groups in all aspects of independent living services. Our primary commitment is to provide services to a broader range of culturally diverse communities in both urban and rural geographic areas of Missouri. To attain this goal, we have used several outreach activities; particularly town meetings. The meetings are used to educate the public on the various age-related eye diseases and informed them of the services available to individuals who are experiencing vision loss. The goal is to establish an opportunity for the public to learn about blindness and dispel myths and misconceptions that inhibit the success of individuals who are blind or visually impaired.

Missouri's Older Blind Program expanded these outreach activities into rural and minority populated areas by scheduling town meetings in these neighborhoods. Information such as, program brochures, age-related eye disease materials, talking book information, and promotional materials were disseminated to market the program. seven of these events were conducted in 2014, all of which were held in rural areas.

Another significant outreach activity that continues to be remarkably effective is our low vision resource centers. Through these centers, low vision aids, writing guides, low vision pens, and bold line paper are provided to seniors who are visually impaired to use at the facility or try them out in their home where they can work in their own environment. The centers are utilized to increase public awareness and knowledge about blindness and its causes, because through them, materials on age-related eye diseases are disseminated. The centers are located in different facilities that are frequented by seniors including facilities that serve minority populations. To

publicize the centers, the establishments housing them have utilized newspapers, radio and television stations within their communities to promote this service. As a result, hundreds of seniors who are experiencing vision loss were served through these centers. Many of them were referred to the Older Blind Program for IL services.

Other outreach activities utilized by OBS Program staff in its efforts to reach Missouri's seniors include the events listed below: 1. Dissemination of OBS marketing materials. This was done with the assistance of senior centers, nutrition sites, home healthcare organizations, and other aging networks. 2. Contact with the Hispanic communities throughout the state. 3. Regional Black Expo held annually in St. Louis 4. RSB/OBS staff also participated in the Black Health Care Coalition which sponsors many health fairs throughout the state. 5. Senior health fairs of all cultures and in all geographic areas 6. Senior network meetings which meets monthly to network and discuss services that could benefit seniors. It is comprised of organizations and businesses that cater to persons who are age 55 or older. As a result, several referrals were made to the Older Blind Program.

The number of minorities who were served by the Older Blind Program in 2014 underscores the success of these outreach activities. According to the 2012 Missouri Census, the estimated number for people age 55 and above is 1,568,661. Of those, 89.3% are White, 8.3% African American, 1.4% Hispanic, 0.09% Asian, 0.03% American Indian or Alaska Native, 0.02% Native Hawaiian or other Pacific Islander, 0.03% another race/ethnicity, and 0.09% two or more races. In 2014, Missouri's Older Blind Program served 1,222 seniors. Of those, 87.48% were White, 11.48% African American, 0.09% Hispanic, 0.08% Asian, One individual who was American Indian, and one individual indicated two or more races. These data indicate that the program is serving a proportionate number of people from minority race/ethnic groups.

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

There were no new methods or approaches that were developed by the program that were incorporated into the State Plan for Independent Living during the last fiscal year. However, RSB continues to work with the State Independent Living Council and other interested parties on expanding independent living services. The agency's goal is to include services to older individuals who are blind or visually impaired in the expansion. Likewise, the Older Blind Program staff work tirelessly on the development and expansion of services in order to make them accessible to the blind or visually impaired seniors of this state. Similarly, we remain steadfast with our pursuit of partnerships and collaborations with agencies/organizations within the aging network and the disability communities. The OBS staff collaborates with the independent living centers to educate communities they serve and assist in developing programs in areas that are highly populated with minorities, including people with disabilities. A priority of the OBS Program along with our partners is to ensure full implementation of the Older Blind Program objectives. These agencies have a collaborative commitment to locate, assist, and/or refer individuals with visual impairments who are in need of vision-related services to our program. Furthermore, there is commitment to locate and assist individuals who are blind or visually impaired who are at risk of going into nursing homes or other facilities but who are able and desirous of remaining in a more integrated community setting. As a result, we have made great strides since the inception of the Older Blind Program both in the availability of vision-

related services to Missouri's seniors and in the education of the general public about their existence. OBS Program staff work with senior centers, nutrition sites, public libraries, Wolfner Talking Book and Braille Library, independent living centers, Department of Health and Senior Services, and other entities who work with Missouri's seniors to help expand services to the communities they serve. This is accomplished through the low vision resource centers placed at their facilities, town meetings, health fairs, and sensitivity trainings that our staff conducts on a regular basis. All of our collaborative activities provide the opportunity to share information with other service delivery agencies/organizations and reach seniors who are in need of our services. Each of these efforts is creatively different in its method of delivery, yet they all contribute to the same service delivery goal; that is, to help program participants retain or regain their ability to function independently in their home and/or communities.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

A Program Participant Survey was conducted by mail in FY 2014 by our Older Blind Service Program staff to determine how clients experienced the independent living skills training they received and to gather outcome data about their perceptions of the extent to which the services and adaptive devices they learned and received enhanced their level of independent functioning in various areas. The survey consisted of questions in the following categories: (1) consumer perception of the manner in which services were provided (3 questions); (2) outcomes of services provided (11 questions), and (3) consumer demographics (16 questions). This survey was designed to allow the RSB administrative team to acquire outcome data to report to RSA plus some additional data that would be useful in program analysis and planning.

