**Legislative Oversight Committee**
South Carolina House of Representatives
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Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811

# Program Evaluation Report
# Guidelines for Agency Responses

**Submitted by**

## Blind, Commission for the

**July 27, 2015**

## Strategically Planned Public Benefits

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who | |

**Similar Information** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other | |

**Instructions**: Below is the information included in the "goals, strategies, objectives and description" columns of the Strategic Planning

| From Strategic Planning Template agency submitted in its 2013-14 Accountability Report | | | | |
|---|---|---|---|---|
| **G#** | **S#** | **O#** | **Description** | **Public Benefits** |
| G1 | | | Deliver quality, individualized vocational rehabilitation services that will assist Blind and visually impaired individuals in obtaining or maintaining competitive employment | *Type of public benefit provided or public harm prevented by accomplishment of the goal, strategy or objective (i.e. tangible benefit realized by citizens)* |
| | S1.1 | | Increase the number of consumers served by the vocational rehabilitation program | |
| | | O1.1.1 | Expand outreach services to the unserved and underserved rural counties | |
| | | O1.1.2 | Recruit community rehabilitation programs | |
| | | O1.1.3 | Engage in random case service review process | |
| | | O1.1.4 | Maintain an adequate consumer to counselor ratio to ensure expediency of service delivery | |
| | | O1.1.5 | Provide adjustment to blindness, assistive technology and job readiness training | |
| | | O1.1.6 | Maintain interagency collaboration and community contacts to increase public awareness of SCCB services | |
| | | O1.1.7 | Expand job search, development and placement opportunities | |
| | | O1.1.8 | Increase the number of successful closures by 10% in FY 2015 | |
| | | O1.1.9 | Maintain 80% of competitive employment placements at or above the minimum wage | |
| G2 | | | Provide adjustment to blindness and independent living skills training to Blind and visually impaired consumers | |

| | | | | |
|---|---|---|---|---|
| | S2.1 | | Maintain consistent and quality individualized independent living services | |
| | | O2.1.1 | Maintain community interaction and develop referral sources in unserved and underserved rural counties | |
| | | O2.1.2 | Conduct home and community meetings to coordinate individualized training | |
| | | O2.1.3 | Collaborate with nonprofit, social and human service organizations to provide early intervention services | |
| G3 | | | Provide the administrative leadership necessary to accomplish the agency mission | |
| | S3.1 | | Ensure that the job functions of all staff contribute to the achievement of the agency's mission | |
| | | O3.1.1 | Maintain a diversified workforce | |
| | | O3.1.2 | Ensure the timely submission of EPMS documents for all permanent employees | |
| | | O3.1.3 | Provide staff development training to improve employee's skills | |
| | | O3.1.4 | Automate and maintain the integrity of agency workflow data systems | |

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| Cost | |
| Total Employee Time | |
| # of Employees who | |

**Similar Information Requested** Information Requested below is also requested in…

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| Other Report: | |
| Question # of the Other | |

**Instructions**: Copy and paste the information from the agency's Strategically Planned Public Benefits Chart into the first four columns. In the remaining columns please provide information about the individual who has primary responsibility/accountability for each goal, strategy and objective (i.e. Responsible Lead). The Responsible Lead has employees and possibly even different teams of employees beneath him/her to help accomplish the objective. However, the Responsible Lead is the person who, in conjunction with his/her team and approval from higher level superiors, sets the performance measure targets and heads the gameplan for how to accomplish the goal, strategy or objective for which they are responsible. Under the "Position" column, type the Responsible Lead's position at the agency. Under "Office Address" column, type the address for the office from which the Responsible Lead works. Under the "Department/Division" column, type the department or division at the agency in which the Responsible Lead works. Under the "Department/Division Summary" column, type a brief summary (no more than 1-2 sentences) of what that department or division does in the agency.

| From Strategic Planning Template agency submitted in its 2013-14 Accountability Report | | | | Responsible Lead (i.e. Employee who has primary responsibility/accountability for ensuring goal, strategy or objective is met or exceeded) | | | | |
|---|---|---|---|---|---|---|---|---|
| **G#** | **S#** | **O#** | **Description** | **Name** | **Position** | **Office Address** | **Dept/Divison** | **Dept/Division Summary** |
| G1 | | | Deliver quality, individualized vocational rehabilitation services that will assist Blind and visually impaired individuals in obtaining or maintaining competitive employment | *Type the Responsible Lead's name* | *Type the Responsible Lead's position at the agency* | *Type the address for the office from which the Responsible Lead works* | *Type the department or division at the agency in which the Responsible Lead works* | *Type a brief summary (no more than 1-2 sentences) of what that department or division does in the agency* |
| | S1.1 | | Increase the number of consumers served by the vocational rehabilitation program | | | | | |
| | | O1.1.1 | Expand outreach services to the unserved and underserved rural counties | | | | | |
| | | O1.1.2 | Recruit community rehabilitation programs | | | | | |
| | | O1.1.3 | Engage in random case service review process | | | | | |
| | | O1.1.4 | Maintain an adequate consumer to counselor ratio to ensure expediency of service delivery | | | | | |
| | | O1.1.5 | Provide adjustment to blindness, assistive technology and job readiness training | | | | | |
| | | O1.1.6 | Maintain interagency collaboration and community contacts to increase public awareness of SCCB services | | | | | |
| | | O1.1.7 | Expand job search, development and placement opportunities | | | | | |
| | | O1.1.8 | Increase the number of successful closures by 10% in FY 2015 | | | | | |
| | | O1.1.9 | Maintain 80% of competitive employment placements at or above the minimum wage | | | | | |
| G2 | | | Provide adjustment to blindness and independent living skills training to Blind and visually impaired consumers | | | | | |
| | S2.1 | | Maintain consistent and quality individualized independent living services | | | | | |
| | | O2.1.1 | Maintain community interaction and develop referral sources in unserved and underserved rural counties | | | | | |
| | | O2.1.2 | Conduct home and community meetings to coordinate individualized training | | | | | |
| | | O2.1.3 | Collaborate with nonprofit, social and human service organizations to provide early intervention services | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| G3 | | | Provide the administrative leadership necessary to accomplish the agency mission | | | | | |
| | S3.1 | | Ensure that the job functions of all staff contribute to the achievement of the agency's mission | | | | | |
| | | O3.1.1 | Maintain a diversified workforce | | | | | |
| | | O3.1.2 | Ensure the timely submission of EPMS documents for all permanent employees | | | | | |
| | | O3.1.3 | Provide staff development training to improve employee's skills | | | | | |
| | | O3.1.4 | Automate and maintain the integrity of agency workflow data systems | | | | | |

