

Public Commission Meeting

February 7, 2009; 9:00 a.m.

Omaha, NE

Approved Minutes

Call to Order and Introductions:

Nancy Oltman, Chairman of the Board of Commissioners, called the meeting to order at 9:00 a.m. and she welcomed everyone to the meeting.

Announcements Concerning Public Comments, Meeting Recordings, Lunch Arrangements and other Logistics:

Commissioner Walla read the agenda items and introductions were made. It was noted that public comments are always welcome regarding the agenda items. The Group Home Teaching clients prepared and will serve lunch. Hubert Paulson recorded the meeting.

A copy of the Nebraska Open Meeting Act was located on the side table in the meeting room. The Act was available in both print and Braille format.

Commissioners present: Darrell Walla, Jim Jirak, Julie Johnson, Carol Jenkins and Nancy Oltman.

Commission staff present: Dr. Pearl Van Zandt, Executive Director, Lincoln; Bob Deaton, Deputy Director, IL, Lincoln, Nancy Flearl, Omaha District Supervisor, Omaha; Chad Weber, VR Counselor, Omaha; Robert Newman, VR Counselor, Omaha; Cheryl Poff, Deaf-Blind Coordinator, Omaha; Elaine Kavulak, Orientation Counselor, Omaha; Kelly Coleman, Orientation Counselor, Omaha; Larry Oleson, Voc. Rehab. Technician, Omaha; and Kathy Stephens, Administrative Assistant, Lincoln.

Group Home Teaching Clients Present: Jo Genit, Sue Brown (volunteer), Naomi Garner, Betty Costanzo,

Public Present: Hubert Paulson, Dan Bird, Janis Compton, Howard Compton, Mark Bulger, Kristal Platt

Minutes of the November 22, 2008 Commission Meeting

Commissioner Walla moved to approve the Minutes of the November 22, 2008 Commission Meeting. Commissioner Jirak seconded the motion. A roll call vote was taken and it was unanimous in favor of the motion.

Focus Topic: Group Home Teaching

Bob Deaton previously emailed to the commissioners several reports regarding group home teaching activities in preparation for today's meeting. The reports are below the minutes of the meeting. Bob Deaton encouraged the commissioners to contact him if they had any questions regarding these documents.

Deaton indicated that from his knowledge, the earliest incident for Group Home Teaching was in Omaha, Nebraska. Group Home Teaching was not done outside of Omaha until 1985, when Home Teaching Plus was established as a way of providing an alternative to Center training to older individuals who really did not see the day after day or week after week type of training as something they could do. Home teaching is a way to provide experience away from the home environment and help build confidence. Until 2005, Home Teaching Plus was offered twice a year; after 2005, it was offered only once a year. We then decided that we wanted to have local options at the district level for people to attend. At the present time, each NCBVI district practices group home teaching differently. The model that was developed by each office works best for that district.

Kelly Coleman had developed six questions for the Group Home Teaching members to help organize the discussion of the comments of the participants of Senior Adventures in Independent Living (SAIL). The questions are as follows:

What did you like best about the mini home teaching classes?

What did you like least about the mini home teaching classes?

What skills did you learn that you are using at home?

What was your favorite class, activity or seminar topic?

How have these classes helped you regain your independence?

Is there anything you would change about the training?

Four of the participants were present at the meeting to talk about their experience with the program.

Elaine Bube - Elaine Bube stated that she enjoyed the expertise of the counselors. The program helped her gain back her confidence. She is now cooking again instead of using the microwave at all times. Elaine stated that she loves the classes, but she dislikes learning Braille and eating green beans. Elaine noted that she liked all the activities and discussions and she does not feel that anything needs to be changed.

Sue Brown - Sue Brown stated she has to defend Braille as she thinks it is very neat. She uses Braille to label items. She now uses many alternative skills and she feels that all of the classes are very important.

Naomi Garner – Naomi Garner stated that she enjoyed every one of the teachers. They have patience and lots of skills. Naomi indicated that she did not like wearing the blindfolds and she did not like Braille. Naomi stated that she now enjoys cooking. She learned that it is important to know where you put your knives so you know where they are in the future. Naomi enjoyed seminar topic on the Seeing Eye dog. She also enjoyed the discussions on makeup and the discussion on how to take care of yourself. Naomi noted that she has learned to be more patient and that she would not change anything about the training. Naomi noted that Dr. Wilson, a low vision specialist, was the one who encouraged her to attend the group home teaching session.

Betty Costanzo – Betty Costanzo stated that she would like to have the program be longer. Class has taught her patience and realization that she can still perform in the kitchen. Betty noted that she has become more adventuresome in the kitchen. Favorite class was about the Seeing Eye dog. One skill she found useful was to have patience with herself. Betty stated that she also disliked the sleep shades, but she enjoyed the wonderful teachers. They were helpful and very encouraging. Betty stated that she would like to have a class focus solely on Braille.

Betty indicated that she has had both group teaching and individual teaching at home. She especially enjoyed the group teaching because it was fun to be with other people and it was a relaxed atmosphere. Since she does not drive she stays at home more. Therefore, her group teaching was an outing and it gave the participants a common bond.

Bob Deaton stated that he feels networking with other blind people is very important because it helps one gain self confidence and avoid isolation.

Nancy Flearl thanked all the ladies for coming today and sharing their experiences. Nancy noted that three individuals who were also in the class were unable to come today. This was an exceptional class and she heard a lot of laughter throughout the teaching sessions.

Elaine Kavaluk thanked all the volunteers who helped with the group and thanked the drivers. Elaine added that group home teaching is a big group effort in the Omaha office.

Bob Deaton reported that since we have gone to district group home teachings, we are actually spending more money but we are getting more bang for our buck. We are serving more clients (approx. 40 more) and we are able to reach more people. The value of the training is great.

Chairman Oltman thanked everyone for a fine presentation.

Public Comment:

Jo Genit stated that she would like to learn Braille.

Report from the Chairman:

Chairman Oltman thanked all NCBVI staff for their work. Oltman thanked the executive director for answering questions from the board after hours and on the weekends. She thanked Kathy Stephens for answering her questions so quickly and she also thanked the supervisors and the counselors for all of their work. Oltman noted that NCBVI staff work great together as a team and everyone should be commended for their great work. Oltman stated that the commissioners receive a lot of reports from staff of NCBVI and she truly appreciates everything she receives.

Chairman Oltman reported that Blind Corps took several NCBVI counselors to Turkey to train blind individuals there and she finds this to be very exciting (the counselors used personal vacation leave to volunteer with Blind Corps).

Chairman Oltman reminded the Board that at the November 22, 2008 Commission Board Meeting, the commissioners made a commitment to complete the RSA modules. Chairman Oltman noted that Commissioner Jenkins and she have completed the modules. Chairman Oltman stated that she found the modules to be very interesting and the history was fascinating. Completing the modules gave her a better understanding of the general Rehab Boards. Chairperson Oltman stated that she will resend to all the Board members the website wherein they can locate the modules.

Networking group met via conference call on Monday evening, February 2, 2009. They talked about various bills that are being brought up and how this fits in to the rehabilitation funds. They also talked about the relevance of these conference calls since it is usually the same five to seven states that call in each time.

Commissioner Jirak stated that Monday night is not good for him and he asked if they could consider moving it to a different night of the week. Chairperson Oltman noted that it is only one Monday night every other month; and therefore, she encouraged everyone to adjust their schedule if they wish to join in on the conference call.

Chairman Oltman stated that she has been very impressed with the job that Cheryl Poff is doing with the Deaf-Blind hand in hand project. She has felt that this project needed a boost and Cheryl's work has been great for the Deaf-Blind community.

Chairman Oltman reported that the "Encounter" Video is now on You Tube. This is excellent as a lot more people will see it.

Executive Director Report:

Van Zandt verbally gave highlights of her report and she thanked the Commissioners for their time. The Commission Board requested that the entire report of the Executive Director be placed in the minutes, so it is inserted here:

February 2009 Executive Director's Report

The State Plan for 2010 is due July 1st. It will need to be approved at the May Board meeting. Due to the timing of our Biennial Budget process, and all the work related to that, we will be focusing on the State Plan Revision during the next few months. Kathy did attend a webcast with instructions for State Plan submittal this year. The information she obtained will be very helpful to us as we work on the Plan. This year we will need to submit all sections of the Plan; in most previous years, agencies only had to submit certain sections. During the next few months, we will be sending section drafts to the Board for reading and comment; to be finalized during the Board meeting in May.

Staff Update Larry Oleson is our new Technology Specialist in Omaha. Larry brings many of years of experience in the IT field and will be an asset to our agency. He started with the Commission December 22, 2008, which almost gets Omaha up to fully staffed. The only vacant position left is a Voc Rehab Tech position. We have opted to not fill this for the time being. Omaha District is relying on both Nicole Schopen (Omaha) and Connie Carlow (Norfolk) to handle all the work. They are doing a great job! If the budget allows, we will look to hire for that vacancy after eForce goes live.

