

BEST PRACTICES

in the Administration of the OIB Program

EXECUTIVE SUMMARY



Older Individuals who are Blind
Technical Assistance Center

WWW.OIB-TAC.ORG

Introduction

Dear Colleagues,

In recent years there has been an increased emphasis and interest in providing services to older adults based on best known practices. When the Older Individuals who are Blind Technical Assistance Center (OIB-TAC) was funded by the Rehabilitation Services Administration (RSA), one of the four focus areas the OIB-TAC was to address was best practices in the administration of the state Older Individuals who are Blind (OIB) Programs. There was very little in the literature, almost no research, but many thoughts and opinions of what best practices might be.

The definition of “best practice” is usually dependent upon a review of existing research and literature to determine the proven practices that are effective in most situations. In the field of services to older adults who are blind or visually impaired, there is almost no research or literature that would assist in determining best practices. Because of this, the OIB-TAC developed a working definition to direct our efforts to determine best practice. The definition is as follows:

Best practices are service delivery strategies or techniques that appear effective based on available evidence; are client-centered; are sensitive to the context of the service delivery setting; and are responsive to evolving technology, resources, and/or research (OIB-TAC, 2017).

Using this definition, the OIB-TAC formed a task force of 16 experts in the field, from a variety of disciplines and employment settings, and used a modified Delphi procedure to come to consensus about best practices. The Best Practices Task Force (BPTF) identified best practices in the administration of the OIB program in 16 focus areas identified by the OIB-TAC staff. The BPTF included 7 designated OIB Program Managers and former Program Managers, including two state OIB program directors. There were representatives from the fields of orientation & mobility, vision rehabilitation therapy, low vision, social work, deaf-blindness, occupational therapy, non-profit management, audiology, and aging. Among the representatives were published authors, university personnel, researchers, distance education experts, curriculum developers, and mid-level administrators. Participants espoused diverse philosophical approaches and included national and local perspectives. The BPTF had a diverse composition including persons with visual impairments, older individuals, and individuals from differing racial backgrounds. There were also OIB administrators from urban and rural states with geographic distribution.

This Executive Summary details the Best Practice conclusions of the BPTF. The results also include both acceptable and unacceptable practices. The best practice is often a standard that may be challenging for some state programs to reach, the acceptable practice usually includes a plan to move toward the best practice, and the unacceptable practice is one that may be considered unsafe, detrimental, or nonproductive in assisting consumers in the program to become as independent as possible.

This best practices document is intended to be a dynamic document that will kick-off what we hope will be a national discussion. In reaching consensus among 16 professionals on the BPTF, there was lively discussion and at times, some very rigorous disagreement. The process of

evolving these results into a document that everyone was willing to endorse was also arduous, involving multiple reviews from the various members and additional experts who reviewed the final documents. The completed report provides more details about the actual process and the acceptable and unacceptable practices, and biographical sketches of the Best Practices Task Force members and OIB-TAC staff and contractors involved. The report is available on the OIB-TAC.org website.

We are very thankful for each person who generously contributed their time, expertise, and opinions to be a part of the BPTF and to the OIB-TAC staff and contractors involved in the process. We believe this represents a significant step toward developing collaborative national standards of practice that will reflect a degree of professionalism that is much needed in the OIB program.



BJ LeJeune, OIB-TAC Project Director
National Research and Training Center on Blindness and Low Vision
Mississippi State University
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Administrative Management

Program Management

The manager of the state OIB program must have the leadership and administration skills to oversee the OIB program and maintain rigorous control over all aspects of service delivery, including the ability to recognize and support qualified staff. The program manager will develop, in conjunction with designated stakeholders, a strategic plan that includes short and long-term programmatic goals, timelines for service implementation, and procedures for program evaluation. The program manager will ensure that service providers, whether employed by the agency or by contract, are appropriately licensed or certified, have clear deliverables with appropriate timelines, and adhere to a quality assurance process.

The program manager will ensure compliance with all federal guidelines for the program, support program evaluation, and engage in activities to promote quality service delivery. The program manager will attend the annual OIB program managers meeting.

When direct services are provided (beyond information and referral), regardless of service delivery model, the program manager will ensure that service providers conduct functional assessments and develop individual service plans, with consumer input, consistent with issues identified by the assessment.

