**DATE:** July 27, 2026

**TO**: The Honorable John R. McCracy, III, Subcommittee Chair

**CC**: The Honorable Jeffery E. "Jeff" Johnson, House Legislative Oversight Committee

**FROM**: Commissioner Felicia W. Johnson

**RE**: House Legislative Oversight, Healthcare and Regulatory Subcommittee Follow-Up

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## Other Funds - Donations/Contributions

**1. Has the Department evaluated whether federal law, state law, or federal grant requirements would permit the creation of an independent nonprofit foundation (e.g., a "Friends of South Carolina Vocational Rehabilitation Foundation") to solicit charitable contributions, grants, corporate sponsorships, and philanthropic support to advance the agency's mission and supplement services provided to consumers?**

Uniform Guidance addresses the use of donations for cost-sharing purposes, but the VR-specific regulations place additional limitations on what may be used as the non-Federal share.
Under 2 C.F.R. § 200.434, the value of certain donated services, property, and use of space may generally be used to meet cost-sharing requirements in accordance with 2 C.F.R. § 200.306.
However, 34 C.F.R. § 361.60(b)(2) specifically provides that third-party in-kind contributions may not be used to meet the non-Federal share of the VR program.

Cash contributions are treated differently. Under 34 C.F.R. § 361.60(b)(3), expenditures made from cash contributions provided by private organizations, agencies, or individuals may be used as part of the VR non-Federal share when the contributions are deposited into the State agency's account in accordance with State law before the funds are expended. The contribution itself is not counted as match merely because it is received or deposited. The match is generated when the State agency expends the deposited funds for an allowable VR purpose consistent with the requirements of the Federal award.

With respect to creating an independent nonprofit foundation, the Federal VR regulations do not themselves authorize or prohibit the establishment of such an entity. The State would first need to determine whether South Carolina law permits the agency to create, sponsor, or formally affiliate with an independent nonprofit and what governance, ethics, solicitation, auditing, and fiscal-control requirements would apply.



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Creating an independent nonprofit foundation would not change these Federal requirements. Donated services or property received by the foundation could not be counted as VR match, and cash independently retained or spent by the foundation would not automatically qualify.

VR regulations do not support paying for the establishment of a non-profit to solicit funds to support the VR program. The regulations specify that VR funds may pay for the provision of services and the administration of those services (34 CFR 361.3).

To support the VR non-Federal share, qualifying cash contributions would need to be transferred to and deposited into the State agency's account before expenditure. The designated State unit would also need to retain control over the decision/determination of what the funds are used for, including the allocation and expenditure of the funds, and ensure nothing conflicts with the State Plan, statewide service requirements, Order of Selection, informed choice, procurement requirements, or other State or Federal rules.

Before moving forward, we would need to consult with our legal counsel, the State budget and finance offices, and our program and fiscal specialists at RSA. The State should also clearly define whether the proposed foundation would merely solicit and transfer cash donations to the agency or would independently select and fund activities, because those structures raise different legal and fiscal issues.

**2. What opportunities does the Department believe exist to increase private-sector, philanthropic, or charitable investment in vocational rehabilitation services, and what legislative or administrative changes, if any, would help facilitate those efforts?**

Potential opportunities include corporate sponsorships, charitable grants, employer-supported training initiatives, assistive technology funds, transportation assistance, consumer emergency support, scholarships, and support for public awareness or employer engagement activities. Any expansion would require clear authority, appropriate fiscal controls, safeguards against supplanting federal or state funds, and an administrative structure that protects the Department's public mission. SCVRD would welcome additional legal and policy guidance regarding permissible fundraising mechanisms and the treatment of donated funds.

## Interagency Partnerships

**3. Are there state agencies, public institutions, or quasi-governmental entities with which SCVRD could establish new cooperative agreements to better serve consumers?**

SCVRD is currently working to strengthen its relationship with the South Carolina Commission on Higher Education. Additional opportunities may exist with public colleges and universities, technical colleges, local governments, public transportation providers, housing agencies, and other entities whose services affect education, transportation, employment, and community stability for individuals with disabilities.

**4. What barriers, if any, have limited the Department's ability to establish additional interagency partnerships?**

SCVRD welcomes partnerships that expand opportunities and improve employment outcomes for consumers. Barriers may include limited awareness among potential partners of SCVRD's services, differences in eligibility and reporting requirements, restrictions on data sharing, limited staff capacity, and

the time required to negotiate and implement formal agreements. More structured opportunities for agencies to identify shared populations and complementary services would support additional collaboration.

**5. Are there statutory, regulatory, funding, or administrative changes the General Assembly should consider facilitating or expanding interagency collaboration?**

SCVRD has not identified a specific statutory change currently. Opportunities to support collaboration could include clearer authority for appropriate interagency data sharing, streamlined processes for developing agreements, funding for shared initiatives, and stronger mechanisms for agencies to identify overlapping populations and coordinate services. SCVRD would welcome further discussion with the General Assembly and partner agencies regarding barriers that may require legislative or administrative action.

## Comprehensive Statewide Needs Assessment (CSNA)

**6. Please summarize the three most significant unmet needs identified in the most recent Comprehensive Statewide Needs Assessment (CSNA) and explain what actions the Department has taken to address each finding.**

The most recent CSNA is still being finalized. The three most frequently identified service needs were job placement (38.23%), vocational guidance, counseling, and career exploration (32.70%), and on-the-job support and job coaching (30.17%). The most frequently identified barriers were lack of dependable transportation to and from work (30.00%), employer concerns about hiring a person with a disability (23.67%), and misconceptions about disability or disability employment among professionals (22.88%). Once the assessment is finalized, the findings and formal response will be incorporated into the State Plan and used to guide outreach, service-delivery priorities, employer engagement, and resource development.