Open Enrollment is switching to the State Fiscal Year, rather than the calendar year. State employees will go through open enrollment this Spring for insurance benefits, etc. This open enrollment will cover the benefit year July 1, 2009 to June 30, 2010. If there are any changes, there might be small changes to health insurance rates. State Personnel has been put on notice that we expect all open enrollment materials to be in a format accessible to everyone and at the same time. This was an issue last fall – they worked with us, but it was after the fact.

Center Services and Statistics

Total Full-time Clients Served from 1996 through January 2009 = 165

Achieved Competitive Employment = 98; Home Makers = 22; Students = 31.

Of the clients that finished training and schooling:

89.5 percent are employed

8.4 percent are not working

73 percent are competitively employed

16.4 percent are homemakers

18.7 percent are students from the total number

Center Activities

Prepared and served luncheon at last Commission meeting

Thanksgiving meal

Holiday party

Debate

Movie and Dinner at the apartments

Start of job training & job experience project at Dept. of Corrections

Super Bowl party at the apartments

Etiquette training was provided in several sessions. They will attend a formal banquet style dinner on February 13.

Staff and Clients will attend Employment conference in Omaha.

Field Services from October 1, 2008 through January 31, 2009 Voc Rehab
Total served = 430; 10 successful closures, 18 unsuccessful. Several moved out of state and others were closed because over many months, staff had not been able to contact them by phone, mail, or going to their homes. Some chose to close due to health or family problems, but intend to apply for services again in the future.

Independent Living Total = 442; 70 successful closures, 14 unsuccessful. Since the last Board of Commissioners meeting, case reviews in Omaha and Lincoln were completed.

The Commission is sponsoring another employment workshop in Omaha, Employment Exploration: Parallel Roads and Intersecting Needs.

It will be held at the Doubletree Hotel February 24, 25 and ending with an Employment Resource Fair February 26. Main presenters Buna Dahal and Keynote speaker Peter Altschul. Some breakout sessions include: Mock Interviews, Disclosure, Soft Skills, Dress for Success, Job Description, Networking, Blindness Skills and Career Path. There will be an employer breakfast with over 30 employers who have confirmed for this and the Employment Resource Fair.

The Lincoln District has been busy assisting with the development of Employment Exploration: Parallel Road and Intersecting Needs. We have started a program with the Department of Corrections to clean their pharmacy every Saturday. Three clients received training. Center staff is supporting this effort with training and supervision. We very much appreciate their support. Right now it is all Lincoln District clients. Center clients will hopefully be involved in the project in the future.

Amy Buresh is starting a teen group in partnership with Lincoln Public Schools. They will meet once a month to discuss issues for teen girls and develop alternative skills.

We may partner with the Senior Companion program offered by the Lincoln Area Agency on Aging. They offer to senior companions to older individuals and recently it has been expanded to include anyone with a disability over the age of 21. There would be some clients that might benefit from this relationship. They would also like our clients that are interested to become Senior Companions. We hope that this will be a productive partnership.

Lincoln District clients got jobs as a Juvenile Diversion Coordinator, Busser, and Call Center Operator. UNMC contacted us about part time phone interviewer positions. Three clients applied and were hired.

We set up an internship at HHS for a Social Work student and three custodian internships.

North Platte District

The North Platte District had its annual district meeting in December. We had training on Deaf-Blind issues, brain injury, and smoking cessation.

A meeting with Senator Wightman also took place on December 19 in Lexington which Mayor Fagot and many consumers attended.

The North Platte district is planning to have an employment focused training for clients in April. This will be like job club with a focus on work ethics.

North Platte District clients got jobs as Prep Cook, Cook, Metal Fabricator, Clerk, and Trailer Technician (for trucks), Appliance Specialist, Home Health Caregiver, College Chemistry Instructor, Food Service Worker.

Omaha District

Clients have gotten jobs as Customer Service, Computer Support Specialist, Music Technology Technician, Machine Operator Supervisor and as a Certified Nursing Assistant. We have been assisting several others in retaining their employment as a Sales Representative.

The final report for the 2008 PILBO grant was submitted at the end of November 2008. PILBO is for independent living aids to be provided to blind and visually impaired consumers in the Omaha area. Notification of grant approval for PILBO 2009 was received on January 16th.

We have been busy working closely with the Placement Committee on the upcoming Employment workshop. We have been out visiting with employers to attend the resource fair, to assist with mock interviews and critique resumes.

We have our group teaching sessions for Older Blind (SAILS) have started a new session on February 3. We will be fortunate to have some of our previous participants assisting in Saturday's meeting. Likewise the group teaching for Teens (TABS) is been very active. More details will be apart of the focus topic.

Cheryl Poff has been working with the Hand & Hand group to plan several activities this year. They plan on a joint activity with deaf blind consumers from Iowa. More details will be available in the future.

We are members of a placement group called Metro Area Placement Professionals (MAPP). This group is comprised of representatives from Omaha and Council Bluffs working together on job placement.

As a part of this we assisted with hosting a job fair on January 27th where 24 employers participated.

On January 30th we presented for the Low Vision Providers in the Omaha Metro area on how we teach mobility to Older Blind individuals.

On February 3 Robert Newman and Nancy Flearl met with ConAgra about a work for home opportunity. We discussed the job description, training and skill sets necessary for this job. They are anxious to partner with us. We discussed that the job description would screen out some great candidates and they will be discussing how to change that. We are looking at other ways to be creative in providing people with the necessary Customer Service experience.

On February 6th Nancy Flearl will be apart of a tri-state conference call with WEST Corporation about their work from home program and discuss how we can all partner with WEST to make this job accessible. The three states that are a part of this project are Iowa, Nebraska and Minnesota.

Nebraska Business Enterprises (NBE) Past quarter:

We have a new vendor in Omaha, Sandra Alvarado, replacing Amy Sweigard who has decided to go back to school. The new machines at Zorinski are doing well and the IRS has moved back into the building, now filling the building with customers. We added two small sites to Greg Stroh. One of them being the Rail Road Car Remodeling company and the other is the district UPS center. Most machines that can be brailled have been. Hardy Holm is working on sites where the menu books disappeared for one reason or another. Next 3 months' work will focus on the Food Contract with the Army National Guard in Ashland. Todd Shumaker is the person that will manage that Facility. We are putting mesh front of the snacks at many of our rest areas, in an attempt to curb vandalism this year. We will be putting new equipment in the rest areas at Ogallala and Sidney this quarter as they being remodeled. We are working with potential vending in the Falls City area. We are also still waiting for progress on a contract for replacement of equipment. Terry submitted the request six months ago; it is at Dept. of Administrative Services for approval. We can still replace equipment as needed, but the contract will facilitate purchases of machines in the future.

Administration and Other

We have been working with State Senators on bills related to employment, the older blind, and our budget. Hearings are set as follows:

LB 449 School Employees Retirement Act – March 4th, 12:00 p.m.

Biennial Budget Request – March 5th, 1:30 p.m.

Many federal reports were completed and submitted during the past quarter, as well as the annual report to the Governor. Staff from all districts have been working on plans for upcoming employment events and meetings.

The general agency, Voc Rehab, is bringing Erin Reihle back to Nebraska to provide training to hospitals about employing people with disabilities. A representative from each of our districts will be present at each session.

Major efforts have been focused on eForce. We plan to go live with the new case management system by late April. Training sessions are scheduled, work on accessibility issues is in place, and work on tailoring the system to our policies and procedures is ongoing.

Kathy attended training on a new inventory process for State agencies. We will begin using scanners and bar codes for all property that is on our inventory. She and Don Ward will work to get everything, including all NBE vending machines scanned into the system.

We have converted to a paperless payroll system, which is working well. Now the time sheets are accessible to everyone and can be transmitted electronically – eliminating the need for mailing, faxing, and other delays.

We are participating as a sponsor in a Legislative Breakfast, March 24, with three other agencies: Commission on Indian Affairs, Mexican American Commission, & Serve Nebraska Commission. Kathy is on the planning committee.

Voc Rehab/NCBVI Memorandum of Understanding is being reviewed with changes regarding how the two agencies will work together with referrals and this will be followed up with training.

Deanna Jesse, Older Blind Specialist, has been working on many projects; one of significance is the work she is doing with the American Foundation of the Blind. They have a Senior Site on their website. Van Zandt encouraged everyone to check the site out. The link for their home page Senior Site is: <http://www.afb.org/seniorsitehome.asp>. NCBVI will be listed as the agency of the month in March on the AFT Senior Site. This is a good opportunity to publicize what NCBVI does, and also, Van Zandt encouraged the commissioners to send in questions to help get information out about non-visual techniques.

PUBLIC COMMENT:

Mark Bulger – Mr. Bulger thanked Dr. Van Zandt for her fine service. Mr. Bulger then asked that given state of economy, are there foreseeable cutbacks for NCBVI? Also, what can consumers of the blind do to help with funding.