Missouri's Older Blind Program mailed 764 surveys to consumers whose cases were closed in FY 2014. 355 consumers completed and returned the surveys to RSB Older Blind staff with a response rate of 46% (higher than the 45% response rate in 2013). Overall results of the Program Participant Survey data were very favorable. A majority of consumers reported positive levels of satisfaction with perceived outcomes of the services they received.

Manner in which Services Were Provided There was a high level of satisfaction related to RSB staff's ability to provide services on a timely basis (92%), express concern for consumers (94%), and the overall quality of the services provided (92%). There was no data representing significant dissatisfaction recorded in this category. These high levels of satisfaction speak well of the RSB Older Blind Program staff.

Consumer Perceptions of Outcomes Using a Likert scale rating, survey respondents were asked to rate their perceptions of their abilities because of participation in the program. The questions were designed to elicit responses on a 5-point scale. These questions also included the opportunity for respondents to indicate they neither agreed nor disagreed with the question. Also, it must be noted that not all survey respondents answered all questions. Therefore, the following results include those who chose to neither agree nor disagree, but they do not include those who did not respond to the question..

The outcome section of the survey reveals several areas of good indication that some of their priority outcomes were met. Respondents indicated high levels of agreement that they were less dependent on others (79%), that they felt more in control and confident to maintain their independence (88%), and that they were better able to participate in life's activities

independently (66%). These levels of satisfaction are especially significant considering the average age of respondents is 81 many of whom have co-morbidities. (The youngest consumer served was age 56 and the oldest was 100). 323 consumers responded to the age question of 355 respondents. The outcome data for specific skill areas varied somewhat. For example 68% reported being better able to travel and move independently, an extremely important outcome of the program; 49% reported they were better at managing their household cleaning, 77% were better able to access reading materials; 59% felt they were better able to prepare meals and 56% were better able to manage their paperwork. This is a complex skill area related to writing skills which can be very difficult for individuals with macular degeneration due to their central field loss and an area which often requires more time to improve upon after the case is closed. Furthermore, 63% indicated that they were better able to participate in the life and activities of their family, friends, and/or community, and 60% reported that they have regained or improved functional abilities that were previously lost or diminished as a result of vision loss after they received assistive technology (AT) services and/or training. It should be noted that while these percentages represent positive outcomes for the majority of respondents, the comments sections for many of these skill areas include statements about someone else still doing the task for them. Also, in some cases, the consumer may not have included some of these skills in their Independent Living Plan.

Demographics The demographics section indicated 67% of the respondents were female and 27% male. Six percent of the respondents did not answer this question. As for their living arrangements, 43% live alone, 32% live with their spouse, and 18% live with others, which may include family members, assistive living, or nursing homes. Since 86% of the respondents were Caucasian, 59% reported macular degeneration as their cause of vision loss. It is to be noted that the majority of cases of macular degeneration are seen among Caucasians. Only 4% identified themselves as Black; 1% as American Indian/Alaskan Native;; 1% Native Hawaiian or Other Pacific Islander; and 1% as Hispanic or Latino. Seven percent of the total 355 respondents did not answer the question on race.

With regard to race/ethnicity, during a 2014 site visit to the Kansas City offices, we discussed the minority populations they were serving. They were effectively serving the African-American population in their area but were challenged to identify the best strategies to reach the known Hispanic population in their area. Missouri is committed to identifying pockets of minority groups, especially new immigrant populations and developing effective outreach strategies to ensure they are responsive to the services they have to offer.

In addition to the 59% who reported having macular degeneration; 11% reported having glaucoma; 9% diabetic retinopathy; 4% cataracts and 10% checked "other." Seven percent did not answer the question. Of the 51% reporting a hearing loss, 26% indicated their hearing loss was moderate; 21% indicated their hearing loss to be severe, 18% reported a mild hearing loss, and 35% did not rate their hearing loss. Thirty-two percent indicated their health had worsened since their program began, 54% indicated that their health had remained the same, 7% reported that it had improved and 7% did not answer the question.