The program manager will ensure that individual staff training plans are developed and that those plans address individual or programmatic goals and support staff licensure or certification. Agency resources will support development activities for staff to obtain or maintain appropriate licensure/certification.

The program manager will ensure that staff refer consumers who indicate an interest in or respond positively to suggestions about potential employment to VR counselors trained to assess and work with older consumers.

Program Evaluation

The OIB program manager will oversee an annual program evaluation that includes multiple measures of program efficiency and effectiveness. Evaluation measures may include a combination of file reviews, feedback from an advisory board, consumer input, empirical measures of consumer progress and outcomes, assessment of staff development and competencies, review of expenditures, programmatic outcome measures, agency procedures and records, and input from staff. Evaluations will include a description of how the agency used information from the previous program evaluation to make improvements in service delivery and/or its administration.

Program directors will conduct or obtain evaluations on an ongoing basis to monitor the program and promote quality service delivery. The program manager will work with administrators, staff, consumers, contractors, and other stakeholders, as appropriate, to collect information about consumer characteristics, outcomes, and satisfaction; services provided; referral sources; programmatic activities; service delivery methods; program governance; communication methods; staff characteristics and competencies; and financial management.

Program managers will use information from program evaluations to devise or revise programmatic goals and objectives and establish benchmarks for progress to promote effective and efficient service delivery.

Contracts with external vendors must include provisions for the contractor to collect and report specified data so that the program manager can monitor and evaluate the contractor's performance and compliance with programmatic goals and procedures.

Advisory Boards

Consumer and stakeholder feedback is vital to the effective implementation of the OIB program. Multiple methods will be used to obtain that feedback, including advisory boards comprised of representatives from identified stakeholder groups, such as consumers; community partners; consumers' family members; and persons with specialized knowledge about community resources, aging, or vision loss. An advisory board specific to OIB is encouraged.

The advisory board will have a clearly defined mission and purpose and will participate in the quality assurance process. Members will have defined roles and terms of service, and a plan for appointing members and voting will be in place.

The OIB staff will educate the advisory board members about the program and its funding sources and requirements. The OIB program manager will facilitate exposure to the staff, consumers, and, where applicable, to facilities. The OIB program manager will report program evaluation results to the board and give feedback about how input from the board is used. Advisory board members will receive specific information about current and proposed programmatic goals and objectives and give feedback to the program about its strategic plan.

The OIB staff will facilitate the advisory board activities, as needed. The OIB staff will arrange a meeting place and transportation support for members. OIB staff will assist in identifying and securing training for board members about confidentiality issues, identifying and addressing potential conflicts of interest, and developing a code of ethics for board members. OIB staff will provide assistance, as needed, to develop an agenda, take and distribute minutes from the meetings, and devise action plans. Boards will meet at least twice each year.

Occupational Therapy

Occupational therapists (OT) must have a license to provide services, as well as certification or training in low vision. OTs must document their competence providing services to seniors with low vision. Vision rehabilitation professionals and OTs will work together, each within their areas of expertise, to provide comprehensive services. OTs will typically work with seniors with low vision rather than persons who are blind.

Implementing an Effective Program

Service Delivery

Quality intake services are critical to identifying consumer needs, so intake workers can refer consumers for assessment by the appropriate discipline-specific provider. A discipline-specific qualified professional (CVRT, COMS, NOMC, OT, CRC, CLVT, etc.) will conduct a thorough assessment, recommend and/or provide specialized services, and suggest additional referrals, as appropriate. Individual consumer services will be prioritized based on professional assessments.

In a resource-constricted environment, the primary service will be information and referral. Everyone in the agency will be able to provide basic information and referral services. Staff will refer consumers who indicate an interest in or respond positively to suggestions about potential employment to VR counselors trained to assess and work with older consumers. Agency staff will contact the state deafblind coordinator or the Helen Keller National Center for Deaf-Blind Youths and Adults regional representative when consumers have dual sensory impairment (deafblind).

OIB staff will inform consumers about the clinical services and devices available in the marketplace, regardless of whether or not the program can provide those services or devices. The program manager will ensure that a resource list, which includes local, state, and national resources to help adjust to and cope with vision loss, is readily available in various formats to meet consumer needs.