Van Zandt – Governor's budget did come out. Basically NCBVI is at level funding. This is below what we requested, but the same level as what we have for the current year. For the second year of the Biennium 2010-2011, the budget is kept at the same 2009-2010 level. Level funding does mean less because the cost of everything goes up. NCBVI is working in educating senators. Our basic funding request was pretty level except for additional money was requested for the senior blind project. The additional funding request was left out of the governor's budget draft. The Appropriations Committee hearing will be coming up in March.

As to what can people do? Van Zandt encouraged everyone to communicate with their senator regardless of what committee they are on. Van Zandt asked people to come to the February 16, 2009 event. Nebraska State Senators Jeremy Nordquist and Heath Mello will meet with blind and visually impaired constituents from Legislative Districts 5 and 7 in room 225 of the Peter Kiewitt State Office Building (1313 Farnam on the Mall) on February 16, 2009 from 5:00 to 7:00 p.m. These two senators are from the Omaha area and they are on the Appropriations Committee.

The National Federation of the Blind of Nebraska is coordinating this event in support of increased funding for services to older blind Nebraskans. The American Council for the Blind is getting involved to help spread the word and they will also have representatives attend.

Four of the five leading causes of blindness are age related. Baby boomers reaching their retirement years will dramatically increase the number of older consumers struggling with blindness, many of whom face a significant loss of independence and the risk of nursing home placement.

Increased funding for the Nebraska Commission for the Blind and Visually Impaired (NCBVI) will provide services to enable older blind and visually impaired people to remain at home longer, thereby saving tax dollars. Dr. Pearl Van Zandt, Executive Director, and Bob Deaton, Deputy Director for Independent Living Services, will represent NCBVI.

Van Zandt noted that NCBVI services are short lived in that we usually work with older blind persons for 12 to 18 months, but this work will keep them from having to move into a Nursing Home for perhaps a decade. There is a lot of information that they are communicating to the senators.

Mark Bulger: Mr. Bulger asked if the Senior Group Home Teaching funding came out of the Senior Blind funds.

Van Zandt stated that the funding for this comes from the Senior Blind federal government, which only requires a 10 percent match. Therefore, the money that the State has to put into this fund is very minimal. Last biennium, the State added \$75,000 per year for NCBVI to have the Senior Blind Project Coordinator, which is included in the new budget.

Bob Deaton stated that a big part of what NCBVI wants to do with the expanded funding for older blind services is to make it possible for staff to focus more on specific services that they provide.

Currently staff wears a number of hats and it would be best if we could have staff dedicated to working with the older blind program and other staff who are dedicated to working with clients who have vocational rehabilitation goals.

Van Zandt encouraged individuals to attend the Budget hearing to testify or send written testimony. The senators do like to receive written testimony from throughout the State.

OLD BUSINESS:

Budget Update:

Van Zandt noted that the Legislative Bill for the Senior Blind Project is LB 315. NCBVI requested \$1.2 Million from State general funds for the next State fiscal year. This includes \$235,252 for the senior blind project. NCBVI requested \$1.737 Million for 2011. For the first year, NCBVI would hire three counselors to work with senior blind and a program specialist in technology. The current year's appropriation from the State is \$969,684. In LB 315 the general fund amount for both years is that exact same amount, \$969,684. We are estimating that we will receive \$3.3 Million each year from the federal government vocational rehabilitation funds. Van Zandt reported that they are putting together comparison charts showing the cost savings for keeping individuals out of nursing homes, which is possible with training from NCBVI.

NIS Update:

Van Zandt reported that NIS continues to be a challenge as it relates to accessibility. The Office of the CIO does have an individual who is working on accessibility issues.

Open enrollment with NIS continues to create some accessibility issues. However, some of the issues are usability rather than accessibility issues. Staff who do not use NIS very often usually have more difficulty than those who use NIS on a regular basis.

Van Zandt stated that NCBVI will keep working to improve NIS accessibility.

NFB-Newsline® Update:

The NFB-Newsline® report was not available for the meeting. However, for the record the email report that was received after the meeting is as follows:

For the last month I have had limited access to a computer. My home computer has been in the shop and I just got it back yesterday. Due to this I don't have an official report for this quarter. I can tell you that NFB-Newsline Nebraska currently has 1,311 subscribers. I also want to remind you to check out the Kearney Hub now on Newsline and also to let you know that the Grand Island Independent is currently down. The Grand Island Independent website has undergone some major changes so it has affected Newsline. We hope to have the problem fixed soon.

I apologize for the short report and promise to have an extended report for the next meeting. Thank you.

Sincerely,

Jamie K. Forbis

NFB-Newsline Outreach Coordinator

Public Comment:

Nancy Oltman stated that she will follow-up with Jamie Forbis about submitting the NFB-Newsline report in a timely manner and to communicate with the commissioners when this is not possible.

Client Assistance Program (CAP) Complaints or Issues

CAP received one complaint about being denied funding to take the LSAT (admissions test for law school) a second time. The client was denied based on the education policy that if you need to retake a class NCBVI will not pay for a class a second time. This policy was applied to the retaking of the LSAT, which was not appropriate. That policy would not apply to this situation. The taking of the LSAT, or other similar exams, a second time needs to be looked at on an individual, case by case basis.

The individual did have some personal issues relevant to the situation, but the counselor had not addressed these in the denial; instead using the education policy rationale. The situation was discussed in Case Review, but there had not been adequate follow through of suggestions. We will reimburse the client for the test fee, since it had already been paid.

CAP asked the counselor to inform the client about the areas that need to be worked on and how they will be evaluating him, and will follow through with continued counseling on the issues.

A Lunch Break taken at 11:56 a.m.

Meeting resumed at 12:25 p.m.

Review of Staff Survey; independent tabulation and anonymous submissions; also time frame to send out surveys

At the August 9, 2008 Commission meeting revisions were made to the staff survey and the revised survey was unanimously approved by the commissioners.

It was noted that the revised survey was sent to State Personnel (DAS) for review and approval. A letter was received from State Personnel approving the director's Evaluation section; other parts of the survey do not need approval from DAS.

It was the consensus to have a third party tabulate the survey results this year and perhaps start with an on-line survey next year. The Board indicated that they will need the compiled data from the surveys one week before the May 2, 2009 Commission Board meeting. It was the consensus of the Board that the surveys will be confidential.

Kathy Stephens noted that she still needs to check with Nebraska.gov to see if they have an electronic means to gather the survey information and tabulate the results. Stephens indicated that she would send an email to our contact person at Nebraska.gov about this issue early next week. Additional information will be forwarded to the Board of Commissioners by February 23, 2009.

New Business:

Discussion of Participation in Annual Staff Meeting

Van Zandt noted that the annual staff meeting is scheduled for April 7, 8, 9 at Southeast Community College, Continuing Education Center, 301 S. 68th Street Place, in Lincoln.

It was the consensus of the commissioners that they will present on Tuesday afternoon, April 7. The commissioners decided that they will talk to staff about what they feel their role as a commissioner is. The commissioners will then ask staff what they feel the commissioners role should be. The commissioners will also talk about the changes that are being made to the staff survey and they will encourage staff to complete and submit the survey.

Van Zandt reported that David De Notaris will be a speaker at the state staff meeting. De Notaris is a professional speaker known nationwide and is Director of Pennsylvania Services for the Blind. De Notaris has recently written his first book: *Feeling Your Way Through Life*. The book is an uplifting combination of stories of his life, his positive philosophy, and tips on how to overcome obstacles and live your dreams. David De Notaris is a true success story.

On Wednesday, April 8, staff will receive training on eForce and an Optometrist may be present to provide some training (specifics for the meeting are still in process).

On Thursday morning, April 9, staff will receive training from HHSS and VR about what the law says about education for children 0-3 years old.

Van Zandt noted that if NCBVI has clients in this age group, we need to make sure that we are complying with laws governing their education and services.

Van Zandt invited the commissioner to attend the entire staff meeting if they so wish and if it works into their schedule.

Focus Topics for Next Meetings:

May 2, 2009, Columbus, New World Inn Hotel and Conference Center,
Evaluation of the Executive Director

August 8, 2009, Scottsbluff, Topic: Supported Employment

November 21, 2009, Lincoln, Business Enterprise and Vendors

Public Comment:

Mark Bulger – Mark stated that as he understands the budget process, the State of Nebraska gives a certain amount of money to NCBVI and there are also federal dollars that come in to support vocational rehabilitation. Having had a conversation with a state senator in the past regarding funding for seniors, his comment was that as far as he was concerned, the money that the State of Nebraska gives to NCBVI, it is up to NCBVI to use that money in the best way that they can and the State does not distinguish how the money should be spent. Mark's question is, while there is significant payback in helping blind individuals get jobs, there is also value in helping seniors. His concern is do we need to revisit how NCBVI spends its money.

