MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT

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MICHIGAN STATE
UNIVERSITY

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EXECUTIVE SUMMARY

The Rehabilitation Act of 1973, as recently amended under the Workforce Innovation and Opportunity Act (WIOA), mandates that the designated state units and the State Rehabilitation Council (SRC) jointly conduct a Comprehensive Statewide Needs Assessment (CSNA) every three years. The Rehabilitation Act requires the CSNA to describe, at a minimum, the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation needs of:

A. Individuals with the most significant disabilities, including their need for supported employment services;
B. Individuals with disabilities who are minorities;
C. Individuals with disabilities who have been unserved or underserved by the state vocational rehabilitation (VR) programs;
D. Individuals with disabilities served through other components of the statewide workforce development system as identified by those individuals and personnel assisting those individuals through the components of the system; and
E. Youth and students with disabilities.

The 2017 CSNA project was designed and implemented by an interagency committee composed of representatives of Michigan Rehabilitation Services (MRS), Bureau of Services for Blind Persons (BSBP), the Michigan Statewide Independent Living Council (Mi-SILC), the Michigan Council for Rehabilitation Services (MCRS) and other service agencies (e.g., Michigan Works!, Community Mental Health, Veterans Administration, Department of Education). The inclusion of other service agencies in the CSNA process extended the scope of information and data collection to identify the extensive, multifaceted and complex rehabilitation needs as well as employment needs of Michigan residents with disabilities.

The following data were collected and analyzed for the 2017 CSNA project:

- Michigan disability statistics (e.g., American Community Survey, Behavioral Risk Factors Surveillance Survey, Current Population Survey) and other state level agency data (e.g., Social Security Administration, Special Education, Workforce Development);
- Extant VR and IL data (i.e., RSA-911, RSA-704);
- Surveys conducted with stakeholder groups (i.e., service agency staff, individuals with disabilities and their family and friends); and
- Semi-structured key informant telephone interviews.

UNSERVED OR UNDERSERVED POPULATIONS: NEEDS OR ISSUES

Listed below are the populations identified as unserved or underserved in the 2017 CSNA project. For each population, specific service needs or issues and effective strategies and recommendations as well as relevant disability statistics, extant data analysis results, and state level agency data are discussed.

<u>Michigan Residents with Mental Illness</u>

Michigan residents with mental illness who need mental health and supported employment services were the one population identified as both underserved and experiencing poor outcomes. The availability of CMH services has continued to diminish in the state due to the reduction of CMH funding. Specifically, CMH does not have the resources necessary to provide mental health and supported employment services to individuals with severe and persistent mental illness unless the person presents a risk to self or others.

A total of 176,635 with mental illness and 2,655 with substance abuse disorder received services from CMH in FY 2015. Individuals with mental illness also receive services and supports through MRS and CIL. According to FY 2015 RSA-911 data, a quarter of MRS customers (n=4,373; 25%) and 16% (n=1,266) of CIL consumers reported having mental illness or emotional disabilities. Though most of BSBP customers are individuals with blindness or visual impairments, approximately 5% of them reported having mental illness as their secondary condition.

Compared to other disability groups, a higher proportion of customers with mental illness reported having high school diploma or equivalency and being unemployed at application. Although the eligibility rate (92.9%) was high, the average plan rate (68.1%) and the adjusted rehab rate (45.9%) of this disability group was low, compared to others (83.6%, 81.8%, and 61.2%, respectively).

In addition, MRS (38%), BSBP (53%), CIL (48%), MWA (24%) and CMH (15%) staff who participated in the staff survey indicated that "affordable mental health services" were unavailable and/or insufficient to meet the needs of individuals with mental illness in their service areas. Other needs that emerged from key informants and agency staff are as follows:

- Limited access to services, especially for consumers who are not eligible for Medicaid
- Shortage of community outreach and education
- Consumer basic needs unmet
- Disconnect between policy and service delivery
- Inadequate interagency collaboration
- Lack of funding for service delivery
- Negative attitudes toward individuals with mental illness
- Staff with insufficient expertise

In relation to the issues or needs, several effective strategies or recommendations were provided, as follows:

- Regarding the lack of funding, access to services and resources for this population, the recommendation was to expand funding through grant writing and blending of Medicaid-funded employment supports with VR Title I fund.
- It was suggested to make changes to public mental health policies and to develop consumer driven programs in order to offer comprehensive mental health services that adequately meet the needs of consumers.
- Providing advocacy training to consumers and disability awareness training to employers was reported as effective to improve public attitude toward individuals with mental illness.

Transition Youth

The recently amended Rehabilitation Act of 1973 by Title IV of WIOA underscores the need for provision of Pre-employment Transition Services (Pre-ETS) for students with a disability. Consistent with the 2011 and 2014 findings, transition youth with disabilities was also identified as an underserved population in 2017.

The Michigan School District Report[1] indicates that 2014-2015 graduation rate for students with disabilities was 57.1% (excluding certificate of completion) which is significantly lower than the average graduation rate (79.8%). Conversely, the dropout rate for students with disabilities (13.7%) was higher than the overall rate (9.1%). During FY 2015, student customers, ages 14 to 26 years, who were enrolled in school at the time of application represented 21.3% of MRS and 9.6% of BSBP customers. Their employment outcome rate was slightly lower (35.3% for MRS; 31.2% for BSBP) than that of adults (39.4% for MRS and 34.0% for BSBP).

A number of the agency staff and key informants identified students and transition youth with disabilities as an underserved group and elaborated their needs and issues. The commonly addressed issues are as follows:

- Services not individualized and developmentally appropriate
- Transition services initiated too late
- Unequal/limited access to services (e.g., mental health services)
- Limited interagency collaboration between school and adult agencies
- Staff shortages and lack of transition expertise
- Lack of caregiver knowledge about disabilities and services/resources
- Uncertainty regarding WIOA implementation

Meanwhile, almost all students with disabilities and their parents who participated in the CSNA consumer survey indicated they wanted to have a job after high school graduation. In addition, three quarters of them expressed an interest in postsecondary education (e.g., vocational technical school, college/university). Both students and parents also showed strong needs and interests in receiving pre-employment transition services (e.g., job exploration counseling, work-based learning experiences).

The following strategies were recommended in order to help students with disabilities to achieve

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[1] MI School Data from https://www.mischooldata.org/

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their employment and postsecondary education goals.

- Transition services should be initiated early, and be individualized, age appropriate, consistent and comprehensive.
- Augmentation of school-based experiences with employment-related services (e.g., community resource binders, internship experiences, soft skill training, and Career Preparation Systems) was recommended.
- To address lack of caregiver's knowledge, the following recommendations were made: agency staff should work with families directly and engage with youth, caregivers, schools, and community stakeholders to establish, maintain, and cultivate meaningful and productive relationships.
- An improvement of interagency collaboration between schools and service agencies was also suggested. Moreover, the circle of collaboration should include employers to identify and meet their needs.
- It was recommended to hire more transition specialists who are knowledgeable about disabilities, transition services, and WIOA initiatives, and to strengthen transition knowledge of existing staff. Also, suggested were the prospects of capitalizing on the WIOA initiatives as a systematic improvement model. A need to create special needs funds for this population was addressed.

Autism Spectrum Disorders (ASD)

Both the 2014 and 2017 CSNAs identified individuals with Autism Spectrum Disorders (ASD) as the emerging but still underserved population. While some diagnostic issues and inadequate level of staff preparedness to assist this population were addressed in 2014, more specific service needs were raised in 2017.

Data indicate that the number of customers with ASD who received VR services from MRS has been consistently increasing (416 in 2011; 518 in 2012; 553 in 2013; 567 in 2014; 668 in 2015; 761 in 2016). The special education data also corroborate the fact that this population, ages 12 to 17 years, is constantly growing in all age categories (6,191 [6.8%] in 2011;6,630 [7.5%] in 2012, 7,159 [8.2%] in 2013; 7,443 [8.7%] in 2014). This indicates that adult agencies should be prepared to help those students to achieve employment outcomes with seamless transition services through ongoing collaboration with schools. Specifically, these students will require supported employment along with more intensive adult services.

It is also known that individuals with ASD have the capacity to complete postsecondary training or education. For example, 52 (9.5%) individuals who were younger than 26 years at application and exited MRS during FY 2015 had an associate degree or higher at the time of closure. When compared to those with specific learning disabilities (8.7%), the slightly higher rate indicates the postsecondary education would be an option to consider for this population and the relevant support and services at high school and college or university levels should be provided.

The following issues or needs were raised, specifically for secondary students or youth with ASD, by the agency staff and key informants.

- Lack of breadth and depth of services (e.g., employment, assessment)
- Lack of social and daily living skills
- Lack of family involvement and support
- Lack of staff with autism expertise

As the issues displayed encompass a variety of stakeholders, a wide scope of strategies was recommended, as follows:

- To address lack of breadth and depth of services, participants emphasized providing an array of pre-employment transition services (e.g., social skills, daily living skills, job exploration) at an earlier time and on an individual basis.
- Some of the school-based job experiences (e.g., Project Search, Relentless Tour) were reported as effective and suggested for further implementation. In addition, combining specific interventions (e.g., Applied Behavior Analysis) in providing employment services was also recommended.
- In regard to building autism expertise, the following suggestions were made: work with autism consultants in schools and use training materials (e.g., START Project).
- In addition to collaborating with other agencies, establishment of a network with employers was reported as effective and recommended.

Cultural Minority Residents with Disabilities

According to the 2015 American Community Survey (ACS)[2], 77% of non-institutionalized Michigan residents with disabilities are White, 17.5% Black/African American, 0.8% Native American, 1.2% Asian, 0.8% other racial group, and 2.7% multiracial. In addition, 3.4% of them are Hispanic origin. Furthermore, the 2015 ACS[3] reports 0.6% of U.S. population and 1.9% of Michigan residents identify their ancestry as Arab. Wayne County of Michigan is composed of 5.2% and the city of Dearborn was of 42.4% Arab residents. According to the Arab American Institute (2014), Detroit is one of the top five metropolitan areas with Arab American populations. Yet, unfortunately, no disability prevalence rate for Arab Americans is available.

When compared to the 2015 ACS, which estimated that 17.5% of Michigan residents with disabilities were African American, this group is not currently considered underserved in MRS (31.7%), BSBP (35.4%), or CIL (19.8%). Conversely, the 2015 ACS report, estimated that 3.4% of Michigan residents with disabilities were Hispanic/Latino, while agency figures fall short of this estimate: MRS (2.8%), BSBP (3.2%) and CIL (2.1%). Thus, the Hispanic/Latino ethnic group appears to be somewhat underserved.

The needs identified for these groups of cultural minorities were similar to those of other disability groups, such as limited access to services and lack of services or resources (e.g., transportation, housing). However, some needs and challenges were unique to this population, as follows:

- Unwillingness to seek help due to different cultural perception on disabilities

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[2]Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table S1810; http://factfinder.census.gov.
[3]Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table B04006; http://factfinder.census.gov.

- Lack of correct information on disability and services available
- Language barriers resulting in low referrals and limited success in finding jobs
- Lack of qualified interpreters or bilingual staff
- Need for extended services for refugees

Although some key informants provided specific issues and needs relevant to this population, it should be noted that racial, ethnic or cultural characteristics are intertwined with other factors, such as low socio-economic status and low level of education. For example, limited access to primary health care providers like ophthalmologists among people of color was reported but this is related to their income status. Specific issues for Native Americans with disabilities, especially living on reservations, included higher rates of disability, unemployment, substance abuse, suicide, diabetes, and mental health issues.

Based on the issues raised above, the following recommendations were made.

- To enhance understanding about disabilities and services available in the community, service agency staff should continue to reach out to minority communities, provide trainings related to disabilities and relevant services, and encourage them to seek help.
- More collaboration between service agencies and CRPs for minority consumers was recommended. Cultivating reciprocal relationships by inviting agency staff to cultural events or activities was reported as especially effective.
- Hiring qualified interpreters or bilingual staff was identified as an effective strategy to deal with the language translation difficulties among Arabic and Hispanic populations and to facilitate community outreach.
- Michigan service agencies should be better prepared for providing services to newly arrived refugees, including helping with obtaining documentation (e.g., ID, SSN), arranging mental health services for PTSD or anxiety, and providing support for successful cultural adaptation.

<u>Individuals with Sensory Disabilities</u>

Multiple key informants mentioned unmet needs for Michigan residents with blindness and visual or hearing impairments. Concern was specifically addressed with the newly amended Rehabilitation Act under WIOA that eliminates homemakers from the successful employment outcome categories. Respondents described those who want to acquire independent living skills instead of obtaining competitive employment as falling through the cracks.

For reference, approximately a quarter of 182 BSBP customers (23.1%) successfully closed their case as a homemaker in FY 2015. The national RSA-911 data showed a very similar trend; more than 20% of those with blindness or visual impairments exited a VR agency as a homemaker. Homemakers were more likely to receive disability related skills training, miscellaneous training and diagnosis and treatment services than those with other employment statuses at closure.

Additional issues for this population reported by agency staff and informants include:

- Lack of access to services (e.g., user-friendly technology, transportation, vision

specialists)
- Lack of public disability awareness
- A need for soft skills training for those with cognitive and sensory disabilities
- Lack of access to services in K-12 settings
- Mismatch between services and needs
- Lack of outreach and collaboration

Several recommendations were made for individuals with sensory disabilities.