**7. How does the Department measure whether actions taken in response to CSNA findings have resulted in improved employment outcomes, reduced service delays, or increased access to services? Please provide examples.**

SCVRD designed the current CSNA as a comparative analysis so findings can be measured against the previous assessment. Once the assessment is finalized, the Department will evaluate changes in identified barriers, service needs, and underserved populations and will use related performance data to assess employment outcomes, access, and service timeliness. For example, what we have identified so far is that the fear of losing SSI or SSDI benefits has declined from the second-most frequently identified barrier in the previous assessment to the fifth in the current assessment. This may indicate progress associated with benefits counseling, consumer and family support, and education; however, additional analysis is needed before drawing a definitive conclusion.

**8. The CSNA identifies underserved populations. Which geographic regions or demographic groups continue to experience the greatest barriers to accessing vocational rehabilitation services, and what targeted strategies has the Department implemented to improve outreach and participation?**

The populations most frequently identified as underserved were individuals experiencing homelessness (27.50%), individuals with mental illness and individuals with intellectual disabilities (both 26.33%), and individuals living in rural areas (24.33%). Targeted strategies include exploring additional site locations to reduce barriers to services, partnerships with community organizations, focused development of referral

source partners, school and provider outreach, and monitoring of referral and participant data by disability, geography, and referral source. Stakeholder response to the CSNA suggests the homeless demographic experiences the greatest barriers to accessing vocational rehabilitation services. Approximately half of the homeless population in South Carolina reports having a disabling condition, and of that sector, it is projected that 60% have an interest in employment.

Current efforts the agency has in place to address the needs of homeless individuals with disabilities include community-based partnerships such as emergency shelters, transitional housing programs, and other homeless service providers to present and provide SCVRD services. The agency will continue these efforts and identify additional opportunities to enhance outreach and service delivery to this demographic by strengthening its existing relationships with hospitals and transitional housing providers, collaborating with hospital case managers and housing program staff to identify and refer individuals who may benefit from SCVRD services.

**9. Have there been instances where CSNA findings resulted in changes to agency policies, procedures, staffing models, or service delivery? If so, please describe those changes and their measurable outcomes.**

Yes. The findings from the CSNA have informed agency decisions regarding policy, procedures, staffing, and service delivery. As a result of the last CSNA findings, SCVRD has implemented several changes:

1. Expansion of employer engagement and business services resulting in stronger partnerships with employers and outreach and increased collaboration with workforce partners.
2. Enhanced Pre-Employment Transition Services resulting in stronger partnerships with school districts and the SC Department of Education, and increased staffing and coordination dedicated to transition services. Also, earlier engagement with SCVRD and improved transition planning from school to employment.
3. SCVRD has enhanced recruitment efforts for difficult-to-fill positions, implemented process improvements focused on reducing delays in eligibility determination, service planning, and case progression while strengthening staff training and accountability.

## Multiple Workforce Systems

**10. The Department testified that individuals with disabilities often interact with multiple workforce systems. How does SCVRD ensure that consumers experience a coordinated system of services rather than navigating multiple agencies independently?**

SCVRD uses releases of information, memoranda of understanding, comparable benefits, and direct referral relationships with partner agencies, including OIDD, the South Carolina Department of Mental Health, the South Carolina Department of Corrections, and the South Carolina Department of Education, including Adult Education. SCVRD also participates in WIOA partner meetings and provides Information and Referral Services when consumers need assistance beyond the Department's scope. These mechanisms are intended to reduce duplication, coordinate services, and connect consumers with appropriate resources.

**11. What formal agreements, memoranda of understanding (MOUs), or shared operating procedures exist among the four WIOA core partners to facilitate coordination, referrals, information sharing, and service delivery? Would new or revised MOUs yield better outcomes?**

Each of the twelve workforce development boards in the state has an MOU and IFA in place with the agency partners. The MOU and IFA are reviewed every year. During February and March, meetings are

held in each workforce area with all partners present to review the MOU, share updates to it, ask questions, and review the draft budget for the upcoming program year. Each partner agency must sign the MOU and IFA by mid-June, so that the documents are fully executed by June 30th of each year. Our agency also has an MOU with the Department of Education for Adult Education services to be provided at our area offices, including career readiness testing and GED prep/testing.

**12. What challenges continue to impede seamless coordination among the WIOA core partners, and what actions are being taken to address those challenges?**

Challenges include differing eligibility requirements, case management systems, funding rules, performance measures, and operating procedures among the core partners. The partners continue to address these issues through annual reviews of the MOU and Infrastructure Funding Agreement, Workforce Innovations Opportunity Act (WIOA) partner meetings, coordinated referrals, and planning to improve interoperability among case management systems. SCVRD is a required member of the State Workforce Development Board and serves as a core partner under WIOA, providing critical leadership to ensure individuals with disabilities have equitable access to workforce services, training, and competitive integrated employment opportunities.

## Pre-Employment Transition Services

**13. How does the Department work with local school districts and the South Carolina Department of Education to identify students who may benefit from vocational rehabilitation services before graduation?**

SCVRD maintains memoranda of understanding with each Local Education Agency (LEA) that outline how the Department and the school district will coordinate services that assist students with disabilities leaving high school to prepare for post-secondary education or employment. Counselors are assigned to public high schools and many private school settings and typically provide services at these schools on a weekly itinerant basis. Counselors and job coaches also participate in parent nights, resource fairs, teacher workdays, and other school events to ensure that school personnel understand SCVRD services and referral procedures. Pre-ETS and Transition Services begin before graduation, helping SCVRD bridge the transition from school to employment.

**14. What percentage of students receiving Pre-Employment Transition Services ultimately enroll in the Vocational Rehabilitation program, and how many obtain competitive integrated employment after exiting school?**

SCVRD is not yet able to report the percentage of students who move directly from Pre-ETS to the VR program because the case-management system historically lacked a data element linking those stages. The Department is in the final phase of adding that data point. As of March 31, 2026, 37.89% of individuals who entered through school referrals and whose cases had closed achieved competitive integrated employment, compared with 38.55% across all agency closures.