Consumer Eligibility

State eligibility requirements must be consistent with national legislation, which defines an older individual who is blind as an individual age 55 or older whose severe visual impairment makes competitive employment extremely difficult to obtain but for whom independent living (IL) goals are feasible [CFR Title 34, Part 367, Subpart A.5.(9)].

Visual eligibility is based upon (1) a severe visual impairment defined as a distance visual acuity of 20/70 (or 40 degrees remaining field or worse) –OR– (2) a functional vision assessment by a qualified professional. A current eye report will document level of vision.

If a consumer cannot afford an eye exam, the agency will assist the consumer in accessing Medicaid or Medicare and exploring other potential community resources. When other options are not available, the agency may pay for an eye exam using a sliding scale.

Prioritizing Consumers

The program specifies an appropriate window for initial contact with consumers, and contacts are made within that timeframe. There is no waiting list for first contact. Information and referral services and collection of intake information may be completed by telephone. The program manager will ensure that the OIB program provides services in a timely way.

When scheduling visits, agencies will have a written policy to prioritize services to consumers based upon one or a combination of factors, including but not limited to:

- Safety concerns

- Potential imminent institutionalization
- Severity of visual impairment
- Availability of personal support
- Transition in living conditions (nursing home/personal care, adult children)
- Time waiting for services

Consumers with vision loss who are older may learn better when instruction is provided in short, frequent lessons. Consequently, multiple instructional sessions will be scheduled in a short time span. While consumers wait for their instructional services to begin, they will receive information and referral services that include periodic contact to address emerging concerns.

Managing Cost of Assistive Devices

Agencies will have guidelines regarding inventory control, supplies, and equipment management. Utilization, maintenance, and consumer or contractor ownership and responsibilities for devices will be clearly delineated. Consumers will have information about how to get devices repaired and batteries replaced, as needed.

Agencies will use comparable benefits (e.g., third-party support, such as Lions Club, iCanConnect, etc.) to minimize equipment costs to the agency. Agency resources will be considered in evaluating policies for providing devices.

Other cost saving measures may include bulk purchases, implementing financial needs assessment for co-payments, using innovative ways to pool resources (donated items, VA, Tech Act, VR), developing parameters for device maintenance and replacement, implementing procedures for recycling/refurbishing devices, developing ongoing relationships with collaborating agencies, and securing administrative oversight/approval of expensive items (over \$500 or preset amount).

Equipment purchases will be consistent with each consumer's functional needs assessment, and those needs will be documented in the case file. Case documentation will include an explanation of instruction provided and how the device benefits the consumer. Devices will promote consumer health, safety, and independence.

Consumers will be informed about the assistive devices available in the marketplace, regardless of whether or not the program can provide those devices.

Prioritizing Assistive Devices

The OIB program has policies/procedures to define program limits, ownership and maintenance of equipment, and related guidelines to maximize resources and utilization. Consumer needs and safety will be primary factors in distribution of devices and equipment. Consumers will have the opportunity to try out devices or equipment before committing to purchase or receipt (consumer choice based upon assessment). Distribution of devices includes appropriate training in its use for the consumer. When medical equipment is provided, documentation of need will be included in the case file.

Consumers are increasingly requesting accessible applications (apps) for their smartphones. Consumers unaware of these apps will be informed about availability. Staff will be trained by a qualified professional about the availability, cost, features, and operation of apps of potential interest to consumers.

Cultural Competency

OIB program managers will facilitate ongoing disability and cultural sensitivity training for staff. Cultural sensitivity training will include, but not be limited to, (a) providing consumer services in a culturally competent way; (b) handling emergency or health situations in ways that are sensitive to diversity issues; (c) considering how the culture influences aging and disability, e.g., definition of independence; (d) responding to the region's specific cultural diversity, including current and emerging trends; (e) using culture/language specific materials; (f) respecting distinct cultural issues of people who are deaf/deafblind; and (g) providing qualified/certified staff for translator/interpreter services.

When appropriate, a cultural liaison/paraprofessional will facilitate access to the community and collaborate with community-based cultural centers. Demographic information about local areas can be obtained from the American Community Survey, conducted by the U.S. Census Bureau, and accessed at blind.msstate.edu/data-corner.