- As presented above, respondents shared issues related to students with sensory disabilities in K-12 school settings and recommended provision of a variety of individualized career development activities including soft skills trainings in a more accessible form.
- In relation to assistive technology, the use of lending libraries without limits on loans and reselling devices on consignment was suggested. Also, some recommended considering environmental modifications such as paint, coloring, and lighting to increase accessibility.
- In addition to hiring interpreters, the use of sign language interpreter services via technology, either online or on the phone, was recommended.
- New approaches for those who have "homemaker" as their goal were discussed, such as early benefits planning, greater investment in *career* training (not just work readiness), and access to vocational evaluators.

Veterans with Disabilities

According to the 2015 ACS[4], there were 260,700 working-age civilian veterans, ages 21 to 64 years, in Michigan. Among this group, 47,500 (18.2%) had a Veterans Administration (VA) service-connected disability, and of those, 14,400 (30.3%) had the most severe service-connected disability rating (70 percent or above).

In FY 2015, 833 (4.7%) of the 17,533 MRS customers who exited were identified as veterans. Most of the veterans (84.5%) were males, either Black (40.0%) or White (56.2%) and in the age range 26-64 years (84.5%). A high proportion (30.1%) reported having mental illness as their primary disability, followed by other physical impairments (23.8%) and deafness/hearing impairments (16.7%).

Veterans with disabilities have a high prevalence of post-traumatic stress disorder (PTSD), which is often undiagnosed or untreated. In fact, according to a review study[5], the prevalence rate of combat-related PTSD in US military veterans since the Vietnam War ranges from about 2 to 17%, and combat-related PTSD afflicts between 4 to 17% of US Iraq War veterans. Key

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[4] Erickson, W., Lee, C., & von Schrader, S. (2017). Disability Statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org.

[5] Richardson, L., Frueh, C., and Acierno, R. (2010). Prevalence Estimates of Combat-Related PTSD: A Critical Review. Australian and New Zealand Journal of Psychiatry, 44(1), 4–19.

informants and agency staff also mentioned this issue, and identified lack of access to mental health services as an area of concern. Described below are other issues raised by the respondents for veterans with disabilities.

- Limited knowledge on services available
- Lack of access to mental health services
- Unwillingness to seek treatment
- Difficulty gaining and sustaining employment
- Difficulty embracing technology, especially for older veterans
- Limited resources for affordable housing for homeless veterans

Several effective strategies and recommendations were made as follows:

- In order to provide more comprehensive and quality services to veterans with disabilities, development of partnerships and collaboration among agencies (e.g., VA, MRS, CMH, DHHS, and CIL) were identified as an effective strategy. For example, the Veteran Community Action Team (VCAT) has been created with the collaboration among community stakeholders and service providers.
- Increased access to information and resources via call centers, online mental health screening services, and free counseling services was suggested as having a positive impact on veterans who are unaware of services available in their community.
- Based on individual needs of veterans, a holistic approach was recommended in providing services, including case management, self-advocacy, peer support, appropriate referral, transportation as well as appropriate treatment for physical and mental impairments. In addition to provision of employment services, such as work evaluation, work skill training, and unpaid work experiences to veterans with disabilities, the need to provide disability awareness training to employers was also identified.

Ex-felons/Post Incarceration

According to the Bureau of Justice Statistics[6], an estimated 32% of prisoners and 40% of jail inmates reported having at least one disability, and about 2 in 10 prisoners and 3 in 10 jail inmates reported having a cognitive disability, the most common reported disability.

Of a total of 19,196 customers who applied for MRS services between FY 2006 and FY 2016 and exited before FY 2017, 330 were adjudicated youth or referred by the Bureau of Juvenile Justice, 1,984 participated in the Michigan Prisoner Re-entry Initiative (MPRI)[7], and 16,882 were identified as other ex-felons. The overall employment rate of this group was 24.2%, and by group, 11.8%, 23.7% and 24.5%, respectively. Compared to the overall employment rate of MRS customers (ranging from 32% to 39%), this group is considered as underserved.

Many agency staff and informants also mentioned this population as a group unserved or

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[6] Source: Bureau of Justice Statistics from https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5500

[7] Initiated in FY 2006, the MPRI is the program designed to assist incarcerated individuals with disabilities through interagency collaboration among the Department of Corrections, the Department of Community Health, Family Independence Agency and MRS.

underserved and needing more support and services. Considering the characteristics of the population, it is essential to provide services that would make transition from incarceration to community living successful. Public attitudes, specifically employer attitudes, will be also associated with successful community integration. Additional issues are described below.

- Insufficient support for community living (e.g., housing)
- Lack of employment opportunities
- Lack of mental health services
- Limited staff knowledge/skills to work with this population
- Low motivation to work and difficulty following through
- Negative employer or public attitudes

An informant from the Department of Corrections noted that working as a treatment team and providing regular follow-up (e.g., home calls, presence in community) after discharge were effective strategies. Service agencies should also remain cognizant of specific legal requirements when working with this population. Other recommendations are as follows:

- It was suggested that all offenders have Medicaid coverage upon release from incarceration.
- Service agency staff should help them explore and connect with support services available in the community, involve family members in the consumers' 1:1 guidance and counseling, and provide a variety of skills training (e.g., communication, job, soft skills).
- Leverage partnerships with community agencies (e.g., SSA, state agencies, local partners) to increase staff understanding of this population and enhance ex-felons' successfully community integration.
- Revisit and modify policies to improve service.
- Track and work with adjudicated, high school drop-outs through collaboration between school and adult agencies to mitigate reoffending.

Other Underserved Groups

A few key informants and agency staff mentioned the needs and issues of older adults with disabilities, individuals with developmental and intellectual disabilities, and those with physical disabilities. Among older adults with disabilities, a lack of stable housing and support for daily living, limited basic technical skill development, and difficulty obtaining part-time employment were noted. Respondents also observed that individuals with developmental and intellectual disabilities who are not enrolled in Medicaid, or who are aging out of high school are disconnected with services. Finally, poor access to technology was specifically highlighted for individuals with physical disabilities (e.g., epilepsy, multiple sclerosis, traumatic brain injury).

Perceived Level of Service Needs by Survey Participants

A total of 434 agency staff, 811 individuals with disabilities and 261 family members or friends participated in the CSNA survey designed to identify the availability and sufficiency of services for Michigan residents with disabilities in their local community. Both staff and consumers perceived general services (e.g., affordable accessible housing, transportation, child care, legal

services, mental health services) as least available or sufficient. These results support some findings of the qualitative data (e.g., key informant interview). Regarding employment service needs, the most frequently perceived by agency staff and consumers as "unavailable or insufficient" were reading or literacy skills, self-employment/small business, supported employment, transition services for youth with disabilities, job retention, on-the-job supports, and post-employment services. Meanwhile, the overall high rates of "I don't Know" response by consumers to the questions on service availability or sufficiency may indicate a need for marketing services designed for individuals with disabilities.

Summary: Common Issues or Needs

A variety of issues or needs for each unserved or underserved population with disabilities are described above. Some are population specific, but several represent the needs of individuals with disabilities as a group, regardless of disability type or background characteristics, which are summarized below.

Limited Access to Services or Lack of Services/Resources: Lack of services or resources and access to services was the most frequently mentioned issue by all stakeholders. In particular, the following services or resources were commonly perceived as unavailable and/or inaccessible: mental health services, accessible and affordable housing options, employment services, and training programs. In addition, the need for service delivery to be both comprehensive and individualized was noted.

Transportation Issues: Although stakeholders largely discussed transportation as a crucial issue in rural areas, they also identified different transportation needs by geographic location. For example, limited availability and higher operational and consumer cost were issues for rural areas, while limited hours of operation was identified as a main concern for people living in metropolitan or urban communities.

Lack of Interagency Collaboration: A need for interagency collaboration was repeatedly mentioned by a number of agency staff and key informants. Common concerns include a lack of referrals to appropriate agencies, a lack of coordination of services, and a lack of coherent disability policy at the state level.

Lack of Staff with Expertise and Need for Staff Development: The majority of the stakeholders reported a lack of qualified and knowledgeable staff, and the need for staff development, especially with regards to providing services that are in accordance with the WIOA requirements.

Shortage of Community Outreach: The community visibility of all service agencies for individuals with disabilities was felt to be lacking statewide. Further, a lack of knowledge on how to access services and where to seek assistance was reported as problematic across the state.

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INTRODUCTION

The Rehabilitation Act of 1973, as recently amended under the Workforce Innovation and Opportunity Act (WIOA), mandates that the designated state unit and the State Rehabilitation Council (SRC) jointly conduct a Comprehensive Statewide Needs Assessment (CSNA) every three years. The Rehabilitation Act requires the CSNA to describe, at a minimum, the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation needs of:

A. Individuals with the most significant disabilities, including their need for supported employment services;
B. Individuals with disabilities who are minorities;
C. Individuals with disabilities who have been unserved or underserved by the state vocational rehabilitation (VR) programs;
D. Individuals with disabilities served through other components of the statewide workforce development system as identified by those individuals and personnel assisting those individuals through the components of the system; and
E. Youth and students with disabilities.

In addition, an assessment of the need to establish, develop, or improve community rehabilitation programs within the State should be included in the CSNA. The results are to be included in the vocational rehabilitation portion of the Unified or Combined State Plan.

Interagency CSNA Committee

The 2017 CSNA project was designed and implemented by an interagency committee composed of representatives of Michigan Rehabilitation Services (MRS), Bureau of Services for Blind Persons (BSBP), the Michigan Statewide Independent Living Council (Mi-SILC), the Michigan Council for Rehabilitation Services (MCRS) and other service agencies (e.g., Michigan Works!, Community Mental Health). The inclusion of other service agencies in the CSNA process extended the scope of information and data collection to identify the extensive, multifaceted and complex rehabilitation needs as well as employment needs of Michigan residents with disabilities.

The interagency CSNA committee initially formed in August 2016 for the 2017 CSNA project. The committee consisted of representatives of each agency listed above, and Project Excellence (PE) at Michigan State University. PE staff provided consultation services to the committee and was responsible for data collection, analyses, and the development of the report. The *RSA VR Needs Assessment Guide* and the 2014 CSNA report were the primary resources used to guide the work of the committee. After reviewing these materials, the committee developed the project plan which included identifying specific project goals, instruments, data collection methods, and timelines for data collection procedures, report development and dissemination.

Definitions of Unserved and Underserved

The definitions used to determine if a population of individuals with disabilities is unserved or underserved by the public vocational rehabilitation (VR) agencies or the Centers for Independent Living (CIL) are:

> **Unserved** – any category of individuals with disabilities (of working age, interested in working) in the state's population that are not receiving VR or IL services from BSBP/CIL/MRS. In other words, Unserved individuals are individuals who would be eligible for VR services but have not received services.

> **Underserved** – the percentage of those served by BSBP/CIL/MRS that is less than the percentage of the group in the general population. Underserved individuals are those who do not receive equal access to VR services.

Specific Goals for 2017 CSNA

In addition to the federally mandated requirements stated above for the vocational rehabilitation programs, the 2017 CSNA committee established specific goals or target populations of Michigan residents with disabilities which include the identification of the:

- Potential unmet needs of students and youth;
- Potential unmet needs of people with Autism Spectrum Disorders;
- Potential unmet needs of people with mental illness;
- Potential unmet needs of cultural minorities (e.g., Mid-Eastern/Arab)
- Potential unmet needs of veterans;
- Potential unmet needs of ex-felons;
- Potential unmet service needs of older Michigan residents; and
- Independent living needs of Michigan residents with disabilities.

Data Collection and Reporting Methods

After individually reviewing the instruments used in 2014, initially developed to collect and track the service needs of people with disabilities at the local level based on the RSA *VR Needs Assessment Guide*, the CSNA committee members provided some suggestions for modification. PE integrated all feedback and finalized the survey questions.

This CSNA project employed several data collection methods, including:

- Michigan disability statistics (e.g., American Community Survey, Behavioral Risk Factors Surveillance Survey, Current Population Survey) and other state level agency data (e.g., Social Security Administration, Special Education, Workforce Development);
- Extant VR and IL data (i.e., RSA-911, RSA-704);
- Surveys conducted with stakeholder groups (i.e., service agency staff, individuals with disabilities and their family and friends); and
- Semi-structured key informant telephone interviews.

Report layout

In addition to the executive summary and introduction, this CSNA report consists of five chapters. The Executive Summary summarizes and prioritizes the needs of Michigan residents with disabilities based on the data collected, analyzed, and reported in the remaining five chapters. Each chapter of the report is designed to be a standalone document that can be disseminated as appropriate. In addition, the Appendix provides the 2015 MRS customer satisfaction survey results.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER I

MICHIGAN DISABILITY STATISTICS

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CHAPTER ONE

MICHIGAN DISABILITY STATISTICS

It is essential to gain an overall picture of the distribution and characteristics of the population of Michigan residents with disabilities in order to assess their rehabilitation needs. This section depicts Michigan disability statistics reported from several national household surveys (i.e., American Community Survey, Behavioral Risk Factor Surveillance System, Current Population Survey), and other relevant state level information (i.e., Social Security Administration, Special Education, Workforce Investment System, State VR Agencies).

National Household Surveys

American Community Survey (ACS) – U.S. & Michigan

As a large population survey in the U.S., the American Community Survey (ACS) is annually conducted by the U.S. Census Bureau to estimate social, economic, housing and demographic characteristics at the national, state, and local levels. The ACS includes several disability related questions along with other census characteristics such as age, race/ethnicity, employment status, poverty status, and median earnings.

To collect and estimate characteristics related to disability, ACS has employed the following six questions since 2008:

- *Hearing (all ages): Is this person deaf or does he/she have serious difficulty hearing?*
- *Visual (all ages): Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?*
- *Cognitive (ages 5 and older): Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?*
- *Ambulatory (ages 5 and older): Does this person have serious difficulty walking or climbing stairs?*
- *Self-Care (ages 5 and older): Does this person have difficulty dressing or bathing?*
- *Independent Living (ages 15 and older): Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?*

Population Estimate

According to the 2015 ACS,[1] the resident population in Michigan is estimated to be 9,922,576 individuals, representing 3.1% of the U.S. population in 2015 (as of July, 1, 2015).