Pearl Van Zandt stated that the bulk of funding for NCBVI is from the Rehab Act, which is part of federal funding. The major portion of this funding is specifically for employment. If a person is 80 years old and has an employment goal, they fit into the vocational rehab group. The amount of funds available nationally to the Rehab Program is only for job and employment related types of work, which includes the Training Center, college and so on. The specific part of the Rehab Act that is for older blind only provides NCBVI \$225,000 per year. When you are looking statewide, the program does not cover very much. This program only requires 10 percent match from the State. Therefore, for every \$1 that the State gives, \$9 of federal money comes, but only up to that level. NCBVI has been level funded at this level for about ten years. This is the biggest obstacle – that the federal money is geared to employment.

Kristal Platt – Is it intended that the staff survey anonymous compiled results will be a matter of public record when that is available?

Chairman Oltman stated that the individual compiled results will not be public record. The compiled results will be discussed during the evaluation process and will become a part of the public record; however specific comments made by staff will not be disclosed.

Commissioner Jirak noted that the staff survey has two parts. One part deals with staff satisfaction of the performance of the executive director and the second part relates to the assessment of NCBVI.

Jo Genit – How do we get the Legislature to understand that it would be economically beneficial to train the elder blind so they can stay in their own home and not have to go to a nursing home?

Commissioner Jirak encouraged Jo and all older blind individuals to come to the February 16 meeting to discuss their concerns with the state senators.

Final announcements:

Commissioner Jirak asked if commissioner pictures were going to be taken for the website after the meeting. Hubert Paulsen had his camera available and if anyone would like their photo taken today this will be possible.

Adjourn:

The February 7, 2009 Commission Board meeting adjourned at 1:35 p.m.

Respectfully submitted,

Kathy Stephens

Administrative Assistant

NCBVI

Nancy Oltman

Chairman

NCBVI Board of Commissioners

THE OLDER VISUALLY IMPAIRED PERSON: A VITAL LINK IN THE FAMILY AND THE COMMUNITY

P.L. JACOBS, M.S. (Now P.L. Van Zandt, Ph.D., Executive Director, Nebr. Commission for the Blind and Visually Impaired.)

Ms. Jacobs is program administrator of the Services for the Elderly Blind, Nebraska Rehabilitation Services for the Visually Impaired, Lincoln.

Nebraska Rehabilitation Services for the Visually Impaired, 1047 South St., Lincoln, NB

Abstract: Various aspects of vision loss for older persons are discussed in terms of family relationships and community involvement. The article examines problems inherent in the existing system of services to older blind persons, and results of a research questionnaire study that provides insight into the experience of vision loss in the later years are presented. Experimental methods of service delivery and public education described in the article have been administered in Nebraska and have been highly beneficial in enabling older blind persons to continue as active participants in their families and communities.

In recent decades, dramatic changes have occurred in the population structure of our society and average life expectancy with consequent large numbers of older people, one out of four of whom will have a significant loss of sight. The need to establish networks of support systems within our communities to provide support for the older members of society is even more pressing today than it has been in the past. It is also crucial that younger family members develop an increased awareness of the frequency

of vision loss in the later years, as well as a healthy, realistic understanding of blindness and aging.

This article is a revised version of a paper presented at the American Foundation for the Blind

1983 Helen Keller Seminar "Blindness/Visual Impairment: A Family Affair"
Oct. 27, 1983.

All five senses do decline with old age. These declines are gradual and may be minimal, but they are still likely to occur. Older persons have a great deal of adaptive capacity if given the kinds of support and training that are needed. Older persons may take longer to learn something, but they can learn. The ability of older persons to learn peer counseling techniques, for example, as well as other skills, is a tremendous resource of our communities that has not been tapped. Senior citizens can be productive, contributing members of their families and of society, particularly when stressful constraints are removed or minimized for them. Perhaps a primary cause of stress in the later years of life is the diminishing ability to rely on the familiar sense of sight.

Vision loss, regardless of whether it extends to total blindness, is significant whenever it requires the development of nonvisual ways of functioning to maintain individual independence in daily life. Significant loss of vision is extremely common for older persons, since four of the five major causes of blindness are directly related to the aging process. The majority of blind and severely visually impaired persons are at or beyond retirement age.

What It Means To Be Old And Blind Ingrained in our society are many myths and misconceptions about what it means to be blind and what it means to be old. Many of these misconceptions are very similar (i.e., the blind or old person is helpless, passive, unhappy, and basically dependent upon others). When persons have internalized these beliefs, and then with age find that their personal vision is no longer what it used to be, it may be very difficult for them to cope successfully with the changes they face. In

fact, many older visually impaired persons do begin to become more dependent on family, to isolate themselves, or to feel that they are no longer able to be contributing members of society but must revert to the receiving end of the service system. Family members may also hold misconceptions about blindness and aging that inhibit their normal relationships with their older loved one who is becoming blind.

Blindness itself does not prevent a person from leading a normal, productive life, but it does create some problems that the blind person must deal with to attain or regain status as a contributing community member. Rehabilitation programs around the country provide the counseling and training that can enable persons to work through those problems. There are two primary components of the process toward successful adjustment to blindness: (1) the acceptance that blindness is not a devastating change—that blind people can be competent, productive, normal human beings, and (2) the teaming of alternative nonvisual ways of doing things.

Sometimes special aids and appliances are useful in facilitating independence, particularly the braille watch, the long white cane, and recorded reading materials. For other tasks, all that is needed is a creative approach and perspective. For example, to cook without sight the person can learn the position of oven dials by feel and memory. Alternative techniques incorporate all nonvisual physical senses, as well as creativity and logic or common sense. Confidence in the efficiency of alternative techniques can go a long way in helping individuals to cope with the increasing loss of vision in the later years of life.

Review of the Literature

Major sources of statistics on vision loss in the United States agree that most persons identified as blind are elderly. Statistics also indicate that one of every four older persons will have a severe vision impairment. Some

studies have shown that age is the single most powerful predictor of prevalence of visual impairment and blindness.

Statistical projections also indicate that the number of severely visually impaired elderly will increase dramatically in the future (Lowman & Kirchner, 1979). They compute the figure to be 78 percent greater in the year 2000 than it was in 1977. Because of increasing longevity, this population will also be older; in 1977, 25 percent of the elderly visually impaired were age 85 or older, in 2000 those over 85 will constitute 36 percent of the same group.

Even though the majority of blind people are elderly, a review of the literature regarding blindness shows that most studies focus on children and adults. Until the mid to-late 1960s, little attention was paid to the older blind population. Russell (1977), and Gross (1979) identified certain landmark events that initiated an interest in the needs of visually impaired senior citizens: a task force on geriatric blindness appointed by the American Foundation for the Blind (AFB), 1969; the publication of *The Making of Blind Men* (Scott, 1969); the development of handbooks for persons working with the elderly blind Uolicoeur, 1970; AFB, 1972); a session on Aging and Blindness included in the 1971 White House Conference on Aging; and the First National Conference on Aging and Blindness held in 1975. Since that time, recognition of the importance of blindness and aging has grown only gradually. "The paucity of scientifically based written material about the elderly blind would strongly suggest that a practice theory for improving services to the elderly blind is still tacking" (Gross, 1979; p. 49).

Although they are not based on research, a growing number of articles deal with the combined situations of blindness and aging. Worden (1976) suggested the need to consider attitudes about aging and the relationship

between aging and blindness. In our society, there is a failure to recognize that neither age nor vision per se determines a person's capacity for growth, rehabilitation, or productivity. Worden stressed the importance for practitioners to examine and to be aware of biases concerning both aging and blindness.

Many authors encourage cooperation between systems serving blind people and those systems that serve the aged. Several point out the general failure of the system serving blind persons to serve the aging blind (Scott, 1969; Russell, 1977; Gross, 1979; Thomas, 1981; Inana, 1982). This is due, in part, to the fact that most services for the blind in this country are provided by Vocational Rehabilitation agencies. Even though amendments were added, in 1978, to the Rehabilitation Act of 1973 to provide for comprehensive services to older blind citizens, no funding has been allocated to back up the amendments.

Another factor that prohibits older people from receiving needed services is the tendency to avoid the label of blindness (Kaarlela, 1978; Kass, 1980). Kass believes that in addition to denying progressive blindness, many elderly blind persons stop talking about their vision altogether. As a result, most members of America's older blind population are probably unknown as such to government, have never received services from agencies or libraries for the blind, and will go uncounted and unaided for the rest of their lives unless major steps are taken to change the situation.