Community Outreach

The state OIB program will have a clearly defined plan and policy concerning statewide outreach activities so that the agency's purpose, eligibility criteria, and information about accessing services can be shared. The outreach plan will include contact with the medical community, specify the types of activities the OIB staff are required to complete, and include provisions for providing education/training about blindness and low vision to community partners who may assist consumers in community integration.

Agencies will have a community outreach packet or toolkit with appropriate information and resources. Community outreach training will be tailored to the occasion and organization and will encourage community support for older people with visual impairments. Outreach will include multiple formats, such as pamphlets, flyers, presentations, press releases, public service announcements, and consistent use of social media/internet resources. Staff will explore and access opportunities to publicize the program and recruit potential consumers. Outreach materials will be culturally sensitive, accessible, and in appropriate languages.

Volunteers and Allied Professionals

Volunteers: Agencies working with volunteers will have a plan for recruitment, background checks, training, supervision, documentation of time and services, recognition, etc. Agencies with no volunteer coordinator may outsource volunteer services, especially for transportation assistance, Support Service Providers (SSP), and reader services. Volunteers are for support in non-professional service delivery. Prior consumers may volunteer in some capacities (e.g., in peer support groups, outreach ambassador who is a consumer, community outreach, etc.). All volunteers must receive appropriate training, particularly with regard to confidentiality issues, informed consumer choice, consumer safety, and diversity.

With consumer consent, and at the discretion of the qualified professional, family members may provide support services as volunteers. Consumer choice regarding the use of a family volunteer must be accommodated. Family members will not function as interpreters except in cases of emergency.

Other Professionals (including Allied Health): Collaborative work with other professionals (e.g., mental health providers, occupational therapists, or physicians) is encouraged but must only

occur with consumer consent. University preparation programs, where available, may be a beneficial source for recruiting interns and/or volunteers.

Development of Quality Staff

Staff Qualification

All professional staff serving persons in the OIB programs must be certified (or licensed) in the appropriate discipline (see Appendix) and provide services within their respective professional scope. Professional backgrounds must include training or experience in blindness/low vision and working with older adult populations.

Recruitment and Retention

OIB programs will develop recruitment plans targeting licensed/certified professionals that include competitive salaries and benefits packages, resources for staff development, and professional supervision. Programs may use technology, such as online job sites and social media, for recruitment and actively recruit with universities and professional organizations.

Programs will develop retention plans that promote employee growth in their respective specialties and in the organization. Creating a work environment that is innovative, flexible, positive, and safe, and where administrative efforts will be directed toward recognizing staff achievements and provide job accommodations.

Staff Education and Continuing Education

Each professional staff person will have an individualized plan, consistent with his or her job duties, for continuing education and maintaining certification or licensure that includes a periodic behavioral demonstration of competencies. Professional qualifications will include education and experience working with persons with visual impairments and working with older populations. Agency resources will be committed to supporting employees in achieving the goals in their individualized plans.

Paraprofessionals

OIB programs will have a specific description of the role and scope of paraprofessionals in the agency that will not allow paraprofessionals to function outside of those parameters. Paraprofessionals will always work under the supervision of appropriate, certified/licensed professionals to assist or support service delivery.

Each agency will develop a list of competencies for paraprofessionals and clearly define what activities can and cannot be performed in the paraprofessional role. In some agencies, there are individuals who work as cultural liaisons or accessibility aides with unique paraprofessional roles, such as driving or reading. These paraprofessionals will also receive appropriate training and supervision.

Expert Contributors

Doug Anzlovar, MS, CVRT

Doug is the Chief Learning Officer at the Hadley Institute for the Blind and Visually Impaired, where he serves as a member of the senior leadership team, oversees a 26-member faculty, and is involved in curriculum decisions and policy development. Prior to joining Hadley, Doug worked as a teacher of the visually impaired in the Chicago Public Schools for nearly ten years. Doug also served as an assistive technology specialist for ten years and provided computer evaluations and training to all age groups. Doug holds a Master's of Science in adult rehabilitation of the blind and a Bachelor of Science in special education with an emphasis in teaching the visually impaired, both from Northern Illinois University. Doug is a Certified Vision Rehabilitation Therapist. He served on the Board of Directors for the Association of Vision Rehabilitation Therapists (AVRT) and is President of the Illinois Chapter of the Association for the Education and Rehabilitation of the Blind and Visually Impaired (IAER). Hadley Institute also provides consulting services to the OIB-TAC.