Only 10% had considered moving into a nursing home before they received vision rehabilitation services. This is a good sign that home and community based long term care services are helping people "age in place" and 60% felt that the vision-related services they received helped them remain in their own homes and age in place.

Clients were asked, "What was the greatest difference this program made in your life?" The comments shown below are a testament to the success of this Program.

• Being able to read again. • It help me with writing, reading and cooking. • Meeting people who care enough to help meeting me. And getting me started in programs, tapes, etc and who are available that will listen to me and try to help. • I do well in my house. This helped me with my close up. With writing checks and correspondence. This really helped in that area. talking books are great. • Learning how to cook, prepare meals and dealing with being blind. • Using computer and book reading on tape. • The talking clock has helped me keep time throughout the day very nice. • Able to hear the bible that I cannot read. • Has eliminated the unforeseen fear of continued diminishing loss of sight. The program has reinforced that alternatives are readily available. current aids of great value, such as audio watch, basic Braille skills, and home aid devices — like button pad indicators were provided. • By being able to do and see better. • To adjust to better situations. • I have enjoyed your ideas that have been very useful to me (watch, magnifier, large prints, talking videos. I thank the Blind Association for all your help. • More confidence, knowing there is help available. • More independence. • Knowing that problems with vision loss can be ameliorated • Being able to check my mail also read medicine bottles directions. • Helped with acceptance of situation determinations and confidence. • Make me feel strongly able to try, able to read with little tv mouse. Thank you. • Ability to read bible and prepare my Sunday school lessons. I teach young peoples class. • Better able to participate in ADL's. • Confidence I could do so much with low vision • Yes can use my devices to aid me in all aspects of my doing things, just like being able to write this down Thank you. • I was able to read print I hadn't been able to before I received my magnifiers. • I am able to communicate with others like me and other members of my family. • Learned to use microwave and locate things in cabinets and walk better with walkers, canes they provided. • Being able to sing in the choir at church with the glasses I received. • It enabled me to continue to live on my own and not always have to depend on others. • Improved my ability to do paper work, bills, letters, etc. • Better able to live in the world. • I was given such support and I don't feel I am left hanging out there alone! • The greatest difference for me was the visual aids they have made a world of difference. • Has made me more independent able to enjoy life. It provided me ways to do things on my own. • I have a better attitude toward life. • Being able to read with the magnifier. • Add all the parts and the program made a big difference. • To be more independent. • The ability to read and pay my bills. • Receiving aid (electronic) to help me in shopping & to read menus, ingredients, recipes, life saver. • Being able to do things that I wanted to do in my home. • Life is easier with the few things he showed me. With him being blind shows me that people with disabilities can do well with life. • Caring people assisting where needed. • I have found options to help my vision loss. • I was able to resolve my personal problem with my family I now am living alone. I have no irritable in my home that were affecting me. I made a friend with my worker who was a great listener and was calm and created a happy atmosphere. • It helped my confidence. • I am more able to do things on my own & for myself. • The visual aids are most helpful. They make me more sure of myself. • The help received has allowed me to leave the apartment and visit with others in the community rooms and to find the elevator to go down to games and meetings and the beauty shop etc. that is a very big plus. • This has helped me in so many many ways that it would take a book to tell you. Thank you. • I am able to move around better. • I can get on the computer better and cook better such as use the oven etc. • I am more independent, prepare meals, light house work. • I am able to remain at home with little help. • Being able to make my bills out and take care of checking account with the magnifier. And needles that you can thread. •

Helped me to walk in up town area. Lamp given me the light in areas where it was so needed. Magnifying tools help to read small print. • That I'm able to read my bible again with the help of my hand held magnifier and glasses • The technology you sent to me that able me to live independently in my home. • The large calendar a blessing the floor lamp is too. The various magnifying aids are very helpful, for reading my mail (bills-cards or letters from family and friends. The black line paper is also a blessing to keep me straight to write. • I am able to read where I had lost my reading ability. Also I liked my measuring cups & spoons. Helped me greatly. • Being able to read with the use of special reading glasses & magnifiers my cane makes me more confident in walking & crossing streets. It has been hard to transition for me only having partial sight. (I am thankful for that), having to sit up close in order to see my granddaughters performances in opera, not being able to drive anymore but I can get most places on the bus I am independent and plan to stay that way. • Get out of my hole and go. • Able to be active and participate. Run for city council and do the job. • Easier ways to complete tasks that were difficult due to vision loss. • Visual, having markers on stove, computer, microwave has been a real help. also, the patience and respect with which I was treated I think helped me regain some of my self-respect thank you. • Easier for me to read the daily paper. • More confident, given me more hope. • Able to read labels when shopping, read mail, instructions, recipes. • It helped me keep as much independence as possible. • Many little tips to help live life as normal as possible. Also items to help me in everyday life. Large number clock has been one of my favorite and most used items. Also magnifying glass, cooking utensils, etc. • As my vision waned I was able to maintain my life style with self confidence. • Uplift my personality. • More self assurance, I really like the reading books. • Become more independent.