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| **Agency Responding** | Blind, Commission for the |
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**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please copy and paste the information from the Strategically Planned Public Benefits Chart into the first four columns of this chart. Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish the goal, strategy or objective. Under the "Ways Agency works with Current Partners," type in general terms the ways the agency works with the entity and projects/initiatives on which they work together. **List only one partner per row. If there are multiple partner entities for a particular goal, strategy or objective, copy and paste that row as many times as needed so each current partner entity is on a separate row**.

NOTE: ***If a partner entity applies to an objective, should the agency list the entity again under the strategy that objective supports and goal that strategy supports?*** No, since objectives are supposed to support strategies, the partner entites listed for an objective will technically also be a partner entity for the strategy that objective is under. HOWEVER, for purposes of this chart, list only the partner entities that are unique to each objective, strategy or goal. Therefore, partner entites that are listed by a strategy, relate to that strategy, but do not relate to any of the objectives under that strategy (because if it did, it would be listed beside that objective). In the same way, partner entites that are listed by a goal, relate to that goal, but do not relate to any of the strategies or objectives under that goal.
***How should the agency handle entities it works with on multiple objectives or strategies?*** While the same partner entity should not be listed beside a strategy if it relates to an objective under the strategy or a goal if it relates to the strategy or objective under that goal; a partner entity may be listed multiple times if the agency works with it on multiple objectives that are under different strategies or on multiple strategies that are under different goals.

| From Strategic Planning Template agency submitted in its 2013-14 Accountability Report | | | | | |
|---|---|---|---|---|---|
| **G#** | **S#** | **O#** | **Description** | **Current Partner Entities** | **Ways Agency works with Current Partners** |

| | | | | | |
|---|---|---|---|---|---|
| G1 | | | Deliver quality, individualized vocational rehabilitation services that will assist Blind and visually impaired individuals in obtaining or maintaining competitive employment | *Type entities the agency is currently working with that helps the agency accomplish the objective* | *General terms, further details are requested in Partner Details Chart.* |
| | S1.1 | | Increase the number of consumers served by the vocational rehabilitation program | | |
| | | O1.1.1 | Expand outreach services to the unserved and underserved rural counties | | |
| | | O1.1.2 | Recruit community rehabilitation programs | | |
| | | O1.1.3 | Engage in random case service review process | | |
| | | O1.1.4 | Maintain an adequate consumer to counselor ratio to ensure expediency of service delivery | | |
| | | O1.1.5 | Provide adjustment to blindness, assistive technology and job readiness training | | |
| | | O1.1.6 | Maintain interagency collaboration and community contacts to increase public awareness of SCCB services | | |
| | | O1.1.7 | Expand job search, development and placement opportunities | | |
| | | O1.1.8 | Increase the number of successful closures by 10% in FY 2015 | | |
| | | O1.1.9 | Maintain 80% of competitive employment placements at or above the minimum wage | | |
| G2 | | | Provide adjustment to blindness and independent living skills training to Blind and visually impaired consumers | | |
| | S2.1 | | Maintain consistent and quality individualized independent living services | | |
| | | O2.1.1 | Maintain community interaction and develop referral sources in unserved and underserved rural counties | | |
| | | O2.1.2 | Conduct home and community meetings to coordinate individualized training | | |
| | | O2.1.3 | Collaborate with nonprofit, social and human service organizations to provide early intervention services | | |
| G3 | | | Provide the administrative leadership necessary to accomplish the agency mission | | |
| | S3.1 | | Ensure that the job functions of all staff contribute to the achievement of the agency's mission | | |

| | | | | | |
|---|---|---|---|---|---|
| | | O3.1.1 | Maintain a diversified workforce | | |
| | | O3.1.2 | Ensure the timely submission of EPMS documents for all permanent employees | | |
| | | O3.1.3 | Provide staff development training to improve employee's skills | | |
| | | O3.1.4 | Automate and maintain the integrity of agency workflow data systems | | |