Beverly Berg, CRC, CVRT

Beverly received a Master's Degree in Blindness Rehabilitation from Western Michigan University in 1985. Since then, she has worked as a vision rehabilitation therapist, rehabilitation counselor supervisor, and program administrator. Beverly is a Certified Rehabilitation Counselor and Certified Vision Rehabilitation Therapist. She maintains membership in the Montana Association for Rehabilitation and the Association for Education and Rehabilitation of Blind and Visually Impaired. She is also a board member of Low Vision Montana. She has worked for Blind and Low Vision Services for 38 years, and is the OIB Program Manager in Montana as well as supervising services for the blind in Montana. She is serving as a representative of NCSAB on this Task Force.



John E. Crews, DPA

John is a retired Health Scientist for the Vision Health Initiative in the Division of Diabetes Translation at the U.S. Centers for Disease Control and Prevention. John has forty years of experience in vision rehabilitation, disability, and vision research. He managed a rehabilitation program for older adults for the Michigan Commission for the Blind between 1977 and 1992. In 1992, he joined the Department of Veterans Affairs' Rehabilitation Research and Development Center on Aging in Atlanta. Later, John was the Executive Director of the Georgia Council on Developmental Disabilities. He also served as Research Director at the NRTC for several years before he joined CDC in 1998. John's research interests include vision impairment and aging, multiple chronic conditions and vision, caregiving, and disability.



Elizabeth Biber-DeShields, MAS

Elizabeth (Liz) has been in the position of Independent Living and Clinical Services Coordinator for the New Jersey Commission for the Blind and Visually Impaired (CBVI) for three of her nine years working at CBVI. This includes serving as OIB Program Manager in NJ. Liz develops policies, procedures, and programs for independent living services for consumers of all ages in the areas of Orientation and Mobility, Rehabilitation Teaching and Eye Health Nursing. She directly supervises Project Better Eye Health Services Treatment (BEST), our prevention unit, and Assistive Support Programs for Independence Renewal and Education (ASPIRE). Prior to being employed at CBVI, Liz worked for both private and state agencies that specialized in the developmentally disabled population. She held various positions along the way: Behavior Therapist, Manager of the Habilitation Services Department, Quality Assurance Specialist, and is a certified investigator of abuse and neglect allegations of the developmentally disabled. She earned her BA in Psychology and Therapeutic Recreation from Glassboro State College, and her MAS in Administrative Science from Fairleigh Dickinson University.

Don Golembiewski, MA, CVRT

After receiving a Master's Degree in Rehabilitation Teaching from Western Michigan University in 1977, Don worked for nine years as an itinerant rehabilitation teacher for blind adults in Wisconsin and later served as the coordinator of the federal grant to provide Independent Living services for Older Blind Individuals for Wisconsin for 13 years. Don was the Director of Outreach and Distance Education instructor for The Hadley School for the Blind from 2001 until 2012. Don served as a chair of both the Rehabilitation Teaching Division (now VRT) and the Aging Services Division of AERBVI. Those leadership experiences continue to help guide his work with consumers, their family members and other blindness professionals. He remains active as a Lion and has been a Lions Zone Chairman and served as president of two different clubs. One of his goals has been to enable blindness professionals to find ways to collaborate and enlist Lion support for local blindness causes. He also serves as a consultant for OIB program evaluations to the NRTC at Mississippi State University.



Nora Griffin-Shirley, PhD, COMS

Nora, a professor in the Special Education Program at Texas Tech University, is the Director of The Virginia Murray Sowell Center for Research and Education in Visual Impairment, Coordinator of the Orientation and Mobility Program, and Coordinator of the Sensory Impairment and Autism Program. Over the years, Nora has served as the principal investigator on grants and has published articles and 3 books. She has also received numerous awards and recognitions and served as a member of numerous Texas Tech committees. Additionally, Nora has given over 130 presentations and held leadership roles in the Association for Education and Rehabilitation for Blind and Visually Impaired and in the Division of Visual Impairment of the Council for Exceptional Children.