Various types of service provision have been found to be particularly appropriate to older blind persons. Teaching and counseling about blindness within the individual's home and local environment is one such technique (Landwehr, N.D.; Gobetz, 1972; Mummah, 1975; Egi & Higuchi, 1979; Jacobs, 1981). Group work or peer counseling within a group setting are gaining attention as effective methods of helping older persons and

their families to deal with blindness (Gobetz, 1972; Brown, 1974; Mummah, 1975; Aspell, 1976; Emtrson & Long, 1978; Harshbarger, 1980; VanZandt & Jacobs, 1982; Jaureguy & Evans, 1983). Inservice Training programs have been found to be beneficial for nursing homes and for community-based programs serving older persons (Jolicoeur, 1970; Morrison, 1970; AFB, 1972; Search, 1976; Emerson & Long, 1978). Such an approach focuses upon the benefits of better utilization of the existing service system for the aged by older visually impaired persons (Worden, 1976; Emerson & Long, 1978; Jacobs, VanZandt & Stinnett, 1983).

Throughout much of the literature regarding aging and blindness, there runs the theme that the utilization of resources already available can be very effective in terms of human and cost benefits. With counseling and training regarding blindness and related attitudes, resistance can be neutralized and attitudinal stereotypes can be changed. Within the past 10 to 15 years, attention has gradually been growing with regard to the prevalence of blindness in the later years. Even so, very little has been done to examine issues concerning families of older blind persons. It is also clear that there are little data upon which to base efforts to alleviate the actual problems and feelings faced by older newly blinded individuals. There is a need for more investigation for future programs to truly serve those needs.

The Older Person as a Family Member

Though not specific to the issue of blindness, there is literature that deals with the aspect of family dynamics involving an elderly person. Family relationship problems are often caused by misunderstandings regarding changes in the older person and feelings that person is experiencing. As mentioned above, myths are often internalized about aging by family members of all ages (Schwartz, 1977).

There are benefits to be reaped for all generations from meaningful family relationships. These benefits include support during bereavement periods, the clarification of a personal meaning in life, strengthening of inter-generational bonds, and the development of a personal perspective about death (Newman & Newman, N.D.).

Family dynamics are usually complex. The problems of older people have an impact on the entire kinship network (Butler & Lewis, 1982). Life events of older persons are learning experiences for younger relatives. They serve to mold young people's attitudes toward the elderly and their own eventual aging. Self-esteem is crucial to an individual's role in his or her environment. Family members of all ages play a major role in affirming or negating the self-esteem of other family members (Schwartz, 1977).

It is clear that there is a need for programs and services that will help aging persons and their families to learn about changes related to the aging process. One major change for many older people is the gradual loss of sight. Both the older visually impaired individual and the family members need to develop an understanding of blindness that will facilitate the continued growth and independence of the older person and will contribute to a strong, cohesive family unit.

Nebraska-The Good Life

Nebraska, a rural state in the Midwest, has a high concentration of older people. Nebraskans aged 55 and over constitute 22.2 percent of our total population. In considering the numbers of persons in the age range of 75 years and older, there is an even higher concentration. Nebraska ranks seventh highest in the nation in the number of people 65 and older.

Because of this we are keenly aware of the prevalence of severe vision loss among older persons. In recent years we have been working to expand beyond the mandated Vocational Rehabilitation guidelines to provide services that will better meet the needs of the growing number of older blind persons in our state.

Based upon a research study and subsequent experimental programs, we have gradually developed a comprehensive system of services for older visually impaired Nebraskans.

The Experience of Blindness for Older Nebraskans

A study conducted by Jacobs (1981) investigated the experience of blindness in later life. The major purpose of the study was to collect data about what older people experienced when they were faced with severe visual impairment, so strategies for helping older persons to cope with their blindness could be developed. Of primary interest were actual problems faced, emotional reactions to blindness, and the effects of blindness upon these persons' lives.

The 54 subjects for this study were selectively chosen by staff of the Nebraska Rehabilitation Services for the Visually Impaired (SVI). All subjects were Nebraskans aged 60 to 95 who had lost or had begun to lose their vision at some time during their later years. The subjects included persons receiving services from SVI, persons who had received such services in the past, and persons not connected with the agency but who were known to agency personnel as having a severe vision loss. Selection was done so as to provide a sample representing a geographic balance across the state of Nebraska. An effort was also made to include subjects on a continuum from functional dependence to increasing independence. Subjects were interviewed in their own homes by blindness counselors specifically trained in interviewing techniques.

The 10-page questionnaire used in this survey was designed to investigate facets of adjustment to blindness and possible related variables. It included scales to measure life satisfaction, life philosophy, religiosity, age conservatism, self-image, and coping strategies. Also included were sections concerning background information and relationship networks and a section developed by the author on the experience of blindness. For copies, contact the author.

Results and Conclusions

The results of this study provide an insightful perspective on problems faced by aging persons who are experiencing severe vision loss. The subjects were generally able to cope with the change in their lives that had resulted from their vision loss. It was found that those persons who had coped successfully with other life changes were more likely to have dealt successfully with their blindness. The same types of coping skills were found to be utilized in both processes.

In general, the older blind participants in this study expressed fairly positive perspectives on life and their personal situation. They tended to have good communication and well-established networks of support to rely on. The importance of mutual support networks is particularly relevant to the budding of strong families. When family members, regardless of age or infirmity, can be interdependent, all members of that system benefit, and the family system itself is strengthened. For example, one woman said about whether her relationship with her husband had changed, "It's pretty much the same. He's very good about letting me fend for myself as much as I can. He encourages me to be as independent as I can; which I try to do." The subjects of this study did tend to be fairly active in these relationships, maintaining reciprocal interactions at a fairly high level.

The greatest proportion of the subjects had faced problems as a result of their vision loss in the areas of home and daily living tasks, hobbies and leisure time activities, and mobility. Initially, most of the individuals had experienced negative emotions such as depression, anger, and fear. It appears, though, that most had since worked through those stages and had come to accept their blindness in positive ways. The comments included, "I cried it out. Might just as well forget it-so I go ahead and try," and "I keep busy. I talk to other people who have had similar problems. I'm gradually getting used to it," and "I have accepted it. There are times in which it's frustrating, but I still look at life the same."

In considering their personal losses, most felt that they had experienced the same amount or fewer losses than other people of their age. Several people indicated that there are worse things than blindness, such as terminal illness. One subject expressed this feeling in this way: "I don't sit at home. I didn't allow myself to feel sorry for me. I was grateful for what I have."

Those subjects who had been encouraged to go ahead and do things for themselves were generally better able to deal with their blindness than were those who had people doing things for them. Keeping busy and involved was cited by the largest number of subjects as the most effective method of coping with the problems faced during the initial stages of adjustment to blindness.

Individuals who had known blind people in the past were better adjusted to their own blindness than were those who had not been acquainted with other blind persons. The subjects who had accepted the blind people they had known as peers generally were better able to adjust to blindness than were the people who felt pity toward their blind acquaintances.

This study indicated that the effects of blindness were influenced by level of life satisfaction, the extent to which life had changed for the subjects, the extent to which their relationship with a significant other had changed, and whether subjects felt that they had experienced more or fewer losses than others of their age. Most of the subjects had been able to work through their initial negative feelings toward an acceptance of blindness. The effects of blindness did not seem to be influenced by income, life philosophy, or personality factors such as age conservatism and self-image.

The implications of these results can be utilized by persons involved in the field of aging to develop better ways of working with older individuals who are experiencing vision loss and with their families. There is much that can be learned from the older blind persons themselves. We need to be sensitive to issues and feelings that they are experiencing in order to develop service delivery systems that will truly address their needs.

The Unmet Needs of Older Persons

The Nebraska SVI has operated for some time with the fairly standard combination of Rehabilitation Counseling and Orientation Training system of services. The counseling and training is generally provided in one of two settings: the Orientation Center, a full-time program lasting an average of nine months, located in the state capital, and Hometeaching, provided in the client's own home and community, a program of varying duration.

Although both programs are open to adults of all ages, older clients generally prefer to receive training within their own homes. There are certainly advantages to Hometeaching, but there are disadvantages as well. The primary drawback is the isolation from other blind people. Particularly within sparsely populated, rural communities, an individual client may have little opportunity to know others who are experiencing

vision loss. Thus, there is no chance to share experiences and feelings about blindness. Even when the Rehabilitation staff persons working with the older clients are blind, there is a tendency for them to be perceived as exceptional individuals or as being successfully independent because they are younger or have been blind from birth. Another problem with the Hometeaching method is that it tends to be less intensive and more lengthy and intermittent. For some people this is a definite advantage, but it also may result in more difficult adjustment as a result of positive reinforcement being less frequent than in a training center. All of these factors serve to inhibit the client's personal adjustment to the onset of blindness.

Attitudes about blindness within the community can be a problem for individuals of all ages, but they are even more crucial for the older population. Since the older person may also be experiencing gradual decreases in other aspects of social involvement, it is important that family members, friends, and staff of senior citizen centers or nursing homes be educated concerning the myths and facts of aging and vision loss.

One final problem in service delivery to senior citizens is that a large number of individuals, for various reasons, do not fit into a training program geared to "vocational rehabilitation." We do maintain an extensive network of initial contacts with older persons in which we provide basic counseling and instruction in specific nonvisual techniques that require very little ongoing training. The main difficulty for these "nonclients" is lack of funds to purchase basic aids that would facilitate their continued independence. Of course, some older persons can afford to purchase needed items but many have extremely limited means and could not do so without assistance.