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[1] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table S0102 (1-Yr. Est); http://factfinder.census.gov.

Resident Population (2011 - 2015)

	U.S.	MI	
		Number	Percent
2011	311,591,919	9,876,187	3.2%
2012	313,914,040	9,883,360	3.1%
2013	316,128,839	9,895,622	3.1%
2014	318,857,056	9,909,877	3.1%
2015	321,418,821	9,922,576	3.1%

The following table[2] compares the 2015 population demographic characteristics between the U.S. and Michigan. Compared to the U.S. population, Michigan is composed of a higher proportion of White and African Americans while the rate of residents with Hispanic origin is greatly lower. In addition, Michigan shows lower labor force participation and employment rates.

2015 Population Demographics

	U.S.	MI
GENDER		
Male	49.2%	49.2%
Female	50.8%	50.8%
RACE		
White	73.1%	78.6%
African American	12.7%	13.9%
Native American	0.8%	0.5%
Asian	5.4%	3.0%
Native Hawaiian and Other Pacific Is.	0.2%	0.0%
Some other race	4.8%	1.2%
Multi-racial	3.1%	2.7%
ETHNICITY		
Hispanic or Latino origin	17.6%	4.9%
EDUCATIONAL ATTAINMENT (>=25 yr.)		
Less than high school graduate	12.9%	9.9%
High school graduate, GED, or alternative	27.6%	29.4%
Some college or associate's degree	29.0%	32.9%
Bachelor's degree or higher	30.6%	27.8%
EMPLOYMENT STATUS (>= 16 yr.)		
Not in labor force	36.9%	39.0%
In labor force	63.1%	61.0%
Civilian labor force	62.7%	60.9%
Employed	58.8%	56.5%
Unemployed	3.9%	4.4%

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[2] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table S0102 (1-Yr. Est); http://factfinder.census.gov.

Disability Prevalence Rate

The 2015 ACS[3] estimates that 1,412,960 (14.4 %) of 9,810,800 non-institutionalized individuals living in Michigan reported having at least one type of disability. This proportion of people with disabilities is slightly higher than the national prevalence rate of 12.6%.

Disability Prevalence Rate

	U.S.	MI
Total Number	316,450,569	**9,810,800**
Individuals with Disabilities	39,906,328	**1,412,960**
% of Total	12.6%	**14.4%**

MI

Prevalence of Disability
14.4%
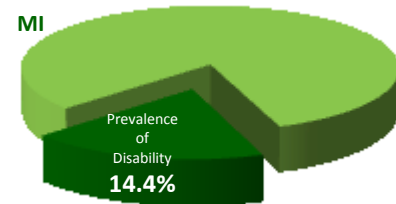
Age

The disability prevalence rate is different by age. Estimates of the proportion of individuals with disabilities by age group include the following: 6.4% of Michigan residents are between 5 and 17 years of age, 12.5% aged from 18 to 64 years, and 35.4% aged 65 years and over.

Individuals with Disabilities by Age

	US			MI		
	Total N	**PWD**	**% of Total**	**Total N**	**PWD**	**% of Total**
< 5 yrs	19,792,094	148,609	0.8%	**19,792,094**	**148,609**	**0.8%**
5-17 yrs	53,699,837	2,885,179	5.4%	**53,699,837**	**2,885,179**	**6.4%**
18-64 yrs	196,521,616	20,411,546	10.4%	**6,073,123**	**759,606**	**12.5%**
>= 65 yrs	46,437,022	16,460,994	35.4%	**1,533,234**	**543,292**	**35.4%**

Race/Ethnicity

According to the 2015 ACS,[4] 77% of non-institutionalized Michigan residents with disabilities are White, 17.5% Black/African American, 0.8% Native American, 1.2% Asian, 0.8% other racial group, and 2.7% multiracial. In addition, 3.4% of non-institutionalized Michigan residents with disabilities are Hispanic origin. It is important to note that Hispanic/Latino ancestry is considered an ethnicity not a race by the U.S. government; therefore, data for Hispanic/Latino population is not shown in the following figure of the racial distribution for people with disabilities.

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[3] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table B18101; http://factfinder.census.gov.
[4] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table S1810; http://factfinder.census.gov.

Michigan Residents with Disabilities by Race (2015)

White **77.0%**

Black or African American **17.5%**

Native American **0.8%**

Asian **1.2%**

Other Race **0.8%**

Multiracial **2.7%**
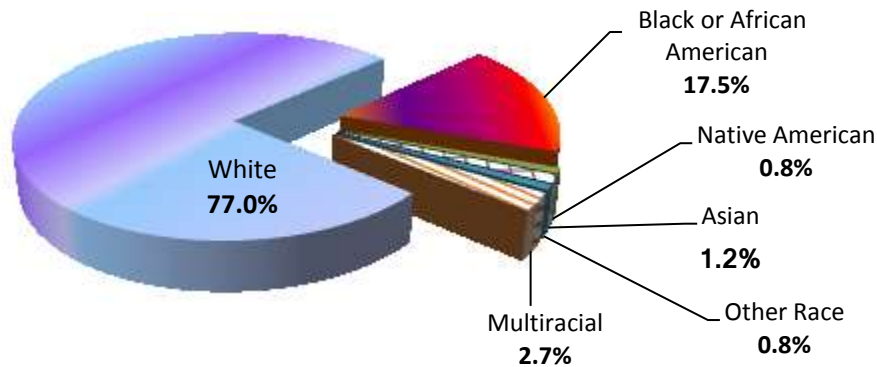
As illustrated in the table below, the disability prevalence rate within each racial group varies, ranging from 22.1% of Native Americans to 5.7% of Asians.

Disability Prevalence Rate within Racial/Ethnic Group

% within Racial Group	U.S	MI	% within Racial Group	U.S	MI
White	13.1%	**14.1%**	Black/African American	14.0%	**18.4%**
Native American or Alaska Native	16.8%	**22.1%**	Asian	6.9%	**5.7%**
Some other race(s)	8.8%	**9.0%**	Two or more races	10.9%	**14.4%**
Hispanic	8.7%	**10.1%**			

Type of Disabilities

With regard to the six disability types classified in the ACS data in 2015,[5] it is estimated that, of the 9,810,800 non-institutionalized Michigan residents:

- 6.9% had an independent living disability
- 3.1% had a self-care disability
- 6.2% had a cognitive disability
- 7.9% had an ambulatory disability
- 3.9% had a hearing disability
- 2.2% had a vision disability

Independent Living 6.9%
Self-Care 3.1%
Cognitive 6.2%
Ambulatory 7.9%
Hearing 3.9%
Visual 2.2%
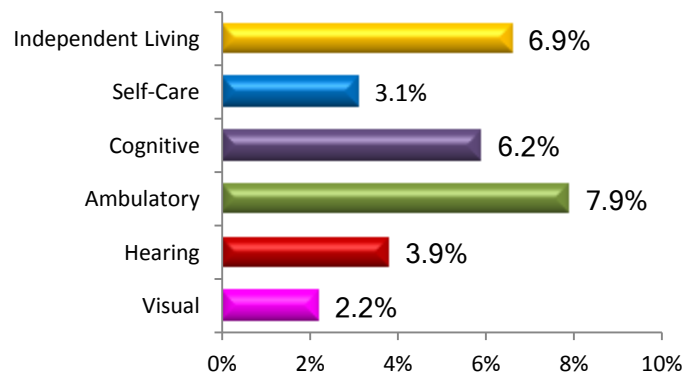
Note that the respondent could report more than one disability type, so the sum of the percentages of the disability types would not be equal to the prevalence rate of disability in Michigan (i.e., 14.4%).

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[5] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table B18102-B18107; http://factfinder.census.gov.

Employment

According to the 2015 ACS data, 30.9% of Michigan residents between the ages of 18 and 64 years reported being employed. In contrast, 75.4% of Michigan residents without disabilities reported being employed. The employment rates of both groups were slightly lower than the national rates (34.9% and 76.0%, respectively).[6]
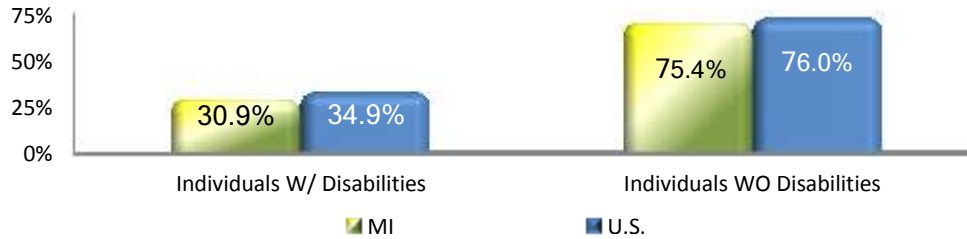
Employment Rate by Disability Status

The figure below illustrates the employment rates by disability category classified in the 2015 ACS data. As illustrated, employment rates vary greatly across disability groups. For example, 46.2% of individuals with hearing disabilities and 37.1% with vision disabilities reported they were employed, while only 14.7% of people with independent living disabilities reported being employed.

Employment Rate by Disability Type
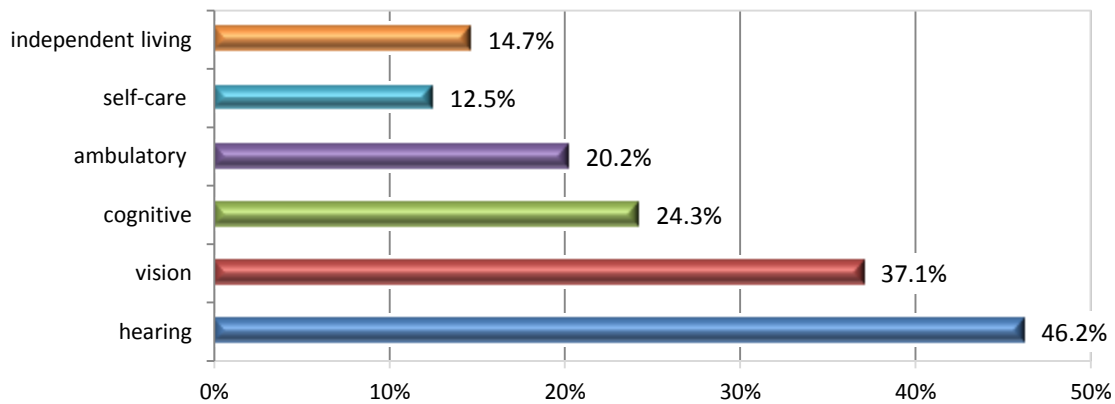
In addition, 17.4% of Michigan's working age residents with disabilities reported they were employed in full-time, year-round positions, as compared to 52.2% of Michigan residents without disabilities.[7] This finding clearly demonstrates that disability status is a crucial factor that would affect the likelihood of having a full-time, year-round job.

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[6] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table B18120; http://factfinder.census.gov.
[7] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table K201802; http://factfinder.census.gov.

Full-time, Year-round Employment Rate by Disability Status

	US		MI	
	PWOD	PWD	**PWOD**	**PWD**
Employment Rate (Full-time/Year-Round)	55.1%	21.2%	**52.2%**	**17.4%**

Economic Well-being

In 2015, 23.1% of Michigan residents with disabilities, compared to 14.5% without disabilities, were considered to be living in poverty.[8] As would be expected given the disparity in employment rates, Michigan has a slightly higher poverty rate than the national average, regardless of disability status. The median earnings of working age Michigan residents with disabilities were $18,433. In contrast, among Michigan residents without disabilities the median earnings were $30,471.[9] This shows an income gap of $12,038 between Michigan residents with and without disabilities.

Poverty Rate and Median Earnings by Disability Status

	US		MI	
	PWOD	PWD	PWOD	PWD
Poverty Rate	13.8%	21.2%	**14.5%**	**23.1%**
Median Earnings	$31,872	$21,572	**$30,471**	**$18,433**

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[8] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table B18130; http://factfinder.census.gov.
[9] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table B18140; http://factfinder.census.gov.

# Behavioral Risk Factors Surveillance Survey (BRFSS) - Michigan

The Behavioral Risk Factors Surveillance Survey (BRFSS), the state-based system of health surveys, collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Each year, state health departments conduct a cross-sectional telephone-based survey with technical and methodological assistance provided by the U.S. Centers for Disease Control and Prevention (CDC). The survey findings are often used to monitor risk behaviors and identify emerging health problems in people who are 18 years and older. The findings also result in the development and evaluation of public health policies and programs.[10]

As a health-related survey, BRFSS includes two questions intended to identify the population with disabilities in Michigan. The two questions focus on whether an individual has general activity limitations and whether the individual needs special equipment for their current health problem. The questions are as follows:

- *Are you limited in any way in any activities because of physical, mental, or emotional problems?*
- *Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone?*

Disability Prevalence Rate

According to the 2014 BRFSS data, 24.9% of adult Michigan residents aged 18 years and older had disabilities.
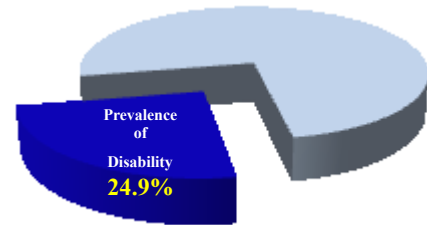
The table below shows the disability prevalence rates by demographic characteristics. The prevalence rate increases with age, but it was relatively stable between gender and racial/ethnic groups. Specifically, for the disability prevalence rate by race, African/ Black Americans were the group with the highest prevalence rate of disability (25.2%) followed by White (24.9%) and other racial group (22.8%).