**15. Has the Department identified geographic areas or school districts where transition outcomes lag behind statewide averages? If so, what strategies are being implemented to improve those outcomes?**

Yes. The Department has identified geographic areas or school districts where transition outcomes lag behind statewide averages, including the following school districts: Rock Hill School District, Florence School District One, Lexington School District Two, and Laurens School District 55. In many cases, declines in referrals or outcomes are the result of staff turnover within either the SCVRD program or the

school district. To address this, SCVRD staff works proactively with school partners to educate new personnel about SCVRD services, the referral process, and the benefits of early student engagement. Likewise, when new SCVRD staff are hired, local leadership facilitates introductions and relationship building with school district partners.

Additional strategies SCVRD has implemented to improve those outcomes include the Transition Services team monitoring and actively tracking referrals from the LEAs for VR services. Also, the Transition Services Coordinator partners with the local Area Supervisor to determine the underlying causes and implement targeted solutions. These strategies include meeting with district leaders to strengthen communication, clarify the referral process, and restore effective collaboration to ensure students continue to have timely access to SCVRD transition services.

The Transition Services Coordinator also worked with the Department of Education to strategically roll out VICTORY SC – an initiative in which we partner directly with school districts to provide Pre-ETS to students and coordinate services with the local SCVRD team. This partnership was designed to ensure that LEA and SCVRD work together to optimize resources and ensure that students graduate college- and career-ready. SCVRD also contracts with several community partners to supplement the work we do internally, and those services are reviewed and targeted in areas showing greater need.

## Workforce Coordination

**16. Please provide data demonstrating how coordinated service delivery has improved employment outcomes, wages, credential attainment, or job retention for individuals with disabilities.**

SCVRD does not currently have sufficient cross-agency data to isolate and quantify the effect of coordinated service delivery on wages, credentials, retention, or employment outcomes. The WIOA partners have identified interoperable case management systems, common intake, co-enrollment, and coordinated referrals as priorities to improve both service delivery and the State's ability to measure results. The 2024 State Plan describes the goal of a single point of entry and greater interoperability among partner systems.

**17. Who is responsible for ensuring accountability among the WIOA core partners when performance goals are not achieved?**

Accountability is shared among the State Workforce Development Board, the local workforce development boards, and the individual WIOA core partners in accordance with federal and state requirements, the State Plan, local plans, and applicable performance agreements. Each entity is responsible for its assigned performance measures and corrective actions.

**18. What opportunities exist to further integrate technology, data sharing, or case management systems among the WIOA core partners to improve customer experience?**

The WIOA partners have identified interoperability among case-management systems, common intake, co-enrollment, electronic referrals, and appropriate data sharing as major opportunities to improve customer (consumer) experience. These improvements could reduce duplicative eligibility interviews, prevent consumers from repeatedly providing the same information, improve referral follow-up, and support better measurement of shared outcomes. SCVRD is dependent on the statewide technology initiative being led by DEW and will continue to participate in planning and implementation.

**19. Has the department identified statutory, regulatory, or administrative barriers at the state level that prevent greater integration among workforce partners? If so, what changes would the department recommend to the General Assembly?**

SCDEW is diligently leading the effort of creating an integrated case management system for enhanced data sharing. Continued support by the General Assembly would be greatly appreciated.

## Customer Service

**20. Has the Department evaluated the customer experience from the consumer's perspective? Specifically, has SCVRD measured how many agencies an individual must interact with, how many referrals are required, or how long it takes to move from initial contact to employment?**

SCVRD evaluates consumer experience through surveys administered at several stages of service, including application, vocational assessment, development of the Individualized Plan for Employment, annual review, and case closure. The Department also tracks the time from referral and application to key case milestones and competitive employment. For adults aged 18 or older who achieved a successful employment outcome in SFY 2025, the average time from application to employment outcome was 12 months, and the median was 8 months. Timeframes vary significantly based on the individual's disability, employment goal, and service needs. SCVRD does not maintain a waiting list, and referrals from core partners are monitored to support timely follow-up and coordination.

**21. Has the Department considered implementing a "no wrong door" approach in which an individual entering any workforce partner agency can access coordinated services without needing to navigate multiple agencies independently? If so, what progress has been made?**

SCVRD maintains positive working relationships with all core partners. If an individual comes to SCVRD seeking services and is determined ineligible or not interested in SCVRD services, a referral is made to a community workforce partner for further workforce engagement. Referrals to other community workforce partners are also considered for individuals receiving SCVRD services.

**22. As South Carolina continues to recruit new industries and expand economic development initiatives, how does SCVRD ensure that individuals with disabilities are included in workforce planning from the outset rather than after workforce needs have been identified?**

SCVRD business services staff and area supervisors are involved statewide with the workforce development boards, economic development offices, local Chambers of Commerce, and local SC Works offices. VR holds a seat on each of the twelve Workforce Development Boards and has office space in each SC Works location around the state, where our counselors are available to provide services. Our supervisors and business development specialists also attend events for the Chamber of Commerce and Economic Development around the State. We immerse ourselves in the business world as much as possible, so we will be utilized as a resource for businesses.

## Reaching Eligible Consumers

**23. Does SCVRD believe there are eligible South Carolinians with disabilities who are not receiving services because they are unaware of the program or are not being connected to it? If so, how many**

**individuals does the Department estimate fall into this category, what characteristics do they share, and what specific strategies are being implemented to reach them?**

The department believes there are eligible South Carolinians with disabilities who are not receiving services because they are unaware of the program and/or are not being connected to it. It is estimated that approximately 6.3% of individuals who are not in the labor force want to work, according to the Bureau of Labor Statistics (BLS). The number of unemployed South Carolinians with disabilities who we are not serving totals approximately 32,581 (*6.3% * 517,166*). The Social Security Administration reports on the number of workers in the state with a disability and indicates there are about 150,000 individuals. While not all workers would be eligible for vocational rehabilitation services, we estimate that at a minimum 6,516 of these workers would benefit from services to maintain employment or advance in their career (*Job Retention Services*). The department estimates a minimum of 39,097 (*32,581 +6,516*) South Carolinians with disabilities could be made eligible for SCVRD services. There are an additional 24,824 students with disabilities aged 13-15 who are receiving special education services under an IEP or 504 plan in the local school systems who could receive Pre-ETS and are not currently receiving services. Overall, the department estimates that approximately 63,921 (*39,097 + 24,824*) South Carolinians with disabilities are not receiving services because they are unaware of the program or are not being connected to it. It should be noted that we don't know whether all these individuals would be interested in VR services or whether they would want to go to work. We estimate that 45% would want to go to work.