Deborah Harlin, TVI

Deborah is currently the Director of Information, Research, and Professional Development at the Helen Keller National Center in New York. She is an NYS certified Teacher of the Blind and Visually Impaired. Deb has 24 years of experience working with deaf-blind people at the Helen Keller National Center, from direct services to program management and in her current position. During that time she had also been responsible for HKNC's Adaptive Technology Center as well as the NYS Deaf-Blind Equipment Distribution Program (iCanConnect). Deb currently oversees HKNC's Senior Adult Specialist who runs the Confident Living Programs for Seniors 55 and older with combined vision and hearing loss.

**Matthew Haynes, MS, CRC**

Matthew is currently the OIB Program Manager/Coordinator of Alabama's older blind program OASIS – Older Alabamians System for Information and Services – at the Alabama Department of Rehabilitation Services. He earned his MS in Rehabilitation Services from Auburn University in 2003 and is a Certified Rehabilitation Counselor. Prior to becoming the Program Coordinator, Matthew was a Vision Rehabilitation Therapist for the OASIS Program for three years, and Vocational Rehabilitation Counselor for the Blind and Visually Impaired for five years. He is representing AFB's Agenda on Vision and Aging in the 21st Century (AVA21) Goal 2 which is related to personnel needs in the older blind program.

**Tandra Hunter-Payne, MEd, CPhT**

Tandra is a Program Manager with the Division of Rehabilitation Services (DORS), Office for Blindness and Vision Services (OBVS), in Maryland. She has worked for DORS for over 19 years as a rehabilitation counselor, supervisor, and now as the program manager for the OBVS. In that role, she is responsible for overseeing the Independent Living Older Blind grant, blind services at the Workforce and Technology Center, staff training, and statewide deaf-blind services.

Edward Lecher

Ed is currently the OIB Program Manager/Director of the Minnesota State Services for the Blind Senior Services and has been with this agency for 14 years. Ed has a BS in Public Administration. He started his career with the State of Oregon as the director of a low-income health facility. He has been the Director of several Boy & Girls Club organizations and has held a number of leadership positions in Kentucky, Oregon, Wisconsin, and Minnesota. He came to Minnesota State Services for the Blind in an administrative role but moved into the OIB leadership position in 2013, when the long-time director retired.



John Mascia, AuD

John is the 17th President of the Alabama Institute for Deaf and Blind, which was established in 1858, and has been in this position since 2013. John received his doctorate in Audiology from Pennsylvania College of Optometry. He holds both a Master's Degree in Audiology and a Bachelor of Arts in Speech Pathology/audiology from Hofstra University. John is a member and past president of Lions Club International, is active on several boards and advisory committees, and is a member of Leadership Alabama. He worked for a number of years at the Helen Keller National Center for Deaf-Blind Youths and Adults, most recently serving as National Director of Field Services, and led a subcontract with the NRTC on the NIDILRR-funded exploratory research project Persons Aging with Hearing and Vision Loss.

**Roxann Mayros, MS**

Roxann is the Chief Executive Officer of VisionServe Alliance, a national consortium of 100+ nonprofit organizations serving people with severe vision loss. In her current position, she has created a knowledge network and support system for leaders in vision rehabilitation, integrated best practices nationwide, created a leadership training program for up-and-coming leaders in vision rehabilitation, and galvanized individuals and groups around issues of national relevance such as the Low Vision Rehabilitation Demonstration Project and the Workforce Innovation and Opportunity Act. VisionServe Alliance also provides consulting services to the OIB-TAC. Roxann has served as Executive Director/CEO of three major vision rehabilitation agencies, serving infants to seniors, and has served in leadership roles on several national boards and advisory councils that focus on vision loss. She has provided expert consultation in nonprofit management, strategic planning, board development, and organizational turn-arounds. Roxann holds a Bachelor's degree in business, a Master's degree in nonprofit management, and certificates in nonprofit leadership.

**John McMahon, PhD, CVRT, CLVT**

John earned his Master of Arts in Rehabilitation Teaching from Western Michigan University in 1985. Since that time, he has worked as a Vision Rehabilitation Therapist and program administrator in Maine and as a VRT, Vocational Rehabilitation Counselor, and Low Vision Therapist in Michigan. Over the years, John has served in a variety of local and international AER positions, ranging from Board of Directors and President of the Michigan chapter, Board of Directors of the Northeast Chapter, and as Chair-elect, Chair, and Immediate Past Chair of the Vision Rehabilitation Therapy Division of the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER). At the present time, John serves on the Board of Directors of AER. In addition, John currently holds certification in Vision Rehabilitation Therapy and Low Vision Therapy. He earned his PhD in Interdisciplinary Health Sciences from Western Michigan University in 2013. John currently operates Northern Lights Vision Quest, LLC, a business consulting on issues involving education, rehabilitation, employment, and independent living for persons who are blind or visually impaired. He also serves as a consultant to the OIB-TAC.