Disability Prevalence Rate by Demographic Characteristics

		Prevalence			Prevalence
Age	18 - 24	10.0%	Gen-der	Male	25.1%
	25 - 34	15.6%		Female	24.8%
	35 - 44	18.8%			
	45 - 54	25.6%	Race	White, non-Hispanic	24.9%
	55 - 64	33.1%		Black, non-Hispanic	25.2%
	65 - 74	36.0%		Other, non-Hispanic	22.8%
	75 +	42.1%		Hispanic	23.3%

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[10] Source: Michigan Department of Health & Human Services. 2014 Behavioral Risk Factor Survey (2015). Retrieved from http://www.michigan.gov/documents/mdch/2014_MiBRFS_Annual_Report_Final_Web_504843_7.pdf

In addition, as illustrated in the table to the right, the disability prevalence rate is negatively correlated with household income; that is, the prevalence rate decreases when the household income level increases.

Disability Prevalence Rate by House Income

	Prevalence
< $20,000	45.2%
$20,000 - $34,999	29.4%
$35,000 - $49,999	23.6%
$50,000 - $74,999	16.1%
≥$75,000	14.0%

Health Behaviors and Health Insurance Coverage

The following table compares several health-related risk behaviors between individuals with and without disabilities. Compared to individuals without disabilities, those with disabilities were more likely to engage in smoking and have obesity, and were less likely to receive dental services, participate in leisure activities and have routine medical checkups. Also of note, the gaps between the two groups were found relatively large in health behaviors such as leisure time (Diff = 18.8%), obesity (Diff = 16.9%) and dental visit (Diff = 12.2%). The BRFSS survey indicated that 89.6% of adults with disabilities (vs. 86.6% without disabilities) had any type of health insurance.

Risk Behavior and Health Care Coverage Rates by Disability Status

	IWOD	IWD		IWOD	IWD
Obesity	26.5%	43.4%	Dental Visit	71.8%	59.6%
Smoking	19.3%	26.8%	Routine Checkup	70.0%	77.0%
Binge Drinking	21.1%	12.8%	Leisure Time[11]	79.5%	60.7%
Health Care Coverage[12]	86.6%	89.6%	Dental Care Coverage	67.7%	59.3%

Overall, Michigan adults with disabilities (42.7%) reported a significantly higher prevalence of fair to poor health than those without disabilities (7.8%). In addition, a higher proportion of individuals with disabilities were more likely to have reported both poor physical health (37.7%) and poor mental health (29.3%) than their counterparts (4.4% and 7.4%, respectively).

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[11] Leisure-time physical activity was defined by the respondent's indication of participation in exercise (e.g., running, calisthenics, golf, gardening, or walking for exercise) other than their regular job during the preceding month.
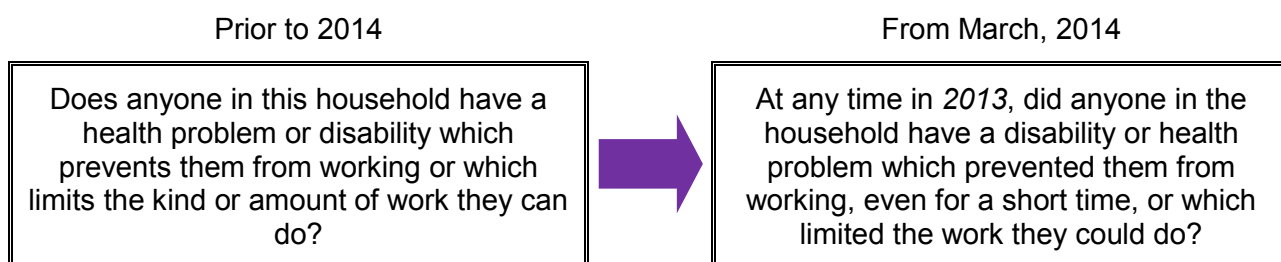
[12] Health-care coverage was defined as having any kind of health-care coverage, including health insurance, prepaid plans (e.g., health maintenance organizations), or government plans (e.g., Medicare or Medicaid).

Current Population Survey (CPS) – U.S. & Michigan

The Current Population Survey (CPS) is one of the oldest, largest, and most well-recognized surveys designed to provide information on the labor force characteristics of the U.S. population. The CPS is jointly conducted by the U.S. Bureau of the Census and the Bureau of Labor Statistics and is used to compute the federal government's official monthly statistics on total employment and unemployment, focusing on ages 16 and over. The monthly CPS employs the same six disability questions that the American Community Survey currently uses to estimate employment, unemployment, earnings, and hours of work (among other measures) for those who have a disability.

- *Hearing (all ages): Is this person deaf or does he/she have serious difficulty hearing?*
- *Visual (all ages): Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?*
- *Cognitive (ages 5 and older): Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?*
- *Ambulatory (ages 5 and older): Does this person have serious difficulty walking or climbing stairs?*
- *Self-Care (ages 5 and older): Does this person have difficulty dressing or bathing?*
- *Independent Living (ages 15 and older): Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?*

To compliment the monthly CPS, additional information on specific topics is collected from a variety of supplemental surveys. Specifically, the CPS-Annual Social and Economic Supplement (CPS-ASEC)[13] provides data concerning family characteristics, household composition, work disability, health insurance coverage, etc. Below is the question designed to specify individuals with limitations in work. It should be noted that the question was slightly modified in 2014.

Prior to 2014	From March, 2014
Does anyone in this household have a health problem or disability which prevents them from working or which limits the kind or amount of work they can do?	At any time in *2013*, did anyone in the household have a disability or health problem which prevented them from working, even for a short time, or which limited the work they could do?

The information collected from the monthly and supplemental CPS reports are presented in this section.

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[13] Source: U.S. Census Bureau, Current Population Survey (CPS) Table Creator.
http://www.census.gov/cps/data/cpstablecreator.html

As indicated, the CPS-ASEC data collected for 2015 estimated a 14.3% <u>work disability</u> prevalence rate for the working-age population, ages 16 to 64 years, in Michigan (14.2% in 2014). The 2015 employment rates of working-age individuals with and without disabilities were 28.9% and 82.1%, respectively. In addition, 13.2% of working-age individuals with disabilities reported working full-year versus 64.1% of working-age individuals without disabilities in 2015.

2014-5 Employment Rate by Disability Status (16 – 64 years)

	US				MI			
	2014		2015		**2014**		**2015**	
	PWD	PWOD	PWD	PWOD	**PWD**	**PWOD**	**PWD**	**PWOD**
Disability Prevalence Rate	12.0%		12.0%		**14.2%**		**14.3%**	
Employment Rate	**28.8%**	**78.9%**	**29.8%**	**79.8%**	**22.9%**	**81.0%**	**28.9%**	**82.1%**
Full-year	*15.1%*	*63.6%*	*15.3%*	*64.5%*	*11.2%*	*64.2%*	*13.2%*	*64.1%*
Part-year	*13.7%*	*15.4%*	*14.5%*	*15.4%*	*11.7%*	*16.7%*	*15.7%*	*18.0%*

According to the CPS-ASES data, 26.9% of the working-age individuals with disabilities and 9.8% without disabilities lived in poverty. In 2014, the median household income was $34,685 for working-age Michigan residents with a work disability and $74,805 for people without a work disability.

2014-5 Poverty Rate and Median Household Income (16 – 64 years)

	US				MI			
	2014		2015		**2014**		**2015**	
	PWD	PWOD	PWD	PWOD	**PWD**	**PWOD**	**PWD**	**PWOD**
Poverty Rate	29.6%	11.4%	28.4%	10.4%	**31.6%**	**11.6%**	**26.9%**	**9.8%**
Median Household Income	$36,223	$75,020	NA	NA	**$34,685**	**$74,805**	**NA**	**NA**

CPS Monthly Survey

Each month, the Census Bureau for the Bureau of Labor Statistics (BLS) collects information on the labor force characteristics of the U.S. population from approximately 50,000 households, for people ages 16 years and older. The following two graphs show large discrepancies in employment and unemployment rates between individuals with and without disabilities over the past eight years (June, 2008 - December, 2016).

The first graph indicates that, on average, 26.9% of the U.S. population with disabilities, ages 16 to 64 years, was employed between 2008 and 2016, whereas a much higher proportion of people without disabilities (approximately 72.8%) were employed during the same timeframe. The second graph indicates that the annual average unemployment rate of people with disabilities

was 11.7% in 2015 and 11.5% in 2016, whereas the annual average unemployment rate of individuals without disabilities was 5.2% and 4.7% respectively.[14]

Employment Rate by Disability Status (June, 2008 - December, 2016)
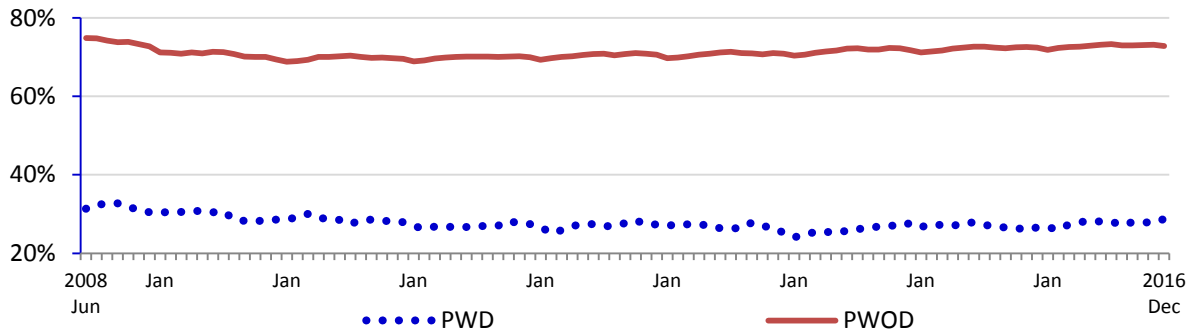
Unemployment Rate by Disability Status (June, 2008 - December, 2016)

Due to sample size limitations of the CPS, BLS does not produce reliable estimates of disability status below the national level. The following figure indicates changes in the number of labor force participants in Michigan and in unemploym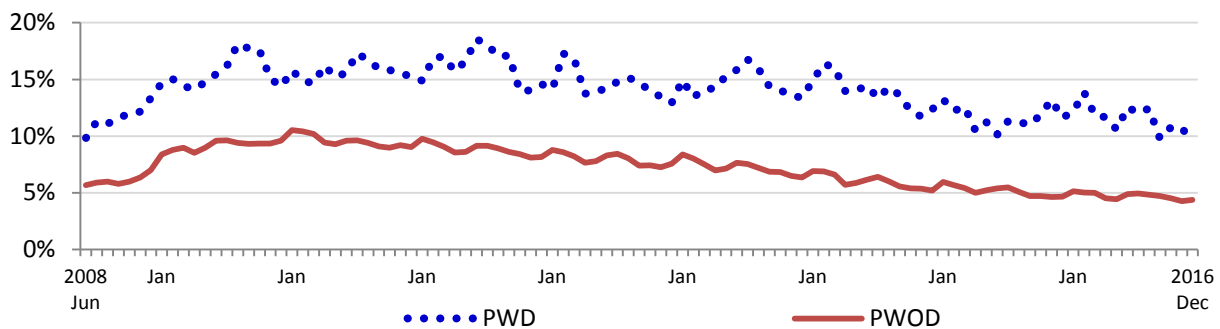ent rates in the U.S. and Michigan since June 2008. In terms of civilian labor force participants (the double line on the graph), though some fluctuations were observed during an eight-year period, the trend shows a consistent increase in the number of labor participants in Michigan from the end of 2015.

There has been a concurrent decrease in unemployment rates observed (solid line on the graph). From a peak of an unemployment rate observed in July 2009, the rates have fluctuated but with an overall trend of a progressive reduction to the current 5% in 2016. As illustrated in the graph, no significant discrepancy between U.S. and Michigan was observed since summer 2015.[15] Note that the information includes all Michigan residents who identified as having or not having disabilities.

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[14] Source: Bureau of Labor Statistics, U.S. Department of Labor. CPS Labor Force Statistics (Table A-6): Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted. Retrieved from https://www.bls.gov/webapps/legacy/cpsatab6.htm

[15] Source: Labor Market Information: Total Employment (LAUS). Michigan Department of Technology, Management, & Budget. Retrieved from http://milmi.org/datasearch

Labor Participants and Unemployment Rates of Michigan (Jun, 2008 – Nov. 2016)

Legend: US Unemp Rate · MI-Unemp Rate · MI Civilian Labor Force
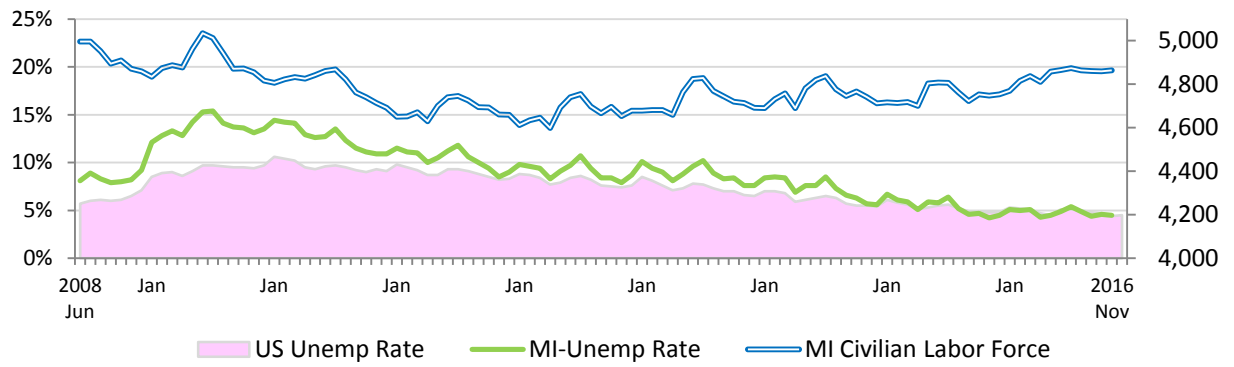
Social Security Administration defines disabilities in a different way from other disability programs. Disability under Social Security is based on one's inability to work.