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**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

| | |
|---|---|
| **Similar Information Requested** | Information Requested below is also requested in… |
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: For each of the Partner Entities listed in the Strategically Planned Partners Chart, provide the details requested below for each. Beside "Type of Entity" state the type of entity the partner entity falls within from the drop down menu. If the entity does not fall within of the categories that appears, select "other" and then describe the type of entity in the next row labeled, "Other Entity Explanation." Next to "Contribute Cash or In-Kind Services/Products?" type Y or N to indicate, Yes the entity contibutes cash or in-kind services/products to the agency or No the entity does not. If the response is Y, include the average annual value of the cash or in-kind contribution over the last five fiscal years on the next row beside "Avg. Annual Value of Cash or In-Kind." Next to "Provide Volunteers?" type Y or N to indicate, Yes the entity provides volunteers to the agency or No the entity does not. If the response is Y, include the average annual number of volunteer hours over the last five fiscal years on the next row beside "Avg. Annual Volunteer Hours." Next to, "Part of Mission to Help Agency?" type Y or N to indicate, Yes part of the entity's mission is to help the agency or No it is not. On the next row, beside "Created by Agency?" type Y or N to indicate, Yes the entity was created by the agency or No it was not. NOTE: Responses are not limited to the number of columns below that have borders around them, please list all that are applicable.

| **Name of Partner Entity** | *Copy and paste from Strategically Planned Partners Chart* | *Copy and paste from Strategically Planned Partners Chart* | *Copy and paste from Strategically Planned Partners Chart* | *Copy and paste from Strategically Planned Partners Chart* |
|---|---|---|---|---|
| **What type of entity is the Partner entity?** | | | | |
| **Other Entity Explanation** | | | | |
| **# of years as Partner Entity to Agency** | | | | |
| **Contribute Cash or In-Kind Services, Products?** (Y or N) | | | | |
| **Avg. Annual Value of Cash or In-Kind Contribution** | | | | |
| **Provide Volunteers?** (Y or N) | | | | |
| **Avg. Annual Volunteer Hours** | | | | |
| **Part of Mission to Help Agency?** (Y or N) | | | | |
| **Created by Agency?** (Y or N) | | | | |

| | |
|---|---|
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**Resources utilized to Complete Chart**

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|---|---|
| Cost | |
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| # of Employees who worked on it | |

| **Similar Information Requested** | Information Requested below is also requested in… |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Below is the information from the Performance Measurement template the agency submitted in its 2013-14 Accountability Report, if it was required to submit an Accountability Report. **Please add performance measures the agency provided in its Accountability Reports for the last five (5) fiscal years into this format as well**. Also, add any additional performance measures the agency has adopted since submitting its 2013-2014 Accountability Report. Under the column titled, "Type of Measure," pick the classification of performance measure that best fits the performance measure from the drop down box. See the definitions below these instructions for information on what falls within each type of measure. Under the column, "Year Utilized," type the year the performance measure was utilized. **Include only one year on each row** (i.e. if the performance measure was used in 2011-12, 2012-13 and 2013-14, the performance measure would be listed on three (3) separate rows with 2011-12 on one row, 2012-13 on the second row and 2013-14 on the third row. The Committee asks for each year to be a separate row because this allows agencies flexibility to report all the information (i.e. if the agency used the same performance measure in multiple years, but the data source for the information changed (i.e. SCEIS) during the most recent year it was used, the agency could indicate this because the information related to the performance measure each year is on a separate row). NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

**Types of Measures**: (description from Accountability Report)
***Outcome Measure*** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.
***Efficiency Measure*** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection
***Output Measure*** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.
***Input/Explanatory Measure*** - Resources that contribute to the production and delivery of a service. INputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

| | | | | | From Strategic Planning Template agency submits with Accountability Report | | | |
|---|---|---|---|---|---|---|---|---|
| **Performance Measure Item #** | **Performance Measure** | **Associated Strategy(ies) and Objective(s) #** | **Type of Measure** | **Year Utilized (ONLY ONE PER ROW)** | **Time Applicable** | **Data Souce and Availability** | **Reporting Freq.** | **Calculation Method** |
| 1 | Vocational Rehabilitation Referrals | 1.1.1, 1.1.2, 1.1.6 | | | July 1 - June 30 | AWARE Case Management System | Monthly | AWARE Case Management System Reports |
| 2 | Competitive Employment Closures | 1.1.2, 1.1.4, 1.1.5, 1.1.7, 1.1.8 | | | July 1 - June 30 | AWARE Case Management System | Quarterly | AWARE Case Management System Reports |
| 3 | Competitive Employment Closure Quality Rate | 1.1.2, 1.1.4, 1.1.5, 1.1.7, 1.1.8, 1.1.9 | | | July 1 - June 30 | AWARE Case Management System | Quarterly | AWARE Case Management System Reports |
| 4 | Independent Living Referrals | 2.1.1, 2.1.3 | | | July 1 - June 30 | AWARE Case Management System | Monthly | AWARE Case Management System Reports |
| 5 | Independent Living Successful Closures | 2.1.2 | | | July 1 - June 30 | AWARE Case Management System | Quarterly | AWARE Case Management System Reports |
| 6 | Total Number of Consumers Served | 1.1.1, 1.1.2, 1.1.6, 2.1.1, 2.1.3, 3.1.3, 3.1.4 | | | July 1 - June 30 | AWARE Case Management System | Quarterly | AWARE Case Management System Reports |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Add performance measures the agency provided in its Accountability Reports for the last 5 years into this format* | *Include current Strategy or Objective # measure relates to OR if the performance measure related to a strategy or objective the agency no longer has, type "Agency no longer has associated Strategy/Objective"* | | | | | | |
| | *Add any additional performance measures the agency has adopted since submitting its 2013-2014 Accountability Report* | | | | | | | |