This is a very diverse group of individuals with different life experiences and work goals. Some characteristics that they share are the following. Half are transition-age, meaning they have limited or no work experience, while the other half typically have more work experience and are more likely to have acquired their disability later in life. Other characteristics include transportation concerns, fear of losing benefits, lack of understanding how working may impact their benefits, and misconceptions about SCVRD services.

SCVRD is continuously seeking opportunities to increase its visibility and strengthen its presence within the community. SCVRD staff members regularly attend community events (resource fairs, chamber events, parent nights (at schools), partner presentations, conferences, counterpart meetings). We are constantly reviewing data trends to identify underserved disability populations, and we intentionally target referral sources that will help increase access for those individuals. Transportation continues to be a top barrier to access to employment for our consumer population. Our agency is implementing a mobile unit to ensure that transportation is not hindering individuals from accessing SCVRD services.

**24. Has the Department estimated the number of potentially eligible individuals in South Carolina who are not currently receiving vocational rehabilitation services? If so, please describe the methodology used and the results of that analysis.**

The most recent Census reflects an estimate of 543,712 South Carolinians with a disability, ages 16 and over. The department used IDEA Child Count data to obtain the count for students with a disability, ages 13–15, which totals 24,824 South Carolinians. The department added 543,712 and 24,824 for a total of 568,536. Data reflects that the agency served a total of 26,546 individuals during SFY 2025. This was subtracted from 568,536 to get the total (estimated) of potentially eligible individuals not being served by the department. We estimate that a total of 541,990 (*568,536 – 26,546*) remaining individuals are potentially eligible in South Carolina who are not currently receiving SCVRD services. Of the 541,990 potentially eligible individuals with disabilities in South Carolina not currently receiving vocational rehabilitation services, we believe 45% of those individuals desire to go to work, which equates to 234, 895.

**25. What percentage of South Carolinians with disabilities who are potentially eligible for vocational rehabilitation services are currently being served by the Department?**

Based on our response to #24.

4.7% (26,546/568,536) of South Carolinians with disabilities who are potentially eligible for vocational rehabilitation services are currently being served by the Department. Based on the total number of individuals not being served, studies show that approximately 45% desire to go to work. Compared to the 243,895, SCVRD is currently impacting 10.88% of the potentially eligible individuals with disabilities in South Carolina who want to go to work.

**26. How does the Department identify communities, demographic groups, or geographic areas where eligible individuals may be underserved or unaware of available services?**

The department is federally required to conduct a comprehensive gap analysis of underserved and unserved populations every 3 years (the comprehensive statewide needs assessment) to inform the department's state plan. These groups are identified by a survey of South Carolinians with disabilities, their family members, SCVRD staff, state agency partners, local community organizations, SCVRD vendors, school districts, and South Carolinian Employers.

## Referral Services

**27. What are the Department's primary referral sources, and approximately what percentage of referrals originate from each source (e.g., schools, healthcare providers, workforce centers, community organizations, employers, self-referrals, or other state agencies)?**

SCVRD's primary referral sources, specifically the top 10, include self-referrals, former consumers, regular and secondary special education programs, probation, pardon, and parole, alcohol and drug treatment programs, referrals by friend and family members, self-referrals (Job Retention Services), cardiac rehabilitation programs, and audiologists. The detailed percentages are below.

- Self-Referral (NEC): 16.55%
- Was a former consumer: 12.43%
- Special Education (elementary/high school): 10.51%
- Probation, Pardon, and Parole (PPP): 7.38%
- Alcohol and Drug treatment programs: 6.52%
- Referred by a friend or family member: 5.94%
- Self-Referral (JRS): 4.37%
- Cardiac Rehabilitation Program: 3.45%
- Audiologist: 3.24%
- Regular Education (elementary/high school): 3.16%

**28. Have referral trends changed over the past five years? If so, what factors have contributed to those changes?**

Yes, referral trends have changed over the past five years. During SFY 2021, SCVRD experienced a decline in referrals due to the COVID-19 pandemic, including the effects of travel restrictions, temporary business closures, reduced in-person services, disruptions in education, and individual health and safety concerns that limited access to vocational rehabilitation services.

Since that time, referral numbers have steadily increased, with growth in both the number and percentage of referrals from the agency's top referral sources each year. This positive trend has been driven by several factors, including SCVRD's intentional efforts to strengthen relationships with schools, community and business partners and organizations, healthcare providers, workforce partners, and employers. We have expanded outreach and public awareness, increased participation in local events, and reeducated current referral partners and educated new referral partners about vocational rehabilitation services.

**29. Which referral sources have proven most effective in connecting eligible individuals with vocational rehabilitation services, and which sources remain underutilized?**

The largest referral sources that have been proven most effective are secondary special education PPP, alcohol and drug treatment programs, cardiac rehabilitation services, Department of Mental Health, and audiologists.

Adult Education and Literacy Programs, Department of Social Services (DSS), SC Independent Living Council, Workers Compensation Commission, and Speech Pathologists remain underutilized referral sources. However, SCVRD staff are actively working to strengthen partnerships with these organizations through targeted outreach, including conducting in-person and virtual presentations about SCVRD services, participation in community events to increase awareness, and participating in cross-training opportunities.

## Public Awareness Strategies

**30. Describe the Department's statewide outreach strategy for increasing public awareness of vocational rehabilitation services. How does the Department measure whether these efforts are effective?**

SCVRD's statewide outreach strategy combines local community engagement, targeted outreach to priority populations, partnerships with schools and service providers, employer and chamber engagement, open house events, media and digital communications, awareness campaigns, and referral-source development. Effectiveness is measured through referral volume, referral sources, disability and demographic data, website and social media analytics (where available), event participation, and progress toward strategic referral targets.