Supplemental Security Income (SSI)

In December 2015, a total of 275,873 Michigan residents were SSI recipients (2.8% of Michigan population). Of this total, 92.7% received benefits based on Disability, 6.7% received benefits based on Aged, and 0.6% received benefits based on Blindness (see table below). The table also presents the average monthly payment amount according to each eligibility category and age; the average monthly payment for beneficiaries on Aged, Blind, and Disability is $425.86, $542.30, and $552.01, respectively.[16]

Number of SSI Beneficiaries and Amount of Annual SSI Payment

	Category			Age	
	Aged	Blind	Disabled	18-64	65 or older
Number of SSI Recipients	18,449	1,626	255,798	190,751	45,282
Average Monthly Payment	$425.86	$550.47	$561.21	$562.36	$427.07

In December of 2015, of the 260,257 SSI beneficiaries with disabilities, including section 1619(b) participants[17], who were ages 18-64 years, 5.0% were employed. The trend for the past three years shows an annual increase in the employment rate of SSI beneficiaries with disabilities who were working.

SSI Beneficiaries with Blindness and Disabilities Who Work

	Total Number of Blind and Disabled Recipients	Blind and Disabled Recipients Who Work	Employment Rate
2010	239,361	11,867	5.0%
2011	250,200	11,863	4.7%
2012	256,844	12,034	4.7%
2013	261,822	12,179	4.7%
2014	261,707	12,570	4.8%
2015	260,257	13,062	5.0%

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[16] Source: Social Security Administration. SSI Annual Statistical Report. Retrieved from https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2015/ssi_asr15.pdf
[17] Section 1619(b), for Medicaid purposes, provides special status to working disabled or blind individuals when their earnings make them ineligible for cash payments.

Social Security Disability Insurance (SSDI)

Social Security Disability Insurance (SSDI) is a federal program designed to support workers who have become disabled, and their family members. In December 2015, of the 407,730 Michigan residents, ages 18 years and older, who received cash benefit from SSDI, 350,684 (86.0%) were categorized as disabled workers. The average amount of the SSDI monthly payment for those individuals was $ 1,211.60, with a median of $ 1,103.00.[18]

SSDI Beneficiaries and Amount of Monthly SSDI Payment

	Number of Recipients	Average Monthly Benefit	Median of Monthly Payment
Disabled Worker	350,684	$1,211.60	$ 1,103.00

During 2015, a total of 30,000 individuals with disabilities having received SSDI cash benefit from their work history had their SSDI benefits terminated. Of them, 1,177 individuals exited the SSDI program because their earnings exceeded the standard amount identified by SSDI's Substantial Gainful Activity (SGA) criteria.[19] In addition, 1,275Michigan workers with disabilities had their SSDI benefits withheld because of successful return to work.

Termination of SSDI Benefits (and Reasons)

	2015	**2014**
Number of SSDI Recipients whose SSDI benefits were terminated (Disabled Worker)	30,000	28,299
Michigan Workers with benefits withheld because of SGA level	1,177	1,151
Michigan Workers with benefits terminated because of successful return to work	1,275	1,039

Ticket to Work

In Michigan, a total of 10,014 tickets had been assigned to both Employment Networks (EN) and Vocational Rehabilitation agencies. Of those, 1,100 tickets had been assigned to Employment Network providers, and 8,869 tickets were considered "in use" with the State VR agency as of October 2016.[20]

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[18] Source: Social Security Administration. Annual Statistical Report on the SSDI Program. Retrieved from https://www.ssa.gov/policy/docs/statcomps/di_asr/.

[19] The monthly SGA amount for 2015 was $1,820 for the blind and $1,090 for non-blind individuals. https://www.ssa.gov/oact/cola/sga.html

[20] Source: Social Security Administration. Ticket to Work: Ticket Tracker August 2016. Retrieved from https://www.ssa.gov/work/tickettracker.html

The *Individuals with Disabilities Education Improvement Act of 2004* (IDEA) requires each state to have in place a State Performance Plan (SPP). This plan describes and evaluates the state's efforts to implement the requirements of IDEA Part B.

The Michigan Department of Education (MDE), Office of Special Education (OSE), developed the FFY 2014 (July 1, 2014 - June 30, 2015) State Performance Plan/Annual Performance Report (APR).[21] The 2014 SPP/APR includes annual targets, explains progress or slippage, and discusses improvement activities for 18 indicators identified by the Office of Special Education Programs (OSEP) at the U.S. Department of Education. The SPP/APR reflects statewide summary data from Michigan's local educational agencies (LEAs) and state agency education programs.

Child Count

According to the 2014 SPP/APR, of 38,041 students enrolled in special education, 37.6% were 16 years of age; 33.7% were 17 years of age; 16.2% were 18 years of age; and 5.5% were 19 years of age.

	2013		2014	
	N	%	N	%
16	14,303	37.5%	14,309	37.6%
17	12,865	33.7%	12,800	33.7%
18	6,145	16.1%	6,169	16.2%
19	2,171	5.7%	2,087	5.5%
20	1,458	3.8%	1,454	3.8%
21	1,184	3.1%	1,222	3.2%

The top five diagnostic categories who received special education were: specific learning disabilities (44.6%), cognitive impairment (16.3%), other health impairments (13.4%), and autism (9.8%) and emotional disturbance (8.6%). In addition, 0.4% (n = 135) were reported as having visual impairments.

Special Education Enrollees by Diagnostic Category (2013-4)

	2013		2014	
	N	%	N	%
Autism Spectrum Disorder	3,502	9.1%	3,740	9.8%
Deaf-Blindness	6	0.0%	3	0.0%
Emotional Impairment	3,443	9.0%	3,265	8.6%
Hearing Impairment	480	1.3%	434	1.1%
Severe Multiple Impairment	980	2.6%	938	2.5%

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[21] Michigan Department of Education, Office of Special Education. Michigan Part B Annual Performance Report; FFY 2014. Retrieved from http://www.michigan.gov/mde/0,4615,7-140-6530_6598_31834-355225--,00.html

	2013		**2014**	
	N	%	N	%
Cognitive Impairment	6,406	16.8%	6,195	16.3%
Other Health Impairment	4,760	12.5%	5,102	13.4%
Physical Impairment	389	1.0%	380	1.0%
Specific Learning Disability	17,173	45.0%	16,956	44.6%
Speech & Language Impairment	647	1.7%	698	1.8%
Traumatic Brain Injury	182	0.5%	195	0.5%
Visual Impairment	158	0.4%	135	0.4%

Graduation and Dropout Rates (Indicators #1 & #2)

Based on the 2014 APR, 56.1% of youth with an individualized education program (IEP) graduated from high school with a regular diploma while 7.9% dropped out of high school.

	Percentage of Graduation (Cohort Four-Year Graduation Rate Methodology)	**Percentage of Dropout** (CSPR Event Dropout Rate Methodology)
2012	53.5%	9.4%
2013	53.6%	8.6%
2014	56.1%	7.9%

Secondary Transition (Indicator #13)

For Indicator 13, Michigan's sample of students with an IEP is drawn from the annual Special Education Child Count which is produced from the Fall Student Data Collection. A final eligible sample of 9,824 students with an IEP was obtained from among the population of 38,041 eligible students.

The 2014 SPP/APR reports that 76.78% of youth with an individualized education program (IEP), ages 16 and older, (a) had appropriate and measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment; (b) transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals; and (c) annual IEP goals related to the student's transition services needs.

Secondary Transition (Indicator #13)
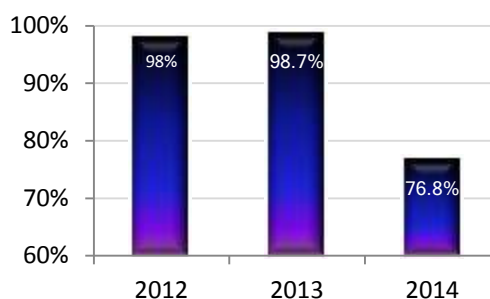
The reason for the observed reduction (from 98% to 76.8%) in FFY 2014 was because Michigan updated the instrument that was used to collect Indicator 13 Secondary Transition data during the 2014-2015 school year. The primary changes consisted of a more rigorous process of listing evidence for the criterion of compliance as well as more direct verification and technical assistance in the reviewing of a student's IEP. The SPP/APR also reported that technical assistance on the new data collection instrument was

provided to transition coordinators and monitors in the reviewing of a student's individualized education program (IEP).

Postsecondary Outcomes (Indicator #14)

The 2014 APR estimated that, of the youth who are no longer in secondary school and had individualized education programs (IEPs) in effect at the time they left school, 34.8% were enrolled in higher education within one year of leaving high school and 65.3% were enrolled in higher education or competitively employed within one year of leaving high school. In sum, it was estimated that 77.1% were either enrolled in higher education or in some other postsecondary education or training program, were competitively employed, or were in some other employment within one year of leaving high school. The 2014 rates virtually mirror those from 2013.

Students with Autism Spectrum Disorders

Since the 2011 CSNA project, youth with Autism Spectrum Disorders (ASD) have been identified as the primary emerging population in Michigan as either currently, or predicted to be, an underserved population. The number of customers with ASD as their primary disability who received and exited vocational rehabilitation services from MRS have been steadily increasing (567 in 2014; 668 in 2015; 761 in 2016). The special education data also support the fact that this population is progressively growing in all age categories as illustrated in the table below. Especially noteworthy is the fact that over 14% of those ages 18-21 years were diagnosed with autism in 2014.

IDEA Part B Data (Child Count): Students with ASD in Michigan[22]

	Age 12 to 17		Age 18 to 21		Age 6 to 21	
	Number	Percent	Number	Percent	Number	Percent
2011-12	6,191	6.8%	1,251	10.5%	14,135	7.5%
2012-13	6,630	7.5%	1,319	11.9%	14,755	7.8%
2013-14	7,159	8.2%	1,439	13.1%	15,370	8.5%
2014-15	7,443	8.7%	1,569	14.3%	15,829	8.9%

In addition, the 2014-2015 IDEA exit data reports that 834 of 4,032 students diagnosed with autism ages 14 to 21 reported exiting school in that same academic year. Of the students exiting, 609 graduated from high school with a diploma, 129 received a certificate of completion, and 90 dropped out of school.[23] The IDEA Section 618 data indicates that many of these students with ASD may have the capacity to complete post-secondary training or secure employment following high school. Furthermore, IDEA Section 618 suggests that adult agencies should be prepared to help these students achieve independent living and employment outcomes with seamless transition services through ongoing collaboration between schools and adult service agencies such as MRS and CIL-Disability Network.

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[22] Source: Department of Education. IDEA Section 618 Date Products. Retrieved from
https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#bccee
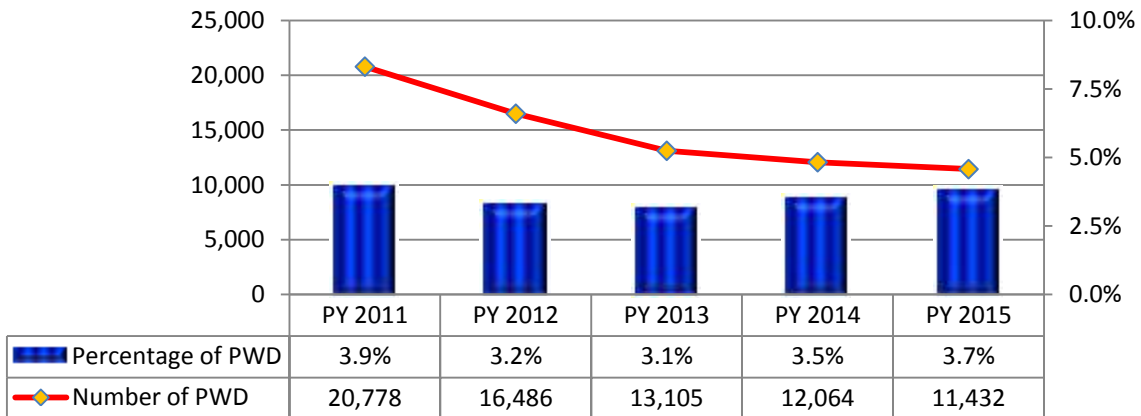[23] ibid

Workforce Development Agency

This section describes the outcome data of the workforce development agency providing employment services to individuals with disabilities who may not be aware of, qualify for, or desire state Vocational Rehabilitation (VR) services which are designed to provide services primarily to individuals with the most significant disabilities. The Workforce Investment Act (WIA)[24] created a new comprehensive workforce investment system that was designed to alter the way employment and training services are delivered.

Employment Services Funded by Wagner-Peyser Act

As part of the One-Stop service delivery system, Wagner-Peyser employment services focuses on providing a variety of employment-related labor exchange services, including job search assistance, job referral, placement assistance for job seekers, re-employment services to unemployment insurance claimants, and recruitment services to employers with job openings (Government Accountability Office, 2007).