# Performance Measures - Results

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|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

| **Similar Information Requested** | Information Requested below is also requested in… |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please copy and paste the information from the Performance Measures - Explained Chart into the first five columns of this chart. Under the "Target Value for that Year" column, type the target or value the agency wanted to reach for the performance measure for the year stated in the "Year Utilized" column. Under the "Actual Value for that Year" column, type the actual value the agency had for that performance measure at the end of the year stated in the "Year Utilized" column. Finally, go back through and **copy and paste any rows necessary so that each row has only one associated strategy or objective per row**. (i.e. if the performance measure had 3 associated objectives one year, the performance measure for that year would be listed on three (3) separate rows with each associated objective on a different row.) NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

| Performance Measure Item # | Performance Measure | Associated Strategy or Objective # (ONLY ONE PER ROW) | Type of Measure | Year Utilized | Target Value for that Year | Actual Value for that Year |
|---|---|---|---|---|---|---|
| | *Copy and paste the information from the Performance Measures - Explained Chart into the first five columns of this chart* | | | | | |
| | | | | | | |
| | | | | | | |

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**Resources utilized to Complete Chart**

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| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please list all sources of funding available in all bank accounts at the end of fiscal year 2013-14, all currently available to the agency and all anticipated funding sources in 2015-16. Examples of funding sources include, but are not limited to, Foundations, Non-Profits, General Assembly, Federal Government, grants, sales, fines, outside contracts, interest from bank accounts holding restricted or any other type of funds, etc. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

| **Source of Funds** | **Restrictions on use of funds** (List any restrictions; If no restrictions, type "None") | **Amount available at end of 2013-14** | **Amount currently available** (i.e. cash on hand) | **Bank Account in which funds are held** | **Additional funds reasonably anticipated from source in 2015-16** |
|---|---|---|---|---|---|
| | | | | | |
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| Question # of the Other Report: | |

**Instructions**: Please copy and paste the information from the Strategically Planned Outcomes Chart into the first four columns of this chart (i.e. under G#, S#, O# and Description). The remaining columns include the categories listed for the agency in the final 2014-15 General Appropriations Bill. The first row includes the total amount budgeted for each category. For each objective in the remaining rows (or strategy if there are no objectives under a strategy), please type the amount of money spent from each category in an effort to accomplish that objective (or strategy). When added together, the individual amounts spent on each objective (or strategy) should add together to equal the Total Budget for the applicable category. **Remember, only type the amounts in the boxes highlighted in yellow.**

| **Fiscal Year** | **2014-15** |
|---|---|

| From Strategic Planning Template agency submits with Accountability Report | | | | Cash on Hand at Start of Year | New Money, per category, outlined in General Appropriations Bill | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **G#** | **S#** | **O#** | **Description** | **Amount available at end of 2013-14** | **FY 2014-15 Agency Beginning Base** | **Aging Blind - Part 1A Recurring Funds H.4701 - State Funds** | **Nonrecurring Proviso 118.16 - State Funds** | **Tobacco MSA Provisos 118.15 - State Funds** | **FY 2013-14 Capital Reserve Fund H.4702 - State Funds** | **Federal Funds** | **Other Funds** | **Total** |
| | | | Total Money Available | *Copy and paste from Funding Sources Chart* | $2,764,363 | $150,000 | $0 | $0 | $0 | $8,433,255 | $293,000 | |
| G1 | | | Deliver quality, individualized vocational rehabilitation services that will assist Blind and visually impaired individuals in obtaining or maintaining competitive employment | | | | | | | | | |
| | S1.1 | | Increase the number of consumers served by the vocational rehabilitation program | | | | | | | | | |
| | | O1.1.1 | Expand outreach services to the unserved and underserved rural counties | | | | | | | | | |
| | | O1.1.2 | Recruit community rehabilitation programs | | | | | | | | | |
| | | O1.1.3 | Engage in random case service review process | | | | | | | | | |
| | | O1.1.4 | Maintain an adequate consumer to counselor ratio to ensure expediency of service delivery | | | | | | | | | |
| | | O1.1.5 | Provide adjustment to blindness, assistive technology and job readiness training | | | | | | | | | |
| | | O1.1.6 | Maintain interagency collaboration and community contacts to increase public awareness of SCCB services | | | | | | | | | |
| | | O1.1.7 | Expand job search, development and placement opportunities | | | | | | | | | |
| | | O1.1.8 | Increase the number of successful closures by 10% in FY 2015 | | | | | | | | | |
| | | O1.1.9 | Maintain 80% of competitive employment placements at or above the minimum wage | | | | | | | | | |
| G2 | | | Provide adjustment to blindness and independent living skills training to Blind and visually impaired consumers | | | | | | | | | |
| | S2.1 | | Maintain consistent and quality individualized independent living services | | | | | | | | | |
| | | O2.1.1 | Maintain community interaction and develop referral sources in unserved and underserved rural counties | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | O2.1.2 | Conduct home and community meetings to coordinate individualized training | | | | | | | | | |
| | | O2.1.3 | Collaborate with nonprofit, social and human service organizations to provide early intervention services | | | | | | | | | |
| G3 | | | Provide the administrative leadership necessary to accomplish the agency mission | | | | | | | | | |
| | S3.1 | | Ensure that the job functions of all staff contribute to the achievement of the agency's mission | | | | | | | | | |
| | | O3.1.1 | Maintain a diversified workforce | | | | | | | | | |
| | | O3.1.2 | Ensure the timely submission of EPMS documents for all permanent employees | | | | | | | | | |
| | | O3.1.3 | Provide staff development training to improve employee's skills | | | | | | | | | |
| | | O3.1.4 | Automate and maintain the integrity of agency workflow data systems | | | | | | | | | |
| | | | Total Spent per Budget Category | | | | | | | | | |

| G# | S# | O# | Explanations or Additional Notes from Agency (Optional) |
|---|---|---|---|
| | | | *Type in the Goal, Strategy or Objective the explanation applies to in the boxes to the left, then type the explanation in this box.* |
| | | | |
| | | | |