**31. Does the Department track individuals who begin the application process but do not complete eligibility determination or fail to engage in services? If so, what are the primary reasons these individuals do not continue?**

Yes, the Department tracks individuals who begin the application process but do not complete eligibility determination or fail to engage in services. Internal closure codes identify the specific reasons for closure, and this data is reviewed regularly to identify trends and barriers to service participation. The top 4 reasons are: Unable to locate or contact; No Longer Interested in Receiving Services or Further Services; Criminal Offender; and Health/Medical. These findings are analyzed to determine whether policies, procedures, or service delivery practices should be revised to improve access to services, reduce barriers to participation, and increase successful engagement throughout the rehabilitation process. One example is the recent update to the Consumer Services Eligibility Policy, allowing counselor observation to help streamline eligibility determination when appropriate.

**32. How does the Department work with physicians, hospitals, rehabilitation providers, behavioral health providers, school districts, and other community organizations to identify and refer potentially eligible individuals?**

SCVRD supervisors and vocational rehabilitation counselors conduct outreach to hospitals and specialty rehabilitation programs, physician offices, behavioral health providers, school districts, social-service agencies, and community organizations. Staff explain VR services, identify individuals who may benefit, and establish direct referral relationships. Once a relationship is established, the partner may refer individuals to an assigned counselor, who follows up and schedules an appointment. SCVRD also uses comparable benefits, coordinates resources with partner agencies, and participates in community events to increase awareness and access.

**33. What performance measures does the Department use to evaluate whether outreach efforts are successfully reaching underserved populations?**

SCVRD tracks applicants by referral source and monitors changes over time. Reports showing referrals by source, disability, geography, and outcome allow area-office supervisors to assess whether outreach efforts are reaching targeted populations and to determine where additional outreach is needed.

**34. Has the Department established goals for increasing awareness, referrals, or participation among underserved populations? If so, what progress has been made toward achieving those goals?**

SCVRD has strategic goals for increasing referrals among specific priority populations, including individuals with autism or intellectual disabilities, Hispanic consumers, individuals with traumatic brain injury or spinal cord injury, and veterans. For SFY 2026, referrals involving brain or spinal cord injury accounted for 0.95% of referrals, below the 1.4% statewide target. Referrals involving intellectual disabilities or autism represented 13.14%, slightly above the 13.0% target.

**35. How does the Department compare its service penetration rate with national averages or neighboring states to determine whether South Carolina is successfully reaching eligible consumers?**

Once a quarter, the department receives a dashboard from the Rehabilitation Services Administration. The dashboard provides the department with an opportunity to compare the report data with that of all other state VRs across the country. South Carolina ranks 16/52 with the methodology used (top 31%), with a penetration rate of 2.26%. In contrast, North Carolina is 37/52 with a rate of 1.50%, and Georgia is 48/52 with a rate of 1.18%. The United States has a Service Penetration Rate of 2.01% including all 52 major VR programs (D.C. and Puerto Rico).

## Office Locations

**36. Are there regions of South Carolina where consumers must travel significantly farther than the statewide average to access an SCVRD field office? If so, how does the Department mitigate those access barriers?**

Yes. Some consumers in outlying and rural areas travel farther to reach a field office. Examples include Kershaw County, served through the Lancaster area, and McCormick and Saluda counties, served through the Greenwood area. SCVRD mitigates these barriers through itinerant service locations and partnerships with entities such as SC Works that provide local office space. Another example is the town of St. George, which is the county seat for Dorchester County. Due to its long distance from the Berkeley/Dorchester office located in Moncks Corner, our consumers in St. George are served by the Walterboro VR office

either at the office location or at the St. George Library, where VR utilizes office space to see consumers. The town of Kershaw is served by our Lancaster Area Office due to closer proximity to our consumers in that area, even though some of these consumers live in Kershaw County. We want to provide the most accessible location for our consumers and will utilize our local offices, partners' office space, and SC Works office space to make it most convenient for our consumers.

**37. Has the Department evaluated whether additional satellite offices, co-located offices, or mobile service delivery models would improve access for consumers in rural or underserved communities?**

Yes. SCVRD is expanding its itinerant service locations and is developing a mobile service delivery unit to improve access in rural and underserved communities.

**38. How does the Department ensure individuals with transportation challenges can access services if they live a considerable distance from an SCVRD office?**

SCVRD meets applicants and consumers at alternative locations, including partner sites, libraries, municipal facilities, and SC Works offices. Counselors use laptops, hotspots, and mobile connectivity to open cases and provide services away from a traditional field office when appropriate.

## Job Readiness Training Centers

**39. The Department operates Job Readiness Training Centers throughout South Carolina. How does the Department determine where these centers are located and whether they align with regional labor market demands?**

All the SCVRD's Job Readiness Training Centers were established many years ago. It is believed that the locations were selected to provide broad geographic access to vocational rehabilitation consumers and to meet the workforce and service needs that existed at the time.

Recognizing that workforce demands and consumer needs have evolved, SCVRD conducts comprehensive assessments of all JRT Centers to determine whether training opportunities and contract work activities continue to align with regional labor market demands and the agency's mission. The results will be used to guide future decisions regarding training center operations, employer partnerships, and potential changes needed to better align services with SC's evolving workforce needs while maintaining equitable access for consumers across the states.

**40. Are there specialized rehabilitation services that are geographically concentrated and therefore less accessible to consumers living in certain regions of the State?**

Yes. Some specialized rehabilitation and job readiness training services and opportunities are offered at select SCVRD JRT Centers based on regional workforce needs, employer partnerships, available facilities, specialized equipment, and staff expertise. For example, our partnerships include North American Rescue in Greenville, SC; Freightliner in Gaffney, SC; and Savannah River Nuclear Solutions in Aiken, SC. As a result, not every training center provides the same specialized services or training opportunities.

However, SCVRD is committed to ensuring that geographic locations do not limit a consumer's access to needed vocational rehabilitation services. While certain specialized training opportunities are housed at

specific centers, many of these programs are also made available to consumers at neighboring centers, allowing consumers to access specialized training regardless of their assigned locations.

When specialized training and rehabilitation services are not available at a consumer's local JRT Center, SCVRD arranges access through alternative resources, which may include another SCVRD JRT Center, community rehabilitation providers, community-based training, workforce development partners, or other qualified training providers.