The following figure illustrates the number and proportion of job seekers with disabilities who were served by the One-Stop workforce system (Michigan Works!) and whose services were funded by the Wagner-Peyser Act. During Program Year (PY) 2015, 11,432 (3.7% of a total 305,077 job seekers) individuals with disabilities received employment services with funding under the Wagner-Peyser Act.[25] Although a notable decline in the number of people served was observed over the past five-year period, the proportion of consumers with disabilities remained within a range of 3%.

Michigan Wagner-Peyser Data (PY 2011-PY 2015)

	PY 2011	PY 2012	PY 2013	PY 2014	PY 2015
Percentage of PWD	3.9%	3.2%	3.1%	3.5%	3.7%
Number of PWD	20,778	16,486	13,105	12,064	11,432

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[24] The WIA was renamed to Workforce Innovation and Opportunity Act (WIOA) in 2014. However, the 2014 data were still reported based on the WIA requirements.

[25] Source: U.S. Department of Labor. Employment and Training Administration. Wagner-Peyser Act Employment Services. Retrieved from http://www.doleta.gov/performance/results/wagner-peyser_act.cfm.

Employment Services Funded by Workforce Investment Act

The following four tables (Table C-K) illustrate WIA outcomes for Adults, Dislocated Workers, and Youth with Disabilities that exited WIA in PY 2012 to 2014. During PY 2014 (Table C), 116 adults with disabilities obtained a new employment outcome, resulting in an employment rate of 87.9%. The 2014 rate of Earnings Change in Six Months was $14,442 (=$1,516,412/105).

Outcomes for Adults with Disabilities (Table C)

	PY 2012		PY 2013		PY 2014	
	N	%	N	%	N	%
Entered Employment Rate	126	78.3	117	75.0	116	87.9
Employment Retention Rate	206	91.6	146	88.0	129	83.2
Earnings Change in Six Months	$13,648		$12,535		$14,442	
Employment and Credential Rate	93	76.9	73	76.0	76	80.0

The following figure displays the 2014 WIA outcome rates by Special Population groups. Compared to other special groups, a higher proportion of older adults and veterans benefited from the Michigan Works! employment services by either obtaining or retaining employment.[26] Also, more than 80% of consumers with disabilities who received services either entered or retained employment, or received a specific credential in Program Year 2014.

Outcomes for Adults with Disabilities by Special Population

	Public Assistance Recipients	Veterans	PWD	Older
Employment and Credential Rate	81.9	78.9	80	82.3
Employment Retention Rate	87	94.9	83.2	95.3
Entered Employment Rate	86	90.9	87.9	86.2

The following three tables illustrate outcome rates for Dislocated Workers, Older Youth,[27] and Younger Youth[28] with disabilities who received employment services from the Michigan Works! over a three-year period (PY 2012-14).

Outcomes for Dislocated Workers with Disabilities (Table F)

	PY 2012		PY 2013		PY 2014	
	N	%	N	%	N	%
Entered Employment Rate	91	94.8	57	86.4	51	96.2
Employment Retention Rate	113	94.2	73	94.8	64	95.5
Earnings Change in Six Months	$17,134		$13,499		$13,932	
Employment and Credential Rate	49	77.8	35	81.4	34	89.5

Outcomes for Older Youth with Disabilities (Table I)

	PY 2012		PY 2013		PY 2014	
	N	%	N	%	N	%
Entered Employment Rate	83	87.4	55	83.3	67	91.8
Employment Retention Rate	101	92.7	64	95.5	66	94.3
Earnings Change in Six Months	$4,583		$5,628		$6,257	
Employment and Credential Rate	89	80.9	67	81.7	64	79.0

Outcomes for Younger Youth with Disabilities (Table K)

	PY 2012		PY 2013		PY 2014	
	N	%	N	%	N	%
Skill Attainment Rate	1,788	95.0	1,392	97.2	1,647	97.2
Diploma or Equivalent Attainment Rate	354	90.5	296	91.6	296	90.5
Retention Rate	366	86.7	390	86.1	314	89.0

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[27] Older Youth: youth ages 18-21 years
[28] Younger Youth: youth ages 14-17 years

State-Federal Vocational Rehabilitation Services

Michigan Rehabilitation Services (MRS) and Michigan Bureau of Services for Blind Persons (BSBP) are designed to provide an array of vocational rehabilitation services to individuals with disabilities to assist them in obtaining and maintaining a job.

In FY 2015 a total of 6,743 individuals with disabilities achieved a competitive employment outcome and maintained employment for at least 90 days after receiving VR services from MRS (n=6,608) and BSBP (n=135). A competitively employed customer refers to an individual who achieved an employment outcome while earning at least minimum wage ($7.40 per hour before September 1, 2014; $8.15 per hour as of September 1, 2014) in one of the following employment situations: an integrated setting without supports, self-employment, or supported employment in an integrated setting.[29]

In FY 2015, MRS customers with competitive employment worked an average of 31.4 hours per week, earning $12.76 per hour. The average hours worked and hourly wage of BSBP customers with a competitive employment were 32.5 hours and $15.47, respectively, in 2015.

Average Hourly Wage and Hours Worked in a Week at Closure of the Competitively Employed Customers from MRS and BSBP (FY 2011 - FY 2015)

	MRS			BSBP		
	N	Mean Hourly Wage	Mean Hours Worked in a Week	**N**	Mean Hourly Wage	Mean Hours Worked in a Week
FY 2011	7,630	$13.00	32.4	138	$14.59	33.2
FY 2012	7,566	$13.19	32.3	145	$15.32	29.4
FY 2013	6,627	$12.05	31.4	149	$14.71	32.2
FY 2014	6,429	$12.22	31.3	114	$16.76	31.4
FY 2015	6,608	$12.76	31.4	135	$15.47	32.5

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[29] Source: U.S. Department of Education. Office of Special Education and Rehabilitative Services. Rehabilitation Services Administration. RSA-911 Data.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER II

EXTANT DATA ANALYSES
(RSA-911 & RSA-704 DATA)

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EXTANT DATA ANALYSIS (RSA-911 & RSA-704 DATA)

The Rehabilitation Act of 1973, as recently amended under the Workforce Innovation and Opportunity Act, calls for Comprehensive Statewide Needs Assessment (CSNA) to identify the overall need for the state rehabilitation services. The Act specifically focuses on several vocational rehabilitation (VR) subpopulations and services: individuals with most significant disabilities, including those in need of supported employment; unserved and underserved individuals, including minorities; individuals served by other parts of the statewide workforce investment employment system; and establishment, development or improvement of community rehabilitation programs (Section §101 (a)(15)).

In order to determine if there are any subpopulations of Michigan residents with disabilities that are unserved or underserved by Michigan Rehabilitation Services (MRS) or Bureau of Services for Blind Persons (BSBP), the RSA-911 data for fiscal years 2013, 2014 and 2015 from each agency were analyzed. In addition to reporting the demographic characteristics of the customers served by each agency, the relationship of individual characteristics with VR process and outcomes is provided.

As one of the critical resources for individuals with disabilities, the Center for Independent Living (CIL) is a consumer-controlled, community-based, cross-disability, and nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services. This section also presents consumer profiles, services available in CILs (currently, most centers are named as Disability Network in Michigan) and their independent living outcomes using the 2015 and 2016 RSA-704 Annual Performance Reports provided by Michigan Statewide Independent Living Council (MI-SILC).

MICHIGAN REHABILITATION SERVICES (MRS)

MRS Customers at a Glance

Each year, over 17,000 individuals with disabilities exit MRS either with or without a successful employment outcome. According to the table on the next page, 57.2% of MRS customers who exited MRS during FY 2015 were male. Less than two thirds (62.6%) were White with no Hispanic Origin and 31.7% were African American. Regarding ethnicity, 2.8% reported being Hispanic/Latino. More than one-third of MRS customers were either transition youth or young adults,[1] and 2.8% were over 65 years of age at application.

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[1] **Transition Youth**: Individuals who, at time of application, are between the ages of 14 and 25 and enrolled in the K-12 education system. **Young Adult**: Individuals who are not enrolled in the K-12 education system (ages 14-25).

Individual Characteristics of MRS Customers Closed in FY 2013, 2014 & 2015

		2013 (N=19,728)		2014 (N=17,633)		2015 (N=17,553)	
		N	%	N	%	N	%
Gender	Missing	-	-	1	0.00%	-	-
	Male	11,439	58.0%	10,126	57.4%	10,048	57.2%
	Female	8,289	42.0%	7,506	42.6%	7,505	42.8%
Race/ Ethnicity	Missing	-	-	15	0.10%	115	0.70%
	White, no Hispanic Origin	12,437	63.0%	11,012	62.5%	10,994	62.6%
	Black or African American	6,193	31.4%	5,623	31.9%	5,571	31.7%
	Native American	119	0.6%	138	0.8%	131	0.7%
	Asian American	134	0.7%	103	0.6%	125	0.7%
	Other Pacific Islander	14	0.1%	15	0.1%	12	0.1%
	Hispanic or Latino	478	2.4%	429	2.4%	428	2.4%
	Multiracial	353	1.8%	312	1.8%	280	1.6%
Age	Transition Youth	4,349	22.0%	3,918	22.2%	3,889	22.2%
	Young Adult	2,628	13.3%	2,393	13.6%	2,323	13.2%
	26-64 years	12,312	62.4%	10,824	61.4%	10,742	61.2%
	>= 65 years	439	2.2%	483	2.7%	484	2.8%
Sig. Disability	Missing	2,181	11.1%	2,261	12.8%	2,367	13.5%
	No Significant Disability	1,134	5.7%	1,427	8.1%	1,417	8.1%
	Significant Disability	3,945	20.0%	3,724	21.1%	3,768	21.5%
	Most Significant Disability	12,468	63.2%	10,221	58.0%	10,001	57.0%
Type of Disability	No Impairment	446	2.3%	541	3.1%	665	3.8%
	Blindness/Visual Impairments	156	0.8%	129	0.7%	116	0.7%
	Deafness/Hearing Impairments including Deaf/Blindness	2,327	11.8%	2,231	12.7%	2,247	12.8%
	Physical Impairments-Orthopedic/Neurological	880	4.5%	751	4.3%	675	3.8%
	Other Physical Impairments	3,171	16.1%	2,782	15.8%	2,803	16.0%
	LD	3,577	18.1%	2,943	16.7%	2,783	15.9%
	ADHD	668	3.4%	614	3.5%	562	3.2%
	Intellectual Disability	887	4.5%	882	5.0%	975	5.6%
	Autism	552	2.8%	561	3.2%	658	3.7%
	Mental Illness	4,895	24.8%	4,396	24.9%	4,373	24.9%
	Substance Abuse	1,291	6.5%	956	5.4%	914	5.2%
	TBI	176	0.9%	202	1.1%	155	0.9%
	Communicative/All Other Mental Impairments	702	3.6%	645	3.7%	627	3.6%
Highest Level of Ed at Application	Less than 12 years of Ed	4,932	25.0%	4,772	27.1%	4,930	28.1%
	Spec Ed Completers or Students	1,558	7.9%	999	5.7%	734	4.2%
	High School Diploma	8,933	45.3%	7,974	45.2%	7,773	44.3%
	Some college and more	4,305	21.8%	3,887	22.0%	4,116	23.4%
Work Status at Application	Missing	-	-	1	0.0%	6	0.0%
	Working without Support	3,136	15.9%	3,051	17.3%	3,227	18.4%
	Working-Others	649	3.3%	598	3.4%	585	3.3%
	Not working	15,943	80.8%	13,983	79.3%	13,735	78.2%
SSI/DI	SSI/DI	4,866	24.7%	4,351	24.7%	4,534	25.8%

When the percentage of African Americans served by MRS in 2015 (31.7%) is compared to the 2015 American Community Survey (ACS)[2], which estimates 17.5% African American in Michigan, this population is not considered underserved. As for Hispanic/Latino as an ethnicity group, 2.4% of MRS customers in 2015 were Hispanic/Latino, consistent with the 2013 and 2014 rates. Compared to the 2015 ACS report with 3.4% Hispanic/Latino in MI, this ethnic group appears to be underserved.

The Asian/Pacific Islander rate of 2015 MRS customers (0.8%) is slightly lower than the population estimate of the 2015 ACS report (1.2%). It is noteworthy that the self-reported disability prevalence rate (5.7%) for Asian/Asian Americans was lowest among all the racial/ethnic groups (e.g., 14.1% of White; 18.4% of Black/African American). There is a strong possibility that cultural attitudes toward disability may attribute to an artificially low disability prevalence rate for Asian/Asian Americans.

In FY 2015, approximately a quarter of MRS customers had some type of mental illness, 15.9% had learning disabilities and 13.5% had visual and/or hearing impairments. With regard to the highest level of education at application, 44.3% reported having a high school diploma, 28.1% had less than 12 years of education and 23.4% had at least some post-secondary education. Slightly over 4% of MRS customers reported that they were currently or previously a special education student. About 78.2% reported being unemployed at application, and 25.8% were receiving cash benefits from SSA at the time of application.

VR Process and Outcomes

The state-federal VR program is designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices, so that such individuals may prepare for and engage in gainful employment (Section §100 (a)(2)(B)).

How to read Figure 1:

In FY 2015, of a total of 17,553 customers who exited MRS, 14,639 (83.4%) were determined eligible; in other words, 2,914 (16.6%) applicants exited before or without being determined eligible.

Of the eligible customers (n=14,639), 78.4% developed an IPE; the remaining 3,157 customers were determined eligible but exited MRS without an IPE.

In the same way, 57.9% (n=6,653) of customers with an IPE (n=11,482) achieved a successful employment outcome.