Cheri Nipp, MS, OTR/L, SCLV

Cheri holds the American Occupational Therapy Association's Specialty Certification in Low Vision. Her bachelor's degree in occupational therapy was completed at the University of Alabama at Birmingham (UAB) in 1990. In 2010, Cheri obtained her graduate certificate in low vision rehabilitation and a post professional Master's degree in occupational therapy with an emphasis in low vision rehabilitation from UAB. Cheri's experience is not limited to working only with clients with a single condition (e.g., visual-vestibular dysfunction or focusing deficiencies); she sees many clients with multiple chronic health conditions, such as hearing impairments, arthritis, or diabetes, in combination with visual impairment. Her caseload includes adults who have deficiencies in acuity and visual field as a result of eye disease and other conditions related to brain injury. Cheri coordinates the Low Vision Rehabilitation Program at North Mississippi Medical Center Retina Clinic. She is active in providing community education on low vision at various events and does guest lectures to the local Residency program and community college.



Priscilla Rogers, PhD

Pris is Acting Director for the American Foundation for the Blind Web Programs and is Program Manager for VisionAware.org, a website for people new to vision loss. While working for AFB, she worked with the aging team to implement the National Agenda on Aging and Vision Loss; initiated the eLearning program; directed Senior Site, a website for older people with vision loss; and helped to initiate Esther's Place, a special demonstration apartment at AFB's Center on Vision Loss in Dallas. Her background includes a Bachelor of Arts from Eckerd College, a Master of Arts in gerontology from the University of South Florida, and a PhD in special education with an emphasis in vision and aging from Florida State University. She started her career in 1975 at the Tampa Lighthouse for the Blind, where she directed one of the initial programs in the country serving older persons with visual impairments. In 1978, she became the first executive director of Channel Markers for the Blind (now Lighthouse of Pinellas) and Bureau Chief of Client Services for the Florida Division of Blind Services. She also served as Commissioner of the Department for the Blind in Kentucky. Pris has authored several articles on vision and aging, co-authored several books, and spoken at conferences across the country.

Bernard A. Steinman, PhD

Bernard is an assistant professor in the Department of Human Development and Family Science at the University of Wyoming. He is a gerontologist by training, and his areas of interest focus on late life vision impairments and their effects on functioning and health. Bernard has published articles on fall prevention/environmental modification, aging with vision and hearing loss, long-term care options for older and middle-aged people with chronic conditions and disabilities, and successful aging in place within the community. He is interested in methods and evaluation designs used in assessing needs, implementation, and outcomes of programs for older adults. Bernard is currently heading up Age-Friendly Laramie, a community development initiative designed to promote healthful and productive aging-in-place for people of all ages and abilities.



Sylvia Stinson-Perez, CVRT

Sylvia has over 20 years of experience in the field of vision rehabilitation and 5 years in higher education. She has Master's degrees in Social Work, Visual Disabilities Education, and Business Administration. Sylvia is also a Certified Vision Rehabilitation Therapist. Sylvia has been the CEO/Executive Director of the Lighthouse for the Visually Impaired and Blind for 10 years. The Lighthouse provides a full range of vision education, rehabilitation, and employment services to people who are blind and visually impaired. She has been an active member of AER, including previously serving as the President of the Florida Chapter. Sylvia also has done consulting, including most recently with the MSU NRTC Older Blind Project. She is visually impaired herself and believes strongly in advocacy, best practice, and professional development.

**Joe Strechay**

Joe is currently the Director of the Bureau on Blindness and Visual Services for the Commonwealth of Pennsylvania, where he also supervises the OIB program. Previously, he worked with the American Foundation for the Blind as their Transition Specialist, managing the nationwide employment-mentoring program CareerConnect[®], and with the New Jersey Commission for the Blind and the Florida Department for the Blind overseeing transition and employment initiatives. Joe graduated from Florida State University. He is a member of the National Federation of the Blind, serving as the NFB representative for the OIB-TAC, and is involved in several professional organizations.