**41. How does the Department evaluate whether the skills taught at each center reflect the workforce needs of employers within that region?**

Job Readiness Training focuses on core workplace and soft skills aligned with employer expectations. Local leadership teams, including the Area Supervisor, Business Development Specialist, and Center Manager, communicate with employers to identify regional needs. SCVRD can also develop customized training in partnership with businesses, either at the Training Center or at the employer's worksite, to prepare candidates for available jobs.

**42. To what extent does the Department utilize virtual counseling, tele-rehabilitation, or other technology to improve access for consumers who cannot easily travel to a field office?**

Job Readiness Training does not currently provide virtual counseling. VR counselors may use remote communication and may provide short-term transportation assistance when appropriate. Consumers participating in JRT receive training stipends after the initial training period, subject to program requirements.

## Facilities Management/Planning

**43. Has the Department developed a long-term facilities or field office master plan to address anticipated population growth, workforce changes, and future consumer demand?**

SCVRD conducts annual building and site assessments and is developing a long-range life-cycle analysis of its facilities and major systems, expected to be completed by the end of the year. The Department has expanded some facilities where space allowed to accommodate increased consumer volume and workforce changes. The long-range analysis will help identify future capital, maintenance, and service-delivery needs.

**44. If the Department were designing its statewide service delivery system today, would it locate offices in the same communities, or would it recommend changes to better serve South Carolinians?**

Based on current demographic and service information, SCVRD would continue to maintain facilities in the same general regions while expanding flexible delivery methods. The Department has commissioned a mobile unit, currently anticipated for service in spring 2027, to extend access beyond fixed office locations. Future decisions should continue to consider population shifts, disability prevalence, workforce growth, transportation barriers, and service utilization.

## Mental Health

**45. Please define what the Department means by a "serious mental health disability," including the applicable definition, clinical and functional criteria, eligibility standard, commonly represented conditions, and relationship to SCDMH services.**

For purposes of the Individual Placement and Support (IPS) program, a serious mental health or behavioral health condition generally includes diagnoses such as schizophrenia spectrum disorders, bipolar disorder, and major depressive disorder, as defined in applicable IPS and SCVRD Consumer Services policies. Participation requires an eligible diagnosis, functional limitations that create a barrier to obtaining or maintaining employment, the ability to benefit from VR services, and a goal of competitive integrated employment. In SFY 2026, the most common primary disabilities on IPS caseloads were depressive and other mood disorders (224), schizophrenia and other psychotic disorders (129), and anxiety disorders (59). Because IPS is operated through a partnership between SCVRD and the South Carolina Department of Mental Health, an individual must also have an open case with SCDMH to participate in the IPS program.

## Case Review

**46. Why does the Department perform only random follow-up rather than systematically evaluating long-term employment outcomes for all consumers?**

SCVRD does not rely solely on random follow-up. WIOA requires systematic evaluation of post-exit employment outcomes for participants with an Individualized Plan for Employment. The Department collects follow-up wage and employment information for up to one year after exit through unemployment-insurance wage matches with DEW, the State Wage Interchange System, direct consumer surveys, and Equifax data.

**47. Has the Department evaluated the feasibility of conducting standardized follow-up at six months, one year, and two years after case closure?**

SCVRD has not completed a formal feasibility assessment of standardized follow-up at six months, one year, and two years after case closure beyond federally required reporting. Current federal performance reporting follows participants after exit, and consumers may reapply or seek post-employment assistance when employment circumstances change. The Department could evaluate the cost, staffing, data access, and program value of additional standardized follow-up if requested.

**48. Have findings from post-employment follow-up resulted in changes to vocational rehabilitation services, training programs, job coaching, or employer engagement strategies? If so, please provide examples.**

Yes. Findings from post-employment follow-up have informed and strengthened the delivery of vocational rehabilitation services. Post-employment services are defined in 34 C.F.R. § 361.5(c)(41) as one or more of the VR services that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual with a disability to maintain, regain, or advance in employment, consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

SCVRD staff have identified the importance of continued counseling and guidance, and ongoing support to help consumers successfully navigate the workplace changes, build confidence, and sustain employment. Staff also encourage consumers to engage in self-advocacy by discussing workplace accommodations directly with their employers, including the need for assistive technology and ergonomic modifications, or

reasonable accommodations. These efforts have empowered consumers to address workplace challenges proactively, improve job retention, and maintain long-term employment success.

**49. Does the Department survey consumers following case closure to assess their satisfaction with services and their preparedness for long-term employment?**

SCVRD surveys consumers at case closure regarding satisfaction with services. The Department does not currently conduct a separate long-term preparedness survey after closure; longer-term outcomes are primarily measured through wage and employment data.

**50. What have consumers identified as the greatest challenges to maintaining employment after their cases are closed?**

Historically, consumers with the most significant disabilities have identified a need for ongoing support to maintain employment after VR case closure. This contributed to the development of State-Funded Follow Along through OIDD, which allows eligible individuals to receive ongoing employment support while awaiting or in the absence of waiver-funded services.

## Counselor Caseload Management

**51. SCVRD testified that there is no standard counselor caseload due to differences in case complexity. In the absence of a standard caseload, how does the agency manage counselor workloads across its offices to ensure case assignments are equitable, consistent, and aligned with each counselor's capacity to provide timely, quality services?**

Field Operations and ADDs work with local supervisors, using data provided by the Program, Planning and Evaluation Department to consider labor market, census, and other data when adjusting referrals to and from counselors. Also, development of resources in communities allows SCVR to utilize comparable benefits for some services while shifting resources where no comparable benefits exist. At least annual evaluation of caseload size and makeup is imperative to ensure caseload capacity. We utilize reports from our planning and programming department to determine if caseloads received an adequate number of referrals, where the referrals were received (zip code), and what the referral source was. The evaluation of caseloads is conducted at least annually to determine if realignment is needed. Factors to be considered are number of referrals, number of IPE's, number of SEO's, number of pending cases, number of unsuccessful closures, types of disabilities being served, and area analysis reports (to include census data and labor market data).