## Strategic Plan - Laws as Basis

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|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

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|---|---|
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**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please type in the statute, regulation and proviso which provides a basis for the agency to pursue each goal, strategy and objective. Next to each statute, regulation and proviso type a short summary of the statute (if they agency previously listed the law in the Legal Standards Chart of the Restructuring Act, the agency can copy and paste the summary from there, which is also found in the Laws to Further Evaluate Chart of this Report). **Type only one law per row. If multiple laws apply to a particular goal, strategy or objective, copy and paste that row as many times as needed to ensure you list each law that applies on a separate row.**

From Strategic Planning Template agency submits with Accountability Report

| G# | S# | O# | Description | Statute, Regulation, Proviso | Summary of Statutory Requirement and/or Authority Granted |
|---|---|---|---|---|---|
| G1 | | | Deliver quality, individualized vocational rehabilitation services that will assist Blind and visually impaired individuals in obtaining or maintaining competitive employment | | |
| | S1.1 | | Increase the number of consumers served by the vocational rehabilitation program | | |
| | | O1.1.1 | Expand outreach services to the unserved and underserved rural counties | | |
| | | O1.1.2 | Recruit community rehabilitation programs | | |
| | | O1.1.3 | Engage in random case service review process | | |
| | | O1.1.4 | Maintain an adequate consumer to counselor ratio to ensure expediency of service delivery | | |

| | | | | | |
|---|---|---|---|---|---|
| | | O1.1.5 | Provide adjustment to blindness, assistive technology and job readiness training | | |
| | | O1.1.6 | Maintain interagency collaboration and community contacts to increase public awareness of SCCB services | | |
| | | O1.1.7 | Expand job search, development and placement opportunities | | |
| | | O1.1.8 | Increase the number of successful closures by 10% in FY 2015 | | |
| | | O1.1.9 | Maintain 80% of competitive employment placements at or above the minimum wage | | |
| G2 | | | Provide adjustment to blindness and independent living skills training to Blind and visually impaired consumers | | |
| | S2.1 | | Maintain consistent and quality individualized independent living services | | |
| | | O2.1.1 | Maintain community interaction and develop referral sources in unserved and underserved rural counties | | |
| | | O2.1.2 | Conduct home and community meetings to coordinate individualized training | | |
| | | O2.1.3 | Collaborate with nonprofit, social and human service organizations to provide early intervention services | | |
| G3 | | | Provide the administrative leadership necessary to accomplish the agency mission | | |
| | S3.1 | | Ensure that the job functions of all staff contribute to the achievement of the agency's mission | | |
| | | O3.1.1 | Maintain a diversified workforce | | |
| | | O3.1.2 | Ensure the timely submission of EPMS documents for all permanent employees | | |
| | | O3.1.3 | Provide staff development training to improve employee's skills | | |
| | | O3.1.4 | Automate and maintain the integrity of agency workflow data systems | | |

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

| **Similar Information Requested** | Information Requested below is also requested in… |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Below is a list of all the laws the agency said were related to it in the agency's 2015 Restructuring and Seven Year Plan Report. In the "Related, Impacted Goal, Strategy or Objective #" column, please type the goal, strategy or objective number which is related to or impacted by the law (i.e. G1, O1.1.1, etc.). If a particular law relates/impacts more than one goal, strategy or objective, **make a separate row for each different Related, Impacted Goal, Strategy or Objective** by copying and pasting the law to as many separate rows as needed. In the column, titled "Recommend Further Evaluation," please put a Y beside any laws the agency would like the Committee to review for further discussion and/or possibly recommend revision or eliminaiton of in the Committee's Oversight Report. In the column, titled "Basis for Further Evaluation," please provide a brief explanation/basis for any laws which the agency would like the Committee to review by choosing one of the options available from the drop down menu.

**NOTE**: If the agency grouped individual laws together, but would like the Committee to perform further evaluation of a law, the agency must add a row which states the specific law so it is clear what the agency wants the Committee to evaluate.

| **Related, Impacted Goal, Strategy or Objective# (i.e. G1, O1.1.1)** | **Statute/Regulation/Provisos** | **Summary of Statutory Requirement and/or Authority Granted** | **Law Item #** | **Recommend Further Evaluation** (Yes or leave blank) | **Basis for Further Evaluation** |
|---|---|---|---|---|---|
| | 361.13 (a) Title I, Part B | Under the State Vocational Rehabilitation Services Program (Program), the Secretary provides grants to assist States in operating statewide comprehensive, coordinated, effective, efficient, and accountable programs, each of which is—<br><br>(a) An integral part of a statewide workforce investment system; and<br><br>(b) Designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that they may prepare for and engage in gainful employment.<br><br>(Authority: Section 100(a)(2) of the Act; 29 U.S.C. 720(a)(2)) | 1 | | |

| | | | | | |
|---|---|---|---|---|---|
| | 34 CFR Part 367 | This program supports projects that (a) Provide any of the independent living (IL) services to older individuals who are blind that are described in §367.3(b); (b) Conduct activities that will improve or expand services for these individuals; and (c) Conduct activities to help improve public understanding of the problems of these individuals. (Authority: 29 U.S.C. 796k(a) and (b)) | 2 | | |
| | Chapter 6.1, Section 71-296 1966) | Provides services to legally blind children between the ages of three and thirteen. The goal of the Children's Services Program is to assist legally blind children and their families with adjustment to blindness, achievement of educational goals and the development of their maximum personal growth. | 3 | | |