As our staff across the state sought to provide appropriate services to the growing number of older visually impaired Nebraskans, the problems of the

existing system became more apparent. In addition, it became clear that the system of services for senior citizens was also generally unable to meet the needs of older blind persons. Based upon our combined experience and knowledge and the perspectives gained from our research study (Jacobs, 1981), we began to develop a system of services that would truly address the unmet needs of older blind and visually impaired Nebraskans.

Models Of Service Delivery

Inservice training program. One of the first projects was to establish a broad network of inservice programs, offered at no charge to any interested group; such as staff of nursing homes, welfare and other community-based personnel groups, senior diners or similar groups of older persons, church or organizational settings attended by older individuals and their family members and friends, and so on. The provision of such educational programs is generally done by one or two staff persons. There has been an extremely positive response to the inservices; requests have grown to the current average of four or five programs presented each month. This system of inservice training programs has proved to be a cost-effective, efficient method of educating a wide range of people about the combined situation of blindness and aging.

Aids for older blind persons.

As a result of this public education program, we received increased referrals of older blind persons. Many of these referrals did not require a full rehabilitation plan, but did benefit from the basic counseling and training provided. Often, it was clear that a braille watch, a simple writing guide, a white cane, or other such aids would be of benefit to the person. The lack of monies for such items motivated us to approach the State Office on Aging (now the Nebraska Department on Aging) in a networking effort geared to meet the needs of older Nebraskans. We were provided grant monies from October 1980 through October 1982 with which we purchased

a variety of aids for distribution to older visually impaired persons on a statewide basis. Although the amount of funds was comparatively small (\$1,500 the first year, and \$800 the second year) the number of individuals who received assistance through this program and the appreciation expressed by recipients were vast.

During the two-year period over 100 individuals received aids directly. In addition, a number of items (primarily writing guides and large-print materials) were provided to nursing homes and senior citizen centers for general use. The types of aids that were distributed through this program were (in order of frequency): writing guides, white canes, braille and talking watches and clocks, braille writing materials, insulin injection aids, needle threaders and self-threading needles, sleep shades, braille timers, safety knives, large-print crossword puzzle books and music, adapted games, tape recorders, magnifying lamps, abaci, and cassette tapes.

The individuals receiving these items ranged from age 55 to age 98. They also covered a broad spectrum of health status and other characteristics. They lived in all types of settings, both rural and urban, on a continuum of those receiving skilled nursing care to those living in personal, independent homes. Most of the recipients were white, though some were black, native American, and Asian American. This program was found to be highly successful by all participants.

Cutbacks in funds prevented us from continuing this cooperative venture during this past year, but further efforts to network with the Department on Aging and other potential resources are being developed.

Recently, one elderly man who had received counseling on a nonclient basis passed away. Because of the family's appreciation of the help

provided to him, a memorial of \$200 was given to be used to purchase aids for older blind persons. This allows us, at least in a limited way, to continue this needed service.

Peer counseling discussion groups- In an attempt to alleviate the isolation felt by older clients receiving Home teaching, we began to look at the formation of peer counseling discussion groups within communities and in congregate-living settings. Initially, staff involvement was focused on contacting persons who might benefit (including clients, nonclients, and former clients in our agency), coordinating a meeting time and place, assisting to some extent with transportation, and providing basic introductions and perspectives on the benefits of sharing experiences and feelings about blindness. Unfortunately, the groups that did continue to meet on their own, without further direction, tended to become almost solely centered upon self-pitying kinds of discussions. There was very little productive dealing with the problems occurring as a result of blindness and the subsequent growth out of those difficulties that is often found in groups such as Student Seminars held during Orientation Center Training.

Our next step was to form a committee of interested staff persons and volunteers. Analysis of the groups that had been meeting led us to two conclusions about what is required for such groups to be a growing experience for the participants: (1) positive discussion materials geared to the interests and needs of the older visually impaired group members must be provided, and (2) group facilitators who had a solid philosophy about blindness must be present to assure that group discussions allowed for the need to express frustrations and problems, but then provided positive solutions and methods of coping that the members could personally use to learn and to grow.

Specific goals identified for peer counseling discussion groups, which now are gradually being formed across the state, are: To allow participants to become acquainted with other persons of their age group who are also experiencing vision loss;

To allow participants to express their feelings about blindness and to share with each other their thoughts, experiences, emotions, and fears or hopes related to blindness;

To provide them with positive role models (older blind persons who have coped with their blindness and who have maintained or regained a level of competence and independence in their lives);

To provide information about alternative techniques that allow blind persons to be actively independent;

To help participants become aware of available services and resources, eligibility requirements, fees (if any), and methods of application;

To help them overcome misconceptions about blindness;

To assist group members in developing realistic strategies for coping with their own vision loss;

To provide facilitators with a growing understanding of the combined circumstances of old age and blindness,

Most of the peer counseling groups are now being led by a facilitator. In some cases a staff person fills this role; in other cases, a volunteer leads the group. When a volunteer is used, it is generally an individual who has already dealt on a personal level with the realities of blindness.

To provide materials useful for productive discussions, counselors and volunteers began to develop a library of discussion packets. Each packet is a three-ring notebook containing material on tape, in print, and in Braille. In this way, the packet is accessible for use by anyone regardless of their

method of reading. The packets cover a variety of topics of potential interest to group members. The packets that have been completed and are currently in use include: Purposes and Goals for Peer Counseling
Discussion Groups-An Organization Packet

The Blind Can Be Independent

Myths and Facts About Blindness

A Talk by Harold Sorenson (comments and perspectives of a man who became blind at age 75)

Recreation and Entertainment

Rehabilitation Training for the Partially Sighted-Is It Necessary?

The Older Worker

Coping Skills

The Blind as Family Members

Other packets in the process of being developed include topics such as myths and facts about aging, the use of sleepshades in rehabilitation training, blindness combined with other handicapping characteristics, and aids and appliances for the blind. These discussion materials are available for use by staff members, group facilitators or members, and interested individuals. We have found them to be beneficial not only in the peer group settings, but also as tools for individual rehabilitation counseling with clients and family members.

One final aspect of the peer counseling group is that family members and significant friends are encouraged to participate. Some of the groups have had success with regular attendance of a spouse or other key person. In this way, the leaning and adjustment to vision loss is provided to persons with whom the older blind individual interacts on a daily basis as well as to the blind persons themselves.

We have not evaluated these groups in a systematic fashion at this time. In spite of this, we believe them to be increasingly important links in the rehabilitation process for group participants. This assessment is based on specific comments made by group members, including blind persons and family members, regarding their appreciation for the existence of such groups. We can also see, for members who are Vocational Rehabilitation clients, specific steps toward achievement of the Individual Written Rehabilitation Plan that are clearly a result of participation in a peer counseling discussion group.

As we continue to develop a network of such groups across the state and put together more packets for use within groups, we will also be in the process of analyzing in a more systematic way the strengths and weaknesses of the groups. We believe this technique to be vital to the growing acceptance of blindness by older persons and the primary people within their environment and thus to the increased levels of independence possible for attainment by each older blind person.

Intensive home teaching for older clients. A final major project that the Nebraska Services for the Visually Impaired has developed is a type of intensive home training program geared specifically to the needs of clients over the age of 55. Home teaching Plus was initiated in the summer of 1982 and will be offered once each year in the future. It is available only to clients over age 55 who are not likely candidates for the full nine-month Orientation Center Training.

Home teaching Plus begins with intensive home teaching in the client's own community. This initial segment, phase I, lasts four to six weeks. During this time, the orientation counselor meets with the client twice weekly in four-hour home teaching sessions. The Rehabilitation Counselor also maintains separate and frequent contact for counseling sessions

during phase I. The goals of this initial phase are (1) to expose the client to the philosophy on which our services are based and to allow the client to develop an understanding of the philosophy through readings and discussions with counselors, (2) to expose the client to a range of alternative techniques appropriate to the daily activities of persons who have been or may become limited as a result of vision loss, (3) to allow the client to adjust to and gain an understanding of the use of the sleepshades for extended periods of time, (4) to provide time for both client and counselor to adjust to the more intense schedule involved in the total Home teaching Plus program, and (5) to allow the counseling team to develop a clear and accurate assessment of the client's needs, strengths, and weaknesses.

Following phase I, the client joins seven to nine other clients in Lincoln for phase II of the training. The residential and training facilities of the Orientation Center are utilized during the two weeks allotted for this segment. A core of subjects is assigned for all clients, which generally includes seminar, travel, and homemaking. There is also an option for one other subject, such as woodshop, sewing, Braille, or typing, depending upon the individual's needs. Specific priority areas that were identified as a result of the initial phase of the training are focused on during phase II. The clients benefit from group sessions of discussion and social activities as well as from the individual classes.