## Addiction and Employment

**52. How do SCVRD and DEW coordinate to identify and refer individuals who may be eligible for vocational rehabilitation services but are ineligible for unemployment benefits? Specifically, are there formal referral protocols, data-sharing agreements, or cross-agency case management processes to ensure these individuals receive timely access to employment and rehabilitation services?**

The South Carolina Vocational Rehabilitation Department (SCVRD) and the South Carolina Department of Employment and Workforce (DEW) are separate programs and maintain independent eligibility criteria based on their agency. An individual's ineligibility for unemployment insurance benefits due to separation from employment for drug-related misconduct does not preclude eligibility for vocational rehabilitation services. SCVRD assesses each applicant individually to determine whether the person has a qualifying

disability, including a substance use disorder. The consumer must have a physical or mental disability, the disability results in a substantial impediment to employment, and vocational rehabilitation services are needed to achieve an employment outcome.

SCVRD and DEW partner through South Carolina's workforce development system to increase awareness of available services and facilitate referrals when appropriate. While there is no formal referral procedure that automatically identifies individuals denied unemployment benefits for drug-related misconduct and refers them to SCVRD, DEW staff may provide information about SCVRD services and encourage individuals to apply when a disability-related barrier to employment is identified. Our agencies share an MOU that supports information sharing, which includes referrals. SCVRD has counselors located in each DEW office throughout the state. SCVRD counselors are allowed to speak with individuals to discuss SCVRD services and are allowed to open cases at the DEW Office. SCVRD counselors have a confidential office space that allows them to provide SCVRD services.

Our agencies do not maintain a routine data-sharing agreement. However, exchanges of information between the agencies are conducted in accordance with applicable confidentiality laws and, when required, with the individual's written consent. When an individual is receiving services from both agencies, coordination occurs on a case-by-case basis to support employment and rehabilitation goals.

Through this collaborative approach, SCVRD and DEW strive to ensure that individuals with disabilities, including qualifying substance use disorders, are informed of available vocational rehabilitation services and have timely access to the employment and rehabilitation supports for which they are eligible.

## Residential Services

**53. Please provide the maximum licensed and operational capacity of each SCVRD residential facility, including the West Columbia Evaluation Center, the Information Technology Training Center residential program, and the Palmetto Center. For each facility, provide the average daily census, occupancy rate, average length of stay, and any periods during the past five fiscal years in which staffing or other operational constraints reduced available capacity.**

Please see below the maximum licensed and operational capacity of each SCVRD residential facility. Please note that the Information Technology Training Center residential program is no longer in operation and is therefore excluded from the current residential capacity.

Evaluation Center:
SFY 2022 – Beds Occupied: 128, Daily Census =74 (MDC); Occupancy Rate 87%
SFY 2023 – Beds Occupied: 137, Daily Census =65; Occupancy Rate 50.14%
SFY 2024 – Beds Occupied: 171, Daily Census =61 (MDC); Occupancy Rate 33.21%
SFY 2025 – Beds Occupied:157, Daily Census = 83 (MDC); Occupancy Rate 33.04%
SFY 2026- Beds Occupied: 103, Daily Census=65 (MDC); Occupancy Rate 40.96%

Palmetto Center:
SFY 2022 – Beds Occupied: 4311, Number of Nights: 337 = Daily Census = 13; Occupancy Rate 46.51%
SFY 2023 – Beds Occupied: 5848, Number of Nights: 344 = Daily Census = 17; Occupancy Rate 39.15%
SFY 2024 – Beds Occupied: 4763, Number of Nights: 349 = Daily Census = 14; Occupancy Rate 30.14%
SFY 2025 – Beds Occupied: 4907, Number of Nights: 302 = Daily Census = 16; Occupancy Rate 37.63%
SFY 2026 – Beds Occupied: 6073, Number of Nights: 360 = Daily Census = 17; Occupancy Rate 40.40%

## Rehabilitation Technology Department

**54. How many positions comprise the Rehabilitation Technology Department, by classification (engineers, engineering assistants, technicians, etc.)?**

The Rehabilitation Technology Department has 12 positions: one Engineering Manager/Engineering Associate IV, one Engineering Associate III, five Engineering Associate II positions, two Engineering Technician II positions, one Engineering Assistant, one General Clerk, and one Office Assistant I.

**55. What has been the annual turnover rate for Rehabilitation Technology staff during the past five fiscal years?**

The Rehabilitation Technology Department experienced three staff separations during the past five fiscal years: an Engineering Associate I departed in SFY 2020 and later returned in SFY 2022; the former Engineering Manager retired, and an Engineering Associate I accepted a federal position in SFY 2021; and a General Clerk departed in SFY 2024. The current average tenure of engineering staff is just under 11 years.

**56. How long does it take, on average, to recruit and fill a vacant rehabilitation engineering position?**

Vacancies are infrequent, so a reliable average recruitment time is difficult to establish. Of the four most recent engineering-related recruitments, Engineering Associate positions took approximately 7 and 18 months to fill, while Engineering Technician II positions took approximately 2 and 3 months and were filled by internal candidates. Recruitment of experienced rehabilitation engineering professionals is challenging because of the specialized nature of the field.

**57. How many qualified applicants typically apply for rehabilitation engineering vacancies?**

For the most recent recruitments, fewer than 25 applications were received for two Engineering Associate positions and fewer than 20 for two Engineering Technician II positions. Most applicants met the minimum qualifications. Historical applicant data is no longer available.

**58. Have vacancies or recruitment challenges delayed worksite evaluations, assistive technology assessments, vehicle modifications, or other consumer services? If so, please quantify the impact.**

Vacancies and recruitment challenges contributed to limited delays in Rehabilitation Technology services. Average time from referral assignment to completion was approximately 140 days at the beginning of SFY 2020 and peaked near 160 days in SFY 2023 as referrals and workload increased following the pandemic. The Department maintained required standards for consumer contact, assessment reports, and final service delivery. To maintain service levels, the manager carried a full caseload, while professional development, industry research, and staff skills development were temporarily deprioritized. Completion times are now trending downward following the addition of two Engineering Technician positions in February 2024 and an Engineering Associate II position in April 2025. The Department is currently fully staffed.