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who | |

**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other | |

**Instructions**: Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing each objective. Under the column, "Most Potential Negative Impact," type the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Under the column, "Level Requires Outside Help," type the level at which the agency considers the potential negative impact too big to handle internally. Under the column, "Outside Help to Request," type the entities to whom the agency would reach out if the potential negative impact rises to a level that is too big to handle internally. Under the column, "Level Requires Inform G.A.," type the level at which the agency thinks the General Assembly should be put on notice of level at which potential negative impact has risen. Under column, "3 G.A. Options," type three options for what the General Assembly could do to help resolve the issue once it was on notice.

From Strategic Planning Template agency submitted in its 2013-14 Accountability Report

| G# | S# | O# | Description | Most Potential Negative Impact | 3 G.A. Options | Level Requires Outside Help | Outside Help to Request | Level Requires Inform G.A. |
|---|---|---|---|---|---|---|---|---|
| G1 | | | Deliver quality, individualized vocational rehabilitation services that will assist Blind and visually impaired individuals in obtaining or maintaining competitive employment | | | | | |
| | S1.1 | | Increase the number of consumers served by the vocational rehabilitation program | | | | | |
| | | O1.1.1 | Expand outreach services to the unserved and underserved rural counties | | | | | |
| | | O1.1.2 | Recruit community rehabilitation programs | | | | | |
| | | O1.1.3 | Engage in random case service review process | | | | | |
| | | O1.1.4 | Maintain an adequate consumer to counselor ratio to ensure expediency of service delivery | | | | | |
| | | O1.1.5 | Provide adjustment to blindness, assistive technology and job readiness training | | | | | |
| | | O1.1.6 | Maintain interagency collaboration and community contacts to increase public awareness of SCCB services | | | | | |
| | | O1.1.7 | Expand job search, development and placement opportunities | | | | | |
| | | O1.1.8 | Increase the number of successful closures by 10% in FY 2015 | | | | | |
| | | O1.1.9 | Maintain 80% of competitive employment placements at or above the minimum wage | | | | | |
| G2 | | | Provide adjustment to blindness and independent living skills training to Blind and visually impaired consumers | | | | | |
| | S2.1 | | Maintain consistent and quality individualized independent living services | | | | | |
| | | O2.1.1 | Maintain community interaction and develop referral sources in unserved and underserved rural counties | | | | | |
| | | O2.1.2 | Conduct home and community meetings to coordinate individualized training | | | | | |
| | | O2.1.3 | Collaborate with nonprofit, social and human service organizations to provide early intervention services | | | | | |
| G3 | | | Provide the administrative leadership necessary to accomplish the agency mission | | | | | |
| | S3.1 | | Ensure that the job functions of all staff contribute to the achievement of the agency's mission | | | | | |
| | | O3.1.1 | Maintain a diversified workforce | | | | | |
| | | O3.1.2 | Ensure the timely submission of EPMS documents for all permanent employees | | | | | |
| | | O3.1.3 | Provide staff development training to improve employee's skills | | | | | |
| | | O3.1.4 | Automate and maintain the integrity of agency workflow data systems | | | | | |

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: In this Chart please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency during the past five (5) fiscal years. If a particular Review relates/impacts more than one goal, strategy or objective, **make a separate row for each different Associated Goal, Strategy and Objective** by copying and pasting the Review to as many separate rows as needed. Please remember to provide copies of the report from the Review and any other information generated by the entity performing the Review (in word/excel if available, if not, please scan in .pdf version). NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

| **Review Item #** | **Matter(s) or Issue(s) Under Review** | **Reason Review was Initiated** (outside request, internal policy, etc.) | **Was Reviewing Entity External or Internal?** | **Entity Performing the Review** | **Date Review Began** (MM/DD/YYYY) | **Date Review Ended** (MM/DD/YYYY) | **Associated Goal, Strategy or Objective # which relates to the matter/issue under review (only one per row)** |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
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| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Below is a template to use for each Objective (and Strategy if there are no objectives listed under a Strategy) listed in the Strategically Planned Public Benefits Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs or into a separate excel workbook, while it is still blank. The agency will then have a blank version to complete for each separate Objective, and when necessary, Strategy. Please save the information related to each Strategy and Objective as a separate excel worksheet. Label the Tab, "G__, S__, O__" and insert the applicable numbers in the blanks after each goal, strategy and objective (For example "G1, S1.1, O1.1.1"). Most of the subsets of questions below are self-explanatory and the information may be copied from other Charts in this Report. However, some like Performance Measures, have additional questions. **NOTE: Call the Committee Staff for assistance in how to filter the other charts completed by the agency in this report so the agency can see which ones it identified as relating to each of the strategies/objectives and easily copy and paste that information into this chart.**