On the Saturday between the two weeks of phase II, a Family Day is held. Relatives and friends are encouraged to participate in this event. To date, the response has been quite good. Last year's event, held August 20, hosted 26 family members and close friends as guests of the five program participants. Most of those attending came from distances of up to 150 miles. One of the clients and his wife live 230 miles from the training center. The wife came with him and spent the two weeks with family members in a

town 50 miles away; thus she was able to attend Family Day with their daughter and grandchildren.

Family Day begins with two hours of class observation. The guests are given tours of the center by one or two of the students. They have the opportunity to observe their relative in a class as well as to see the other clients “in action.”

At 11:00 A.M. the guests wait in a lounge area while the clients set up a buffet line of food that they have prepared in cooking classes. This allows the families to get to know one another a little before the seminar (which helps to facilitate open sharing and discussion). When all is ready, everyone goes through the self-serve line. Lunch time provides the chance for getting to know the others better and also for more observation of the progress the clients have been making.

After the tables are cleared by the students, the seminar begins. We play the tape from the discussion packet: The Blind as Family Members. We talk about the impact of the onset of blindness on family dynamics, experiences (often both humorous and traumatic) that have occurred, myths about blindness, and attitudes that inhibit normal relationships. We also discuss aspects of the rehabilitation process, particularly the importance of family support and encouragement for the blind person. Key issues of the discussion are the continued interdependence of all family members and the continued role of the blind person as a responsible and caring relative and friend.

The final phase takes place immediately after the client returns to the home community and lasts for another four to six weeks. The primary goals during phase III are (1) to further develop skills needed to function

independently, as well as a continuing to work with a counselor on understanding blindness and (2) to prepare clients to continue on their own with personal development of alternative techniques and adjustment to blindness. If possible, the client is encouraged to join a peer counseling discussion group at this point.

The responses of the eight clients, their families, and SVI staff who were involved in the 1982 Home teaching Plus program indicated that the training was a definite success. Clients who had been working in the standard Home teaching system for some time prior to this program felt that it provided the skill areas, the intensity, and the association with other older blind people that they had not received. There were also comments showing that the clients benefited from the perspectives of an entire team of counselors, as opposed to only the two counselors working with them as a part of standard home teaching. Relatives and friends expressed more awareness of the capabilities of their loved ones. It was also noted that meeting with the other participants and their families was helpful in gaining perspective on how others cope with decreasing vision and maintain or regain active roles as family members.

Even SVI personnel benefited from the commitment and motivation shown by the older clients who participated in Home teaching Plus. We learned many methods for improving our year-round programs of orientation center training and home teaching. In addition, we were able to assess various components of the Home teaching Plus program. It was clearly a training mode that should be repeated annually in the future.

Continued Efforts

As we move ahead, we continue to work on improving our approach to the many older persons who are experiencing significant vision loss. Further public education efforts include providing relevant information to the media,

including Radio Talking Book (the radio reading service for the blind in Nebraska). We also provide regular columns regarding vision loss and aging in the newsletters printed by the Area Agency on Aging in both of the major metropolitan areas of our state (Lincoln and Omaha). With the latter, it is often the relative or friend of a visually impaired older person who will read the information and call us for information and assistance. Thus, we are able to educate many people within the community toward a better understanding of blindness for senior citizens.

Summary

The major problem area for the newly blinded older person is one of attitude. Our society has internalized so many negative stereotypes about blindness that counterproductive attitudes can be overwhelming. The individual must face personal fears about what blindness will mean: "Will I be dependent upon others?" "Will I have to give up my home?" "Will my family and friends still want to spend time with me?" Workers within the service system for the aging often have uncertainties regarding how to deal with blindness: "We've never had a blind person in our center, how could they take part in our activities?" "Surely they will not be able to bring a covered dish to our potlucks; how do we help them without embarrassing ourselves or them?" Family members and friends, no matter how close, may also feel a distance begin to develop as a result of feeling uncomfortable about blindness and therefore about the blind individual. In addition to all of these attitudinal barriers, those who work with blind persons often have misunderstanding or negative stereotypes about old age. Obviously, the older individual who experiences a significant vision loss cannot change all of these attitudes. As a society, we need to develop a better awareness of blindness and aging so that older blind citizens can continue to be active participants in family and community life.

Older persons who are losing their sight can learn and develop individual ways of dealing with the everyday tasks made difficult by limited vision.

When provided with information, training, and counseling about blindness, older persons can “cash in” on the unused value of the other physical senses by using creativity and common sense. Other individuals who do not experience a significant vision loss personally can enhance the continued independence of friends and relatives who do become blind by accepting their blindness and encouraging them to continue doing things for themselves.

A more widespread acceptance of blindness will help the many older individuals who do lose most of their functional vision to adjust more readily to doing things in a nonvisual way. This, in turn, will prevent them from gradually withdrawing from active participation in relationships and activities that they value.

According to a national study (Harris, 1975) most older Americans are satisfied with life. They do want to be contributing members of society. To work toward building strong families and to prevent unnecessary institutionalization of older persons who experience a significant loss of vision, we need to provide mechanisms that will help people of all generations to appreciate the elderly and to help them maintain confidence in the contributions that they can make. To achieve potential in old age it is vital that all individuals be provided with human contact and warmth, support and challenge, and the opportunity to teach and learn new roles, outlooks, and directions.

It is clear from empirical evidence that older persons are not alienated from their families. When the living environment of a person recognizes, reinforces, and encourages an individual's strengths and potentials, optimal growth and adaptation can occur throughout the life cycle.

“Survival in a productivity-minded society may in fact make kinship support more necessary and meaningful as human beings are buffeted by constant challenges and reexaminations of their worth in the outside world’ “(Butler & Lewis, 1982; p. 148).

Because of the realities of modern everyday life, as well as the existence of a growing number of persons becoming blind in their later years, workers within the system of services for blind people need to continue to develop innovative methods of providing for the needs of this population. We are only beginning to be aware of the possibilities for older blind persons, and the positive contributions they can make to our families and communities across the country.

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Nebraska Commission for the Blind and Visually Impaired

Report on Group Teaching Services

Submitted to the Board of Commissioners: February 7, 2009

The first instance of group home teaching specifically for older blind consumers by this agency was implemented in 1985 and was called Home Teaching Plus. The program grew from a realization that many older blind consumers, for whom Center training was too demanding, needed something more than what they were getting from rehabilitation teaching at home. It was designed to give 10 to 12 older blind consumers the opportunity to practice the skills they've learned at home in an unfamiliar setting with other consumers. The program focused on training in the alternative skills of blindness in the areas of travel, communications, and the activities of daily living; community usage; volunteerism; and group discussions to explore issues and personal beliefs regarding blindness.

Home Teaching Plus was meant to put a polish on skills learned at home and boost self-confidence of the participants as blind people. At first, the program was held twice a year (once in North Platte and once in Lincoln) and was two weeks long. The participants stayed in a motel and training took place in a local church or community center.

Funding for Home Teaching Plus came from Title VII Part B of the Rehabilitation Act. This was switched to Title VII Chapter 2 of the Rehabilitation Act with the first federal grant in support of the Nebraska Individuals Who are Blind (OIB) grant in 1994.

Increasing demands on staff time and diminishing resources forced a diminution of Home Teaching Plus as it was originally conceived. In 1988, it was shortened to 7 days. In 1996, the Lincoln program was discontinued, and Home Teaching Plus became an annual event held in North Platte.

In 2004, a committee was formed to explore ways to make services to older blind consumers more cost efficient. Among other recommendations, the committee promoted a curriculum-based approach with up to a half dozen participants at a time at the district level as an alternative to Home Teaching Plus. This approach, as conceived, featured a series of three-day sessions to be held monthly over a period of four months for three or four people. Training would focus on Braille, cane travel, and activities of daily living with seminars on topics related to blindness. At the end of training each day, participants would return home rather than stay in a local motel. The goal was for each office to conduct training for two groups a year using this model. Up to 48 consumers could benefit from this approach. This compared well with Home Teaching Plus which typically provided training for 12 consumers at a much higher cost per consumer. The curriculum based model also had an advantage over traditional home teaching in that it provided opportunities for networking with other blind consumers learning the alternative skills of blindness locally.

The curriculum-based model of instruction is referred to differently in each district. In the North Platte district it is called For Your Independence (FYI); in the Lincoln district, it is called Group Alternative Techniques Exploration (GATE); and in the Omaha district, it is called Senior Adventures in Independent Living (SAIL). As it turned out, each district encountered unique difficulties in implementing the curriculum-based approach with modifications made accordingly.

The GATE program in Lincoln most closely resembles the model recommended by the older blind services committee. FYI more closely resembles Home Teaching Plus. SAIL has a look that is uniquely its own.

Other group teaching programs include Teen Adventures in Blindness Skills (TABS) and Kids Group Teaching in Lincoln. The Norfolk office also conducts group teaching programs on occasion.