Vocational Rehabilitation is an eligibility-based program where the VR counselor determines individual eligibility based on both the diagnosis/documentation of a disability and the initial interview. Once they are determined eligible, the customers, with assistance from the VR counselor develops an Individualized Plan for Employment (IPE) which serves as a roadmap for VR services. A case is considered successful when a customer completes the services outlined in the IPE and secures (or retains) employment for 90 days.

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[2] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table S1810; http://factfinder.census.gov.

As illustrated in Figure 1, each VR process is a milestone toward a successful employment outcome. Looking at the trends over the past three years (FY 2013 - 2015), the closure rates with either eligibility or IPE were more stable while the employment rate has been progressively increasing.

Figure 1: VR Process and Outcomes

	All Closed Customer Cases	Determined Eligible	Completed an IPE	Achieved Employment

	Exited without Eligibility	Exited without an IPE	Exited without Employment

FY 2013	N=19,728	n=16,654 (84.4%)	n=12,957 (77.8%)	n=6,681 (51.6%)
		n=3,074 (15.6%)	n=3,697 (22.2%)	n=6,276 (48.4%)

FY 2014	N=17,633	n=14,700 (83.4%)	n=11,819 (80.4%)	n=6,618 (56.0%)
		n=2,933 (16.6%)	n=2,881 (19.6%)	n=5,201 (44.0%)

FY 2015	N=17,553	n=14,639 (83.4%)	n=11,482 (78.4%)	n=6,653 (57.9%)
		n=2,914 (16.6%)	n=3,157 (21.6%)	n=4,829 (42.1%)
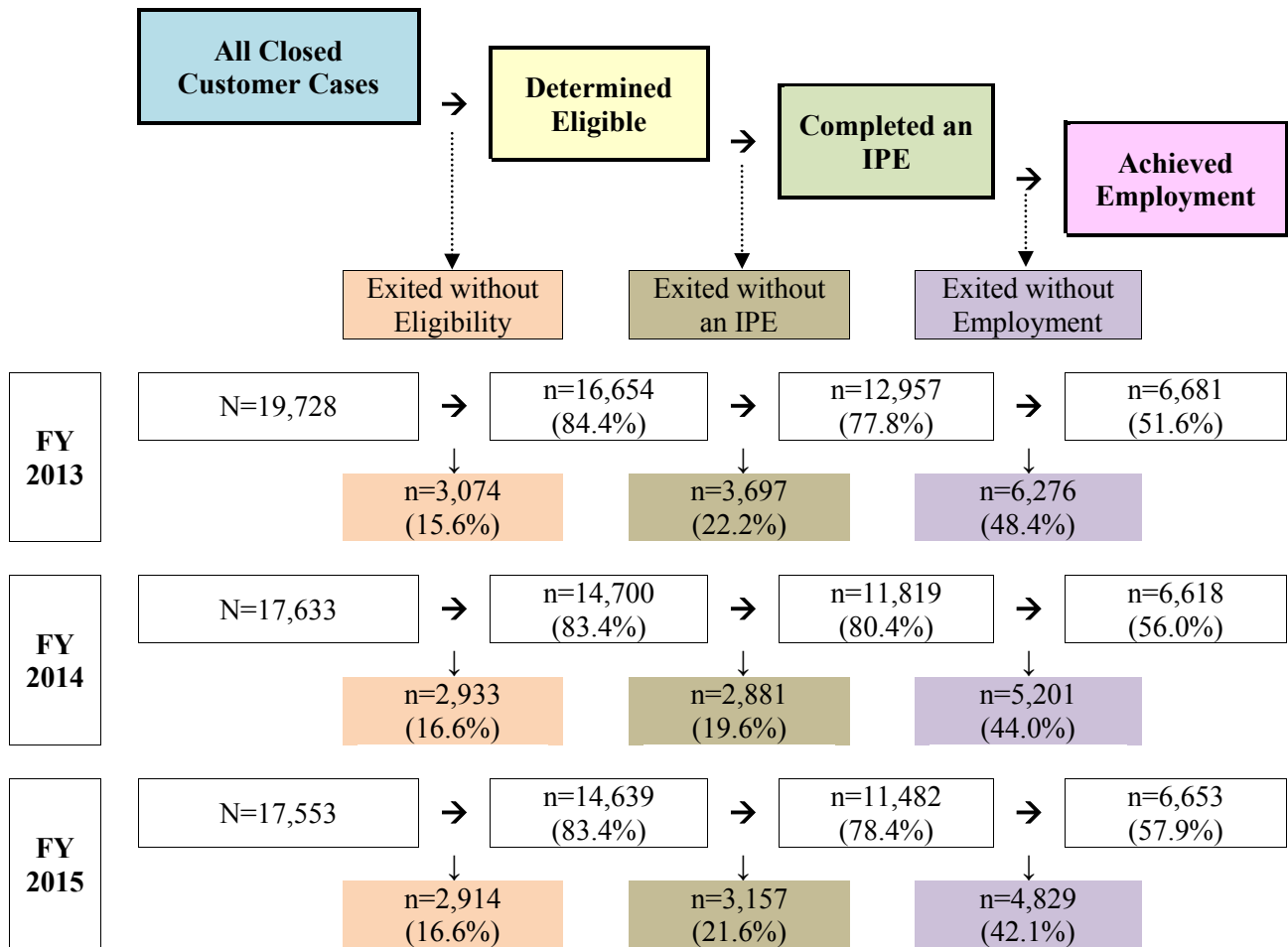
Factors Related to VR Process and VR Outcomes

By examing the proportion of MRS customers reaching each of the three VR milestones, information about potential associations between MRS customer characteristics and VR milestones can be investigated. For example, 86.5% of 10,994 White customers were determined eligible for MRS; of those eligible customers, 80.6% developed an IPE, and of those customers who developed an IPE, 60.2% achieved an employment outcome. With regard to African American customers, the second largest racial group, all three process/outcome rates were significantly lower than those of White customers (77.7%, 73.8% and 53.7%, respectively).

MRS Customer Characteristics and VR Outcomes (FY 2015)

|		N (17,553)	Eligibility (83.4%)	IPE (78.4%)	Employ- ment (57.9%)
Gender	Male	10,048	82.8%	78.3%	58.5%
	Female	7,505	84.2%	78.6%	57.1%
Race/ Ethnicity	Missing	12	0.0%	-	-
	White, no Hispanic Origin	10,994	86.5%	80.6%	60.2%
	African American	5,571	77.7%	73.8%	53.7%
	Native American	131	87.0%	61.4%	51.4%
	Asian American	125	89.6%	87.5%	59.2%
	Other Pacific Islander	12	75.0%	55.6%	60.0%
	Hispanic or Latino	428	80.4%	79.1%	49.6%
	Multiracial	280	80.7%	78.8%	51.1%
Age	Transition Youth	3,889	90.5%	84.5%	45.1%
	Young Adult	2,323	84.9%	77.5%	54.7%
	26-64	10,742	80.6%	75.6%	62.5%
	>=65	484	91.5%	88.7%	90.1%
Type of Primary Disability	No Impairment	665	0.0%	-	-
	Blindness/Visual Impairments	116	87.0%	85.1%	61.6%
	Deafness/Hearing, incl. Deaf/Blindness	2,247	95.5%	93.5%	89.4%
	Physical: Orthopedic/Neurological	675	85.2%	75.3%	49.9%
	Other Physical Impairments	2,803	80.1%	73.1%	54.1%
	LD	2,783	91.4%	84.4%	50.6%
	ADHD	562	90.2%	83.2%	51.2%
	Intellectual Disability	975	92.1%	80.0%	56.3%
	Autism	658	92.9%	83.5%	53.1%
	Mental Illness	4,373	82.6%	68.1%	45.9%
	Substance Abuse	914	77.1%	68.1%	56.9%
	TBI	155	81.9%	72.4%	46.7%
	Communicative/All Other Mental	627	90.0%	80.9%	57.7%
Signi- ficant Disability	Not Significant	1,417	98.5%	89.9%	83.3%
	Significant Disability	3,768	97.5%	80.3%	62.1%
	Most Significant Disability	10,001	95.7%	76.0%	51.9%
Level of Ed at App	Less than 12 years of Ed	4,930	84.9%	80.2%	45.6%
	Spec Ed Completers or Students	734	90.7%	83.8%	55.4%
	High School Diploma	7,773	81.0%	75.7%	60.8%
	Some college and more	4,116	84.9%	80.3%	68.4%
Work Status at App	Working w/o supports	3,227	90.9%	89.9%	83.5%
	Working – Others	585	89.2%	87.4%	80.7%
	Not working	13,735	81.4%	75.0%	48.7%
SSI/DI	No SSI/DI	13,019	82.4%	81.8%	61.4%
	SSI/DI	4,534	86.4%	69.1%	46.7%

More detailed associations between customer characteristics and VR process and outcomes were investigated using the FY 2015 data and are discussed as follows.

Gender

Historically, more men apply for MRS services than women. However, women are slightly more likely to proceed through the process, from eligibility to employment, than men. A series of Chi-square test results[3] indicated that female customers were more likely to be determined eligible, compared to male customers.

Race/Ethnicity

As indicated in the following figure, relatively small variation among racial/ethnic groups was observed in the employment stage, compared to eligibility determination and plan development stages. White and Asian customers were more likely to achieve an employment outcome than other racial and ethnic groups. It is also observed that a lower proportion of African American customers reached all three milestones of the VR process.
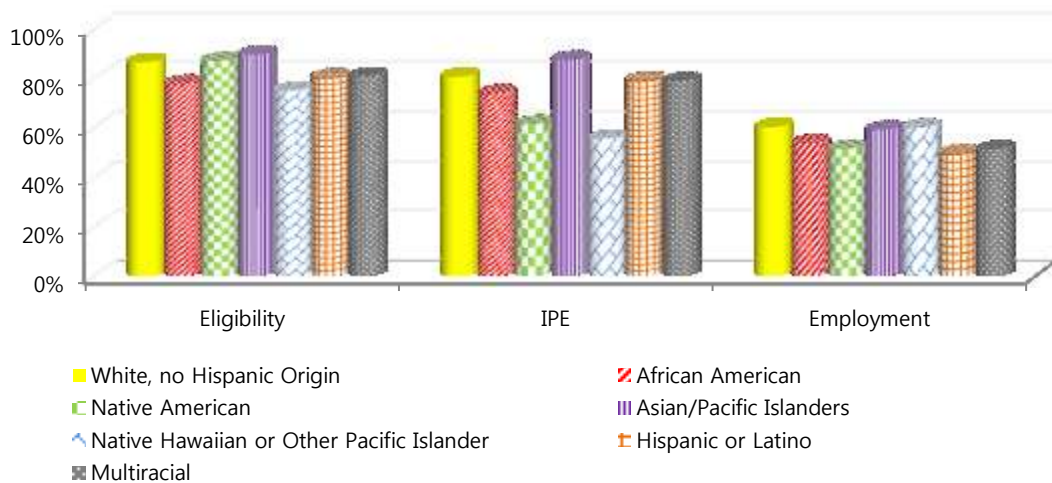
Age at Application

All process and outcome rates for older customers (i.e., ages 65 and older) exceeded those of transition youth and working age customers (ages 26-64) in MRS. Although transition youth were a little more likely to be determined eligible for MRS services than young adults or working age adults, they were much less likely to achieve successful employment outcomes than these two comparison groups.

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[3]Eligibility rate: $\chi^2(1) = 5.836$, p = .02; IPE rate: $\chi^2 (1) = 0.182$, no sig; Employment rate: $\chi^2 (1) = 2.265$, no sig.
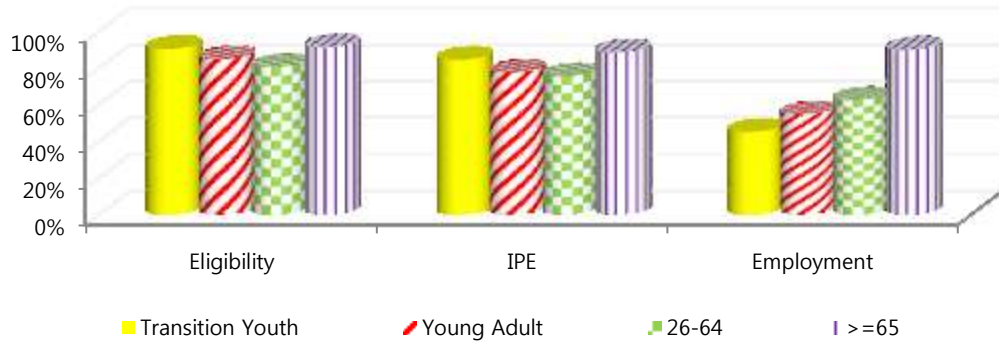
Type of Primary Disabilities

All process and outcome rates for customers with hearing or visual impairments exceeded those with other disabilities. Customers with other disability types showed a more complex relationship to VR processes and outcomes. While a relatively lower rate in plan development and employment was observed in the mental illness group, those with LD, ASD, or ADHD (mostly transition youth or young adults) were more likely to go through VR process but less likely to achieve an employment outcome. This observation indicates that there is a complicated relationship between types of disabilities and VR outcomes, and further, the disability type is not the only indicator related to VR process/outcomes.