**STRATEGY OR OBJECTIVE**

| | |
|---|---|
| Strategy or Objective # | *Copy and Paste from Strategically Planned Public Benefits Chart* |
| Description | *Copy and Paste from Strategically Planned Public Benefits Chart* |
| Public Benefit (Type of public benefit provided or public harm prevented by accomplishment of the strategy or objective (i.e. tangible benefit realized by citizens)) | *Copy and Paste from Strategically Planned Public Benefits Chart* |

**STRATEGIC PLAN CONTEXT**

| | |
|---|---|
| Higher Strategy Objective Supports: | *Copy and Paste from Strategically Planned Public Benefits Chart* |
| Higher Goal Strategy Supports: | *Copy and Paste from Strategically Planned Public Benefits Chart* |

**RESPONSIBLE LEAD**

| | |
|---|---|
| Name | *Copy and Paste from Strategic Plan Responsibility Chart* |
| Length of Time (individual has been responsible for goal, strategy or objective) in months | |
| Position | *Copy and Paste from Strategic Plan Responsibility Chart* |
| Office Address | *Copy and Paste from Strategic Plan Responsibility Chart* |
| Dept/Divison | *Copy and Paste from Strategic Plan Responsibility Chart* |
| Dept/Division Summary | *Copy and Paste from Strategic Plan Responsibility Chart* |

**MONEY SPENT**

| Type of Cost | Cost Includes | 2013-14 Actual | 2014-15 Planned | 2014-15 Actual | 2015-16 Planned |
|---|---|---|---|---|---|
| Support Costs Apportioned | *Type the costs included (i.e. IT, HR, etc. costs incurred by the agency as a whole but apportioned among objectives)* | | | | |
| Direct Costs of Results | Type the costs included (i.e. Salaries, benefits, supplies, equipment, travel, utilities, training, etc.) | | | | |
| Total Costs of Results | | | | *Copy and Paste from Total for Obj. from Strategically Spent $ Chart* | |

| | |
|---|---|
| By Major Program Area in 2014-15 | *Copy and paste row for this objective from Strategically Spent $ Chart* |

**PARTNERS**

*Instructions*: The agency already listed the partner entities which relate to each strategy and objective in the Strategically Planned Partners. Please sort that Chart by Strategy or Objective # and copy and paste the partner entities connected with this strategy or objective. Call the Committee Staff for assistance in how to sort the partner entities in the other chart so the agency can see which ones it has identified as relating to each of the agency's strategies and objectives and easily copy and paste it into this chart.

| Current Partner Entities | Ways Agency works with Current Partners |
|---|---|
| *Copy and Paste from Strategically Planned Partners Chart* | *Copy and Paste from Strategically Planned Partners Chart* |

**PERFORMANCE MEASURES**

*Instructions*: The agency already listed the Performance Measures for each objective in the Performance Measures Explained Chart so it knows if there is one or multiple Performance Measures which apply to this objective. Please complete the template below for each Performance Measure that applies to this objective.

| # of years agency has tracked the measure | Performance Measure Description | 2009-10 Results | 2010-11 Actual Results | 2011-12 Actual Results | 2012-13 Actual Results | 2013-14 Actual Results | 2014-15 Targets | 2014-15 Actual Results | 2015-16 Targets | PM Item # |
|---|---|---|---|---|---|---|---|---|---|---|
| *Copy and Paste from Performance Measures Details Chart* | *Copy and Paste from Performance Measures Details Chart* | | | | | | | | | |

**Questions Related to Performance Measure**

| | |
|---|---|
| Why was this performance measure chosen as a gauge of whether the objective had been accomplished? | |
| Reasoning for 2014-15 Target Value? | |
| Was 2014-15 Target a standard target, moderate challenge or a stretch challenge? | |
| Reasoning for missing 2014-15 Target Value, if missed? | |
| Work being done to improve deficiences? | |
| Reasoning for 2015-16 Target Value? | |
| Is the 2014-15 Target a standard target, moderate challenge or a stretch challenge? | |
| Provide the names of employees who are responsible for… | |
| Comparison of actual performance to target value | |

| | |
|---|---|
| Determination of whether corrective action is necessary (key objectives of correction are: (1) to remove defects, in many cases this is worker-controllable; (2) to remove the causes of defects, this may be worker or management controllable; (3) to attain a new state of process performance, one that will prevent defects from happening; and (4) to maintain or enhance the efficiency and effectiveness of the process, which is an essential condition for continuing process improvement and ultimately increasing the competitiveness and profitability of the business itself) | |
| Making any changes needed to ensure the target value is reached | |
| Names and Titles of individuals who set this as a performance measure | |

**REVIEWS/AUDITS**

*Instructions*: The agency already listed the potential negative impacts which relate to each strategy and objective in the Potential Negative Impact Chart. Please sort that Chart by Strategy or Objective # and copy and paste the negative impacts which relate or impact this strategy or objective. Call the Committee Staff for assistance in how to sort the negative impacts in the other chart so the agency can see which ones it has identified as relating to each of the agency's strategies and objectives and easily copy and paste it into this chart.

| **Matter(s) or Issue(s) Under Review** | **Reason Review was Initiated** (outside request, internal policy, etc.) | **Was Reviewing Entity External or Internal?** | **Entity Performing the Review** | **Date Review Began** (MM/DD/YYYY) | **Date Review Ended** (MM/DD/YYYY) |
|---|---|---|---|---|---|
| *Copy and Paste from Review-Audit Chart* | *Copy and Paste from Review-Audit Chart* | | | | |
| | | | | | |
| | | | | | |