## Performance Accountability

**59. Which offices have experienced persistent performance challenges, and what corrective actions have been implemented?**

The Rock Hill/Lancaster office has had performance challenges over the past several years. The office has experienced staff turnover, including the supervisor's position. The Lancaster location was a suboffice of

Rock Hill. In FY 2026, we determined we needed to separate the two offices so they would have their own leadership team and be able to operate independently of each other. We are already seeing progress towards these areas meeting the agency's goals. Because there are two new supervisors, both the Field Operations Director and ADD are working closely with these supervisors to address any performance and/or disciplinary concerns, ensure stability in the office, and assist these new supervisors with transitioning into their roles.

Charleston is another area that has been plagued with turnover and has had difficulty cultivating staff for management positions for years. The ADD and FOD have worked closely with the management team in the area, including addressing staffing patterns, performance concerns, and referral development through weekly meetings with the supervisor and consistent onsite presence at the office with the supervisor and staff. We are proud to share that this office met the assigned SEO goal for FY 2026 and has increased referrals in the area by 10% in the past two years.

**60. How does the Department ensure consumers receive consistent services regardless of which field office serves them?**

SCVRD promotes consistent service delivery through standardized initial training for employees in comparable positions, ongoing statewide program training, local supervision, and Quality Assurance review. New counselors receive State Office training during their first week, and comparable onboarding is provided for other positions. Program-specific groups also receive recurring statewide training and technical assistance. Quality Assurance reviews cases across the state, identifies trends, and works with field leadership to address training gaps and follow-up needs.

**61. Which field offices consistently outperform statewide averages, and what best practices have been replicated across the agency?**

Anderson, Oconee-Pickens, Greenwood, Marlboro, Conway, and Aiken have consistently outperformed statewide averages on selected measures. Stable leadership and staff retention are recurring factors in their performance. Field Operations convenes quarterly supervisor meetings that include a best-practices session where high-performing areas share strategies other offices can adapt. For example, the Oconee-Pickens Area Supervisor presented on the office's relationship with the local PPP office and how they created a strong rapport with PPP, resulting in increased referrals for the area. The Aiken Area Supervisor presented on team building, the Greenwood Area Supervisor presented on direct hires from our Job Readiness Training Centers, and the Conway Area Supervisor presented on maintaining Successful Employment Outcome and Individualized Plans for Employment prorated goals.

**62. What standardized performance measures are tracked across field offices (e.g., successful case closures, employment outcomes, consumer satisfaction, etc.)?**

Standardized measures include performance-indicator scores, referrals, referral sources, and outcomes, Individualized Plans for Employment, successful employment outcomes, direct-placement rates, no activity reports, Quality Assurance scores and trends, high-school referrals, customer-service results, business-services engagement, time in case status, vocational assessments, and applicable WIOA performance measures.

## Area Office Structure and Geographic Coverage

**63. When was the agency's regional and area office map last comprehensively reviewed or updated?**

The agency's regional and area-office map was most recently comprehensively reviewed and updated in 2024.

**64. When was the last time the agency opened a new area office or relocated an existing office?**

The most recent new area office or significant relocation identified in the current draft was the Bryant Center in 2010. The location was developed in response to population and industry growth in the Greer area and the need for a comprehensive evaluation center in the Upstate.

**65. Has the agency conducted a geographic access study to determine whether current office locations adequately serve South Carolina's population?**

Yes. Geographic access and service demand were considered in connection with the development of the Bryant Center. Due to population growth, economic development, and service demand, it was determined that the Upstate needed better access to our comprehensive services, including extensive vocational assessments, PT, OT, exercise therapy, and on-site rehab engineering services. Areas in the Upstate were evaluated for best access, available land, and economic growth. Lyman, SC was chosen as a Center point location to offer access to our fastest-growing areas of Spartanburg, Greenville, and Greer. The Center also offers van transportation to reach consumers in other locations.

**66. Have population shifts and economic growth within the state been considered in determining whether additional area offices are needed?**

Yes. Population shifts and economic growth are considered when evaluating facility and service-delivery needs. The Bryant Center is one example. The Department also uses itinerant sites, partner locations, and the planned mobile unit to respond to growth and access needs without relying solely on new permanent offices.

**67. Which counties have experienced the largest increases in population and consumer demand since the current office structure was established?**

Spartanburg, Conway, Oconee-Pickens, and Berkeley/Dorchester (one of the fastest-growing counties in the country) are examples of offices that have experienced an increase in consumer demand and/or population increases. For example, about 20 years ago, the B/D office had about seven caseloads, and now there are 10 caseloads. We have added pop-up offices on the JRT floor and turned old janitor closets into offices, etc., to make space for additional staff to serve the consumers. Conway is another area that has grown, and we have had to add additional caseloads/positions. The area has experienced explosive population growth in the last decade, with more growth expected. Even with the suboffice in Georgetown, the Conway office has maximized all the space in the building. They have restructured conference rooms to make more office space for staff, as well as use itinerant space with SC Works, Surfside Library, Andrews City Building, North Myrtle Beach Library, Loris Library, and North Strand Recreational Center. In 2020, the Oconee-Pickens Area Office had a significant renovation to add additional office and meeting space due to an increase in population and consumer demand. This year, we also have added an additional caseload for the O/P office as referrals continue to increase in that area.

## Succession Planning and Retirement Risk

**68. How many employees within the Grants and Funds Management Division and Field Operations Division are eligible for retirement within the next five years?**

By the end of 2030, a projected 207 employees in the Grants and Funds Management (including Accounts Payable and Receivable) and Field Operations (including Consumer Services and Job Readiness Training Center Services) departments will be eligible for retirement.

As of today, 112 employees out of the 207 are already eligible to retire.

The remaining 95 employees are projected to become retirement eligible according to the following timeline:

- By the end of **2026**-9 employees
- **2027** - 20 employees
- **2028** - 21 employees
- **2029**-28 employees
- **2030**- 17 employees