Overall this summary represents the positive impact the Missouri Older Blind Program is having on its consumers. The survey is designed to cover all services offered and not all older consumers are interested in every service which is reflected in the data.

D. Briefly describe the impact of the Title VII-Chapter 2 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).

Missouri's Older Blind Program's goal is to identify, realize, and address the critical issues in serving our seniors who are blind or visually impaired. To achieve this goal, we work diligently in locating older individuals with severe visual impairment for whom employment is not their chosen goal but obtaining or retaining independent living is feasible and their preferred objective. Using these criteria, the rehabilitation teachers have continued to identify and train clients who are eligible for OBS services. The dedication and mission of the program staff have been the contributing factors in the success of this program. In 2013, 1,524 seniors were determined eligible and who received OBS Grant services. Of those, 900 were successfully rehabilitated. The two cases discussed below demonstrate the impact of the grant on Missouri's seniors who are blind or visually impaired, where services contributed significantly to increasing independence and quality of life for them. Case One To insure confidentiality, the client in this case will be referred to as Mrs. A. Mrs. A is 101 years-old, Caucasian, and lives alone in her own home. She has been visually impaired for some time and received services from us previously. She contacted us on March 12 2014 to refer herself because she had lost further vision. She was very much interested in remaining in her home and believed that with further training from one of our rehabilitation teachers, she could continue to live independently in her own home. Cause of her vision loss is Glaucoma. On March 19, she was visited by one of the rehabilitation

teachers for the initial interview. On that date, the client signed an application and was determined eligible for services. In addition to her vision loss, Mrs. A has a hearing loss, Bone, Muscle, Skin, Joint, and Movement Disorders. During the initial interview, she was provided with RSB brochures, CAP brochure and an explanation on her rights to appeal, and HIPAA information. The materials were provided in large print. Functional and low vision assessments were conducted during that visit and needed services were established. The functional assessment indicated that the client was functioning very well on her own because of services received previously. The low vision assessment revealed that Mrs. A would benefit from a Snow Digital magnifier, and a lap desk to use with her low vision aids. These aids were purchased and provided to the client. Other services provided included: Referral information and community integration, adjustment to blindness counseling, and assistive technology training. Mrs. A completed her Independent Living Plan and her case was closed successfully rehabilitated on June 27, 2014.

Case Two Case two will be referred to as Mr. B in order to maintain confidentiality. Mr. B is a 57 year-old Caucasian male who lives with his wife in their own home. He is legally blind as a result of detached retinas. At time of referral, his visual acuity was 20/400 in the right eye and is totally blind in the left. He was referred to our agency on October 07, 2013 by his Primary Physician because he had been experiencing difficulties when performing some daily tasks, such as reading and writing print, telling time, dialing a telephone, identifying money, setting dials on his appliances, reading medication labels, and getting around in his community safely. The only other health condition that was reported at time of referral was Cardiovascular Disease and strokes. Mr. B was visited by one of our rehabilitation teachers on December 10, 2013 to conduct the initial interview. On that day, the client signed an application and was determined eligible for Older Blind Services. During the initial visit, he was provided with OBS and CAP brochures, HIPAA information, and consumer organization literature. In addition, functional and low vision assessments were conducted to identify needed services. The functional assessment revealed that Mr. B needed training in the following areas. Low vision training, writing skills, personal management, activities of daily living, Home management, orientation and mobility, advocacy skills, assistive technology training, and adjustment to blindness counseling. The low vision assessment showed that the client would benefit from an Eschenbach 4X hand held LED magnifier for accessing printed information, Grey sunshields for outdoor use, and Yellow sunshields to help with indoor tasks. A plan was developed and agreed upon by both parties and services were then initiated. In addition to the training, Mr. B was provided with the following adaptive aids: The magnifiers mentioned above, sun glasses, writing aids, a MED-E-LERT Automatic pill dispenser, a large print calendar, a talking watch, a talking alarm clock, a Reizen LED torch flashlight, and a Men's folding leather wallet/organizer. Mr. B thrived and blossomed during the training and learned a lot more than he had anticipated. He reported that the services provided had helped enhance his quality of life and he was very grateful. On September 26, 2014, after Mr. B was satisfied that all services he requested were provided, his case was closed as successfully rehabilitated.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

Missouri's Older Blind Program does not have any problems or concerns at this time.

Part IX: 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 Kevin Faust

Title Acting Deputy Director

Telephone 573-751-4249

Date signed 12/23/2014