**POTENTIAL NEGATIVE IMPACT**

*Instructions*: The agency already listed the potential negative impacts which relate to each strategy and objective in the Potential Negative Impact Chart. Please sort that Chart by Strategy or Objective # and copy and paste the negative impacts which relate or impact this strategy or objective. Call the Committee Staff for assistance in how to sort the negative impacts in the other chart so the agency can see which ones it has identified as relating to each of the agency's strategies and objectives and easily copy and paste it into this chart.

| **Most Potential Negative Impact** | **3 G.A. Options** | **Level Requires Outside Help** | **Outside Help to Request** | **Level Requires Inform G.A.** |
|---|---|---|---|---|
| *Copy and Paste from Potential Negative Impact Chart* | *Copy and Paste from Potential Negative Impact Chart* | | | |

**LAWS AS BASIS**

*Instructions*: The agency already listed the Laws which support each strategy and objective in the Strategic Plan-Laws as Basis Chart. Please sort that Chart by Strategy or Objective # and copy and paste the laws which relate or impact this strategy or objective. Call the Committee Staff for assistance in how to sort the laws in the other chart so the agency can see which ones it has identified as relating to or impacting each of the agency's strategies and objectives and easily copy and paste it into this chart.

| **Statute, Regulation, Proviso** | **Summary of Statutory Requirement and/or Authority Granted** |
|---|---|
| *Copy and Paste from Strategic Plan - Laws as Basis Chart* | *Copy and Paste from Strategic Plan - Laws as Basis Chart* |
| | |

**LAWS TO FURTHER EVALUATE**

| *Instructions* :  The agency already listed the Laws to further evaluate in the Laws to Further Evaluate Chart.  Please sort that Chart by Strategy or Objective # and copy and paste the laws which relate or impact this strategy or objective which the agency recommended the Committee further evaluate.  Call the Committee Staff for assistance in how to sort the laws in the other chart so the agency can see which ones it has identified as relating to or impacting each of the agency's strategies and objectives and easily copy and paste it into this chart. | | | | |
|---|---|---|---|---|
| **Statute/Regulation/Provisos** | **Summary of Statutory Requirement and/or Authority Granted** | **Law Item #** | **Recommend Further Evaluation** (Yes or leave blank) | **Basis for Further Evaluation** |
| *Copy and Paste from Laws to Further Evaluate Chart.* | *Copy and Paste from Laws to Further Evaluate Chart.* | | | *Copy and Paste from Laws to Further Evaluate Chart.* |

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please list the types of searches the agency can perform within the electronic version(s) of its budget, maintained at the agency (i.e. budget by year, office, department, program, etc.), and the information the search would provide. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all

| Search Available to Perform | Information Search would Provide |
|---|---|
| | |
| | |
| | |
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|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost | |
| Total Employee Time | |
| # of Employees who worked on it | |

| **Similar Information Requested** | Information Requested below is also requested in… |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please answer the questions below to provide feedback to the Committee on this Program Evaluation Report.

| | |
|---|---|
| **Please list changes to the Report questions, format, etc. the agency recommends to Committee.** | |
| **Please list 2-3 benefits the agency sees in the public having access to the information requested in the report, in the format it was requested.** | |
| **Please list 2-3 benefits in performing a study of the agency that the agency sees the Committee having by having the information requested in this report available and in this format.** | |
| **Now that the agency has completed the report, please list 2-3 things the agency could do differently next time (or it could advise other agencies to do) to complete the report in less time and at a lower cost to the agency.** | |
| **Please add any other feedback the agency would like to provide** (add as many additional rows as necessary) | |

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Instructions**: Please list the contact information for the Current Head of the Agency first. Next, please provide the contact information for individuals at the agency the Legislative Oversight Committee should contact regarding the Oversight Study. Any correspondence from LOC about meeting or hearing dates and times, questions from the Committee, etc. will go to the Primary Contact and, if unavailable, the Secondary Contact. If the individuals serving as primary or secondary contact change or if the contact information for the primary or secondary contact change, the agency is responsible for informing LOC. If the agency wants to have the Current Head of the Agency serve as the Primary or Secondary Contact, please include that individuals information next to "Current Head of Agency" and then again next to Primary or Secondary Contact.

| | **Current Head of Agency** | **Primary Contact** | **Secondary Contact** |
|---|---|---|---|
| Date of Hire | | | |
| Name | | | |
| Phone | | | |
| Email | | | |
| Asst. email (if applicable) | | | |
| **Mailing Address** | | | |
| Street | | | |
| City, State | | | |
| Zip Code | | | |

# Agency Glossary

| | |
|---|---|
| **Agency Responding** | Blind, Commission for the |
| **Date of Submission** | 7/27/2015 |

**Resources utilized to Complete Chart**

| | |
|---|---|
| Cost in Employee Time | |
| Total Employee Time | |
| # of Employees who worked on it | |

**Similar Information Requested** Information Requested below is also requested in…

| | |
|---|---|
| Other Report: | |
| Question # of the Other Report: | |

**Instructions**: Please list the terms, phrases or acronyms the agency uses which the Committee or general public may not know, along with the meaning of the term, phrase or acronym. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

| Term, Phrase or Acronym | Meaning of the Term, Phrase or Acronym |
|---|---|
| | |
| | |
| | |
| | |