About OIB-TAC

Vision loss is one of the many challenges of aging. The ability to remain independent, productive, and involved need not change because of vision loss. Each state receives federal funding with the goal of developing an effective program to meet the needs for independence of older individuals with blindness and visual impairments (OIB). The OIB program is designed to help seniors age in place with dignity and independence. The Older Individuals who are Blind Technical Assistance Center (OIB-TAC) is a federally-funded center designed to assist state OIB programs in becoming as effective as possible in meeting this goal.

A development of the National Research and Training Center on Blindness and Low Vision (NRTC) at Mississippi State University, OIB-TAC is a collaborative project involving the American Foundation for the Blind (AFB), the Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC), and Hadley Institute for the Blind and Visually Impaired. All activities are designed to improve the operation and performance of OIB programs through improved community outreach, use of best practices in the provision of services, improved data reporting and analysis, and stronger financial and management practices. The OIB-TAC website (www.oib-tac.org) facilitates training, technical assistance, interagency collaboration, and electronic discussion among OIB service providers, including subcontracting CRPs, and related agencies. All Community of Practice activities will promote communication, quality service delivery, program administration, linking resources, and professional support.

Our Topic Areas

- Community outreach
- Best practices in provision and delivery of services
- Program performance, including data reporting and analysis
- Financial and management practices, including administrative compliance

Our Services

- Intensive Training and Technical Assistance
- Electronic Training
- OIB Collaborative
- Community of Practice

Contact Information

www.oib-tac.org

P.O. Box 6189

Mississippi State, MS 39762

(662) 325-2001

Project Partner Websites

www.afb.org

www.helenkeller.org

www.hadley.edu

OIB-TAC Staff



BJ LeJeune, MEd, CVRT, CRC

OIB-TAC Project Director and NRTC Training Supervisor

BJ supervises and provides national training activities for the NRTC. She draws from her direct service experience as well as her research experience with Program Evaluation of individual state OIB Programs and her leadership experience as Project Director for a NIDILRR funded project, Persons Aging with Hearing and Vision Loss, to provide leadership for the OIB-TAC. BJ is a Certified Vision Rehabilitation Therapist, Certified Rehabilitation Counselor, and worked for a number of years as a Certified Interpreter of the Deaf.



Adele Crudden, PhD, CRC, CDMS

Professor

Adele is a professor in the social work program and a researcher, at the NRTC. She is supporting the OIB project in program evaluation activities. Adele supervised an OIB program while directing a residential rehabilitation center for the blind. She is a CRC, a state licensed social worker counselor, and a vocational rehabilitation counselor.



Kendra Farrow, MA, CVRT

Research and Training Associate

Kendra is a CVRT with 14 years of direct service experience. In 2014, she joined the NRTC, where she designs and conducts training activities, leads the development and oversight of targeted training opportunities through the OIB-TAC grant, identifies and reviews content for the OIB-TAC Community of Practice, provides technical assistance, and leads several older blind program evaluation projects.



Bill Tomlin, MEd

OIB-TAC Project Manager

Bill serves as project manager for the older blind program. Prior to joining the OIB-TAC team, Bill served in the United States Army for 25 years. In his last military assignments, Bill served in a variety of capacities, including working with local, state, and federal agencies to facilitate the coordination of disaster preparedness.



Doug Bedsaul, MA

Research and Training Coordinator

Doug works on a variety of projects at the NRTC, including disseminating research, external evaluations of older blind programs, and overseeing online continuing education. He led the initial development of the OIB-TAC website and coordinates the continued activities of the OIB Community of Practice.



Sophie Kershaw-Patilla, MA

Communications Specialist

Sophie assists the NRTC with optimizing the promotion of activities and research results across a variety of audiences. Sophie holds a master's degree in educational psychology and has previous experience working in the public and private business sector providing professional communications management, strategic planning development and implementation, and accounting and human resource coordination.



Older Individuals who are Blind – Technical Assistance Center

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Correspondence about this document should be addressed to OIB-TAC c/o NRTC, PO Box 6189; Mississippi State, MS 39762. Phone 662-325-2001. Fax 662-325-8989.