For Your Independence (FYI)

For Your Independence (FYI) is an intense group teaching opportunity for the older blind offered in the North Platte District. The FYI program is an off-shoot of the Home Teaching Plus program, which was a week long program with approximately 12-14 participants, that was conducted twice a year in years past, by the commission. The goal/purpose of the FYI program is to teach independent living skills to the older blind so that they might continue to live independently in their homes and enjoy the same quality of life they have been accustomed to. Group teachings for both the young and the aged are currently being conducted all across the state, but the FYI program differs just a bit from the mold of the trainings held in other districts. Because of the great distances covered by the North Platte district, this program is held for 4 consecutive days in North Platte and the participants stay the entire length of the program in a local motel. It is held twice a year typically in April and September with 6-8 participants arriving on Monday afternoon and leaving at noon on Thursday. During the training time clients are involved in daily seminars that address blindness issues and are instructed in alternatives in many areas. Clients have daily travel routes with the long white cane and the majority of the meals are cooked on site by the participants. Clients have the opportunity to eat buffet style, fast food, and in a set down restaurant as well. Classes in Braille, technology, hobbies/crafts and techniques of daily living are offered. Each client is given the opportunity to participate in a community volunteer experience for a portion of one day.

This facet sets FYI apart from the other group teachings across the state, as well as the addition of “game night” and make-up/grooming activities. Each participant in the FYI program receives one-on-one training with NCBVI staff and has the opportunity to “mold” their program content and schedule so that it best fits their training needs and other considerations.

Group Home Teaching

GATE- Group Alternative Technique Experience

Gate is a program that allows participants to receive intensive training while living at home. Participants come in 3 consecutive days a month for 4 months. We are able to have 4 to 6 participants each time. We offer the training twice a year. We have had people who are employed and unable to attend the center, older blind individuals and younger people who will be starting the center. We have also had high school students participate. Each day the clients attend classes in cooking, Braille, cane travel, computer, and techniques of daily living. In techniques of daily living they learn how to use TBBS, RTB, Newslines, cleaning skills, grooming, sewing, marking and labeling, ironing, hammering a nail and whatever else may come up. We have an icebreaker first thing in the morning and review the days schedule and we have a seminar at the end of the day to discuss attitudes about blindness. We also incorporate some special activities. We have a technology demonstration, a trip to the mall with an emphasis of using the escalators, a picnic, a grilling activity, an opportunity to use ATM's, and using public transportation. We also simulate a buffet. The last GATE program we allowed participants to invite one family or friend to attend the commencement meal and cheer them on as they receive their certificate.

We are planning to incorporate shopping for groceries and they will make their commencement meal independently at the end of the program during the next program that starts in February. This has been a hugely successful program. We have had clients that completed the program that decide that they would like to attend the center or receive more training in a particular area. Most of the clients say that they feel so much more competent and confident after they have finished the program. We are always looking for ways to improve the program and keep it relevant for the participants.

We have Kid's group activity that meets approximately 6 times a year on Saturdays. We bring the group together and work on cooking skills, cane travel, Braille, gift wrapping, and other techniques of daily living. Last year we had an activity where we took the kids to a restaurant and then to an audio described movie. We had a birthday party that they hosted. They decorated the room, prepared the food, wrapped gifts and practiced being good hosts to their guests. We have done cleaning activities where we used the center apartments and we practiced cleaning the kitchen, the bathroom, making beds, and vacuuming. We went to the Edgerton Center in Aurora. We had the opportunity to have science classes on electricity, state of matter and we got to launch water rockets. Many times blind kids don't have the opportunity to participate in science activities and we may pursue more opportunities like this in the future. We have done grilling activities and picnics. We have used public transportation when we can. We play games that incorporate the use of Braille. We are going to do some joint activities with the Omaha group this year where the kid's will be involved in a volunteer activity.

Amy Buresh is partnering with Lincoln Public Schools to develop a Girl's Teen group. The plan to meet the second Thursday of the month and discuss topics related to blindness and teenagers. They will work on grooming, socializing, and alternative techniques of blindness. We also partner with Milford Public Schools O & M instructors to provide cane travel to students their. We provide transportation to bring the students to the commission office and the O & M works with them in this area and the counselors work with them jointly once a month.

Omaha Group Home Teaching Sessions

Seniors Adventures in Independent Living Skills (SAILS)

The Omaha District has been doing group teaching sessions for close to 20 years. We started out by having our session last for two to three consecutive days, once a month. But as time went by, people attending our group home teaching sessions wanted to attend, but found the 2-3 consecutive days to be too tiring and as we have had many active seniors, too time consuming. Individuals we have been working with continue to care for grandchildren, volunteer or care for a spouse. Others may be in assisted living situations and want to resume activities they have abandoned, but felt it was too tiring and would stop coming after the first session. So we have modified the length of our sessions.

SAILS has evolved into the group teaching sessions we have today. We hold group sessions 2 times a year. During these sessions we will have anywhere from 6-12 clients participating. They meet every other Tuesday from 9:00 am-3:00 p.m. for intensive instruction. Some of the alternatives that will be addressed are things like:

Home management: Learn alternatives for measuring and pouring liquids, using the stove, oven, microwave and other everyday kitchen appliances

Orientation and Mobility: Learn how to use a long white cane to go up and downstairs, curbs, and take a walk around the neighborhood, crossing streets, locating and using elevators and use of public transportation.

Activities of Daily Living: Learn alternatives for dialing the phone, writing checks, labeling techniques, distinguishing coins and bills, keeping track of

phone numbers, care and labeling of clothing, grooming techniques, alternative methods of threading a needle and sewing, managing medication and secondary disabilities such as diabetes; Talking Books, Newsline, Descriptive Videos, MOPIX and many others!

Communication: Learn about computer programs that make your computer accessible, introduction to using Braille and handwriting techniques using writing guides

Group Discussion: Seminars where you can talk to others in your situation about Coping with Blindness; Why Would You Want to Use a Long White Cane? Shopping; Society's Attitudes about Blindness; just to name a few

The sessions culminate in the use public transportation to tour a museum and dine at a buffet. The dynamics of each group are different and as a result some groups have challenged each other to greater extent than others.

We use a set curriculum and menus maximize our efficiency. But also recognize that families today do not necessarily make items from scratch and it is hard to cook a meal for just one or two after years of preparing larger quantities. We discussed ways to streamline their cooking, using some prepared foods, such as cake mixes versus cakes from scratch. But cake mixes can be the foundation for making cookies as well. They still learn to use the stove, oven and microwave.

SAILS Group Teaching Sessions for 2009:

February 3-May 5, 2009

August 25-November 17, 2009

Over the years we have had group teaching sessions in the Norfolk Office similar to what we have discussed above. With the extensive area they now cover, we have had individuals join in some of the sessions offered in other offices rather than having group teachings in each office, with Norfolk staff assisting whenever possible. Norfolk has had clients participate in the past two group teaching sessions held in Omaha. They have also joined with the Iowa Department for the Blind to do a joint group teaching session for older blind individuals in the South Sioux City Area.

We will have participants from a past two group teaching sessions available to discuss their experience. They will also be preparing lunch for the Board of Commissioners.

Teens Adventures in Blindness Skills (TABS).

We also have active group teaching sessions for teens. This group meets once a month usually on Saturdays from 10:00 a.m.-2:00 p.m. in our Omaha District Office. We have anywhere from 6-12 participants ranging in age from 10-18 taking part in these sessions. They work with a wide variety of independent living skills, as well as the importance of volunteering and the world of work.

The schedule for TABS for 2009 detailing dates, skills and activities to be addressed.

January 24th Saturday - Seminar: Why should I learn the alternatives for cleaning and what are they? Cleaning Skills: Sweeping, Mopping, Vacuuming, Cupboards, Counters, Tables & Walls.

February 28th Saturday - Seminar: Eating Alternatives for the Blind

Cooking Activity: Chicken Breast using George Foreman Grill, Baked Potato & Veggies

March 28th Saturday - Guest Speaker: Cizette Ingram Seminar: Being a Responsible Family Member

April 25th Saturday - Giving Back to Our Community: Volunteer Activity: Global Youth Service Day

May 16th Saturday - A Trip to the Laundromat: Learn Alternatives for Labeling, Sorting, Washing, Drying and Folding Clothes!

June 9th Tuesday - Cane Travel Activity: A Walk across the Bob Kerry Bridge

July - ***NO MEETING***

August 7th Friday - Bus Travel: Riding the Bus to the Mall to Watch a Descriptive Movie!

September 12th Saturday - Visit the SAC Space Museum!

October 17th Saturday - Activity with Hand in Hand Group:
Learn About Fire Safety Skills

November 14th Saturday - Looking Good: Learn About Grooming Skills

December 29th Tuesday - Treats & Greet! Making treats for the bus drivers! Educating Society about Blindness! Making blindness and abilities of blind people more visible in the community.