When looking at the data using a bigger disability category displayed in the figure below, a lower proportion of customers with chronic/medical disabilities (e.g., cancer, diabetes) exited MRS with eligibility determination or IPE. Having orthopedic/neurological disabilities and mental illness was associated with a low employment outcome rate, according to the FY 2015 data.
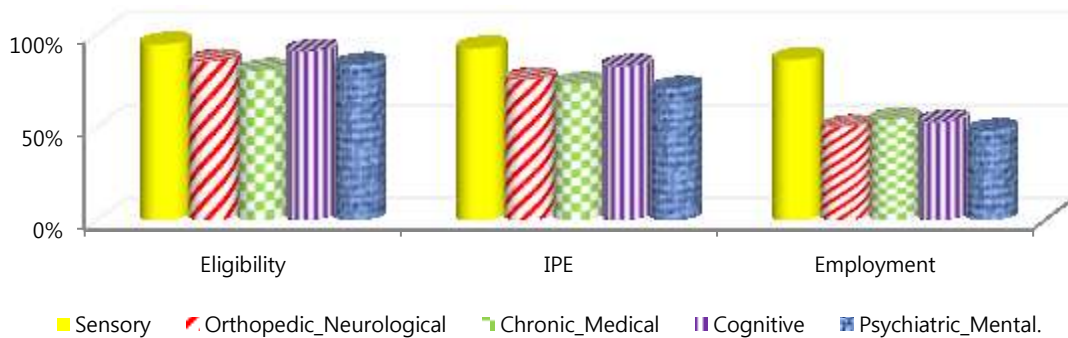
Significant Disability

Note that the level of significance of disability is reported at the time of eligibility determination for services. In 2015, of the 14,639 customers who were determined eligible for services, 90.5% had most significant or significant disabilities. Customers without a significant disability were more likely to develop a plan and close with an employment outcome than those with a most significant or significant disability.
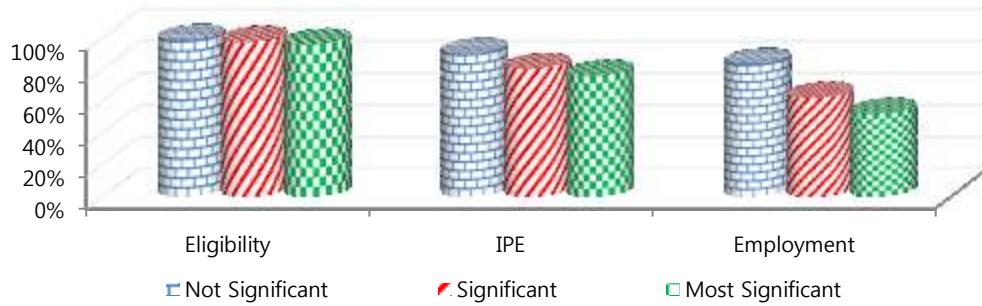
Level of Education at Application

Levels of education at application were positively correlated with employment outcomes. Customers with a certificate of completion or special education students were more likely to be determined eligible for services, however, the employment rate was significantly lower than those with a high school diploma or college education.
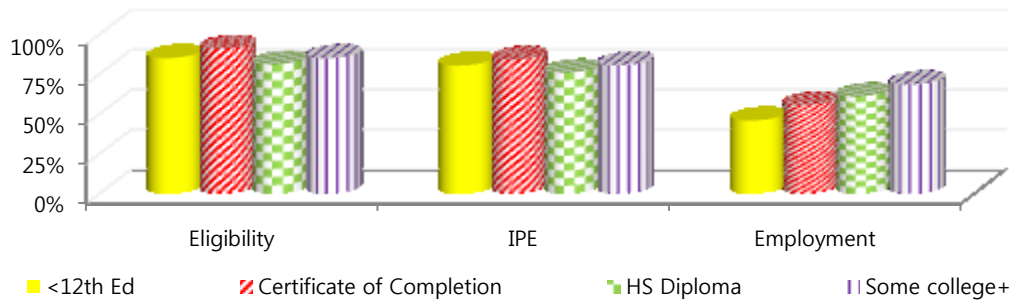
Social Security Beneficiaries and Work Status at Application

As expected, SSI/DI beneficiaries were more likely to be determined eligible but less likely to complete IPE development and achieve employment than those not receiving any type of Social Security benefits. One's working status at application was related to eligibility, IPE, and employment outcomes.
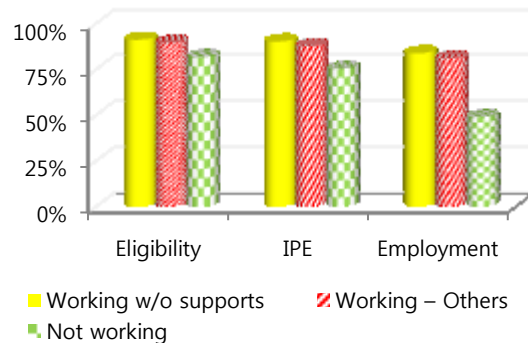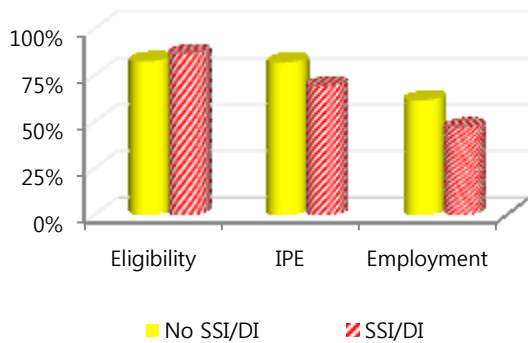
Summary

As the results show above, African American customers and customers with substance abuse were more likely to exit MRS before eligibility determination. Customers with mental illness, those who had SSI/DI, and Hispanics were less likely to achieve an employment outcome. In addition, customers having a lower level of education (without high school diploma or equivalency) and those without a job at application were also more likely to exit without an employment outcome. And, employment outcomes were positively related to age, with the transition-aged group having the lowest outcome rate.

Further Investigation for Special Populations

Transition Youth

As stipulated in WIOA and newly modified RSA-911 data, MRS currently classifies younger customers (ages 14 to 25) into two groups consisting of students with disabilities and youth with disabilities, based on their secondary school enrollment status. However, it should be noted that this section of the report employed the previous definition for transition youth (TY) and young adults (YA) as the 2013 data did not have a variable for secondary school enrollment status.

In 2015, of 3,889 TY customers, 65.7% reported having cognitive disabilities and 20% having mental illness. Of those youth, 11.0% obtained a certificate of completion at the time of application, and the remainder had less than a high school diploma. As seen above, 90.5% of TY customers were determined eligible for MRS, and 84.5% of eligible TY established an IPE. However, a very low proportion of those with an IPE (45.1%) achieved their employment goal at closure. For reference, the adjusted employment rates for YA and working age customers (ages 26-64) were 54.7% and 62.5%, respectively.

Relationships between individual characteristics and VR outcomes for transition youth on IPE development were consistent with that reported for the general population above. For employment outcomes, however, male TY and YA customers were more likely to have a successful employment outcome than the female counterparts.
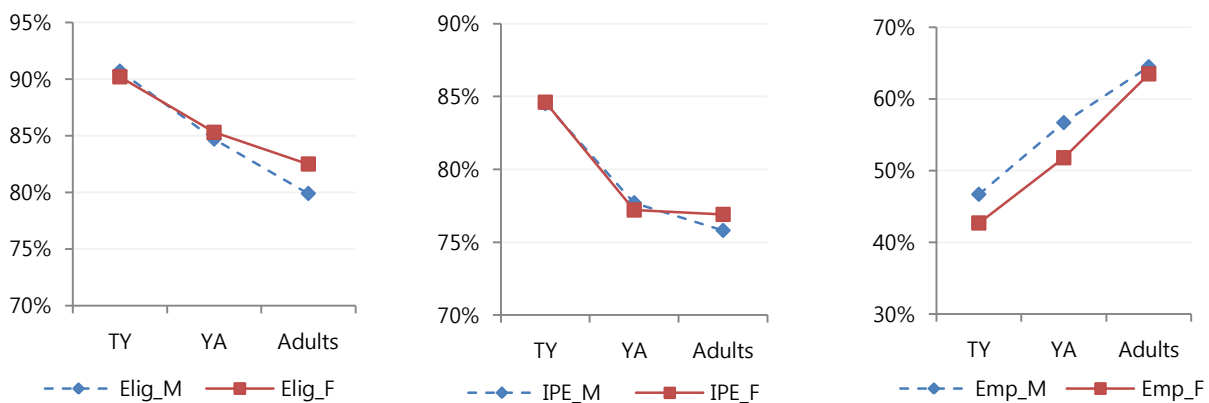
Mental Illness

Of 17,553 customers who exited MRS in FY 2015, 6,112 (34.8%) reported having mental illness as their primary or secondary disability. Compared to MRS customers with other types of disabilities, a higher proportion of customers with mental illness were Black or African American. Most of the customers (90.0%) with mental illness disability were not working at application, and over half of the customers (51.9%) had a level of education of high school diploma.

Compared to other disability groups, a higher proportion of customers with mental illness reported being unemployed at application and having high school diploma or equivalency. As observed earlier, the eligibility (82.6%), plan (68.1%) and the adjusted rehab rates (45.9%) of this group were lower compared to those of other disability groups.

Autism Spectrum Disorder (ASD)

Of the 2015 closures, 750 customers reported having primary or secondary impairments caused by autism spectrum disorder. Most of these customers were either TY (49.4%) or YA (32.8%), male (82.9%), White (86.0%) and unemployed at application (88.1%). More than one-third (41.3%) reported having less than 12 years of education, and 13.2% were either special education certificate completers or students at the time of application. Overall, 92.9% were determined eligible for services, 84.2% of those who were determined eligible established their own IPE, and of those who established an IPE 53.1% obtained employment. When age is controlled, VR process and outcomes of customers with ASD were comparable to other disability groups, and even somewhat higher than the overall average rates.

Customers who are 65 Years and Older

Over 2% of MRS customers (2.4%; n=484) were identified as being 65 years and older. A high proportion of this group was White (82.6%) and had a sensory disability identified as Deafness/Hearing Impairments (68.6%). Slightly less than three-quarters of the customers (73.7%) reported working at application. In terms of the highest level of education, 41.3% had high school diploma or equivalency, and 51.4% received postsecondary education. Most of the customers (91.5%) in this group were determined eligible, and the adjusted rehab rate was 90.1%. The majority of customers in this group with a sensory disability (95.7%) achieved an employment outcome after an IPE was developed and services were initiated, whereas 70.5% of those with other type of disabilities were successfully closed.

Supported Employment Customers

Receiving supported employment services through MRS indicates that the customer was determined eligible and that an IPE was developed and included supported employment services. Thus, looking at rates of eligibility and IPE development is meaningless.

In FY 2015, 722 customers specified on their IPE an employment outcome/vocational goal in a supported employment setting. The majority of these customers had either mental illness (32.4%)

or intellectual disabilities (28.8%) as the primary disability. An additional 10.5% of these customers were reported as having autism as their primary disability, and the remaining 28.3% had a wide array of other disabilities. The majority (57.6%; n = 416) of the customers who received supported employment services exited MRS with an employment outcome. The adjusted rehab rate of the group of customers without a supported employment plan (57.9%) was comparable.

Customers whose IPE identified a supported employment goal were more likely to receive job placement (61.2%), on the job supports (38.4%), maintenance (34.2%), and VR counseling and guidance (29.8%) services. Further, 79.4% of supported employment customers with on-the-job supports, 73.0% with diagnosis/treatment, 69.5% with maintenance, and 64.0% with job placement services achieved successful VR outcomes. In relation to the primary disabilities of customers with a supported employment goal, 53.9% of the customers with autism, 54.7% of the customers with mental illness, 49.2% of the customers with learning disabilities, and 68.3% of the customers with intellectual disabilities achieved an employment outcome.

Most of the 416 customers (94.7%) who had a supported employment goal on their IPE and achieved an employment outcome were working in an integrated setting with supports, and 356 (85.6%) of them were competitively employed in terms of their wage. The top three occupations that supported employment customers had at the time of closure were building and grounds cleaning and maintenance (34.4%), food preparation and serving related (21.6%) and production (15.6%) occupations.

Veterans

In FY 2015, 833 (4.7%) of the 17,533 MRS customers who exited were identified as veterans. Most of the veterans (84.5%) were males, either Black (40.0%) or White (56.2%) and in the age range of 26-64 years (84.5%). A high proportion (30.1%) reported having mental illness as their primary disability, followed by other physical impairments (23.8%) and deafness/hearing impairments (16.7%). Over half (55.9%) reported having attained a high school diploma or equivalency at the time of application. Most (72.9%) were unemployed at the time of application. However, 21.2% of the group who were employed were working in integrated settings without supports. Most of the veterans (79.8%) were determined eligible for services. Three-quarters (74.9%) of those eligible for MRS services developed their plan, and more than two-thirds (68.7%) of those who received services based on their IPE achieved an employment outcome.

Type of Disabilities Using Primary Disability Cause

In order to further investigate the associations between types of disabilities and VR outcomes, the following table shows rates of VR processes and outcomes broken down by primary cause of impairment. Results indicated that customers with mental illnesses (e.g., Schizophrenia) or developmental disabilities (e.g., LD, ADHD) were less likely to achieve a successful VR outcome compared to other groups.

Primary Disability Cause and Employment Outcomes

	N (17,553)	Eligibility (83.4%)	IPE (78.4%)	Employment (57.9%)
Cause Unknown/Missing	665	83.4%	78.6%	71.8%
Accident Injury other than TBI SCI	1,015	80.0%	72.4%	60.8%
Alcohol Abuse or Dependence	335	91.7%	70.9%	66.7%
Amputations	60	82.2%	71.5%	52.6%
Anxiety Disorders	456	81.6%	77.5%	45.8%
Arthritis and Rheumatism	245	75.4%	79.6%	51.3%
Asthma and Other Allergies	65	89.6%	82.3%	48.9%
Attention Deficit Hyperactivity Disorder	713	93.0%	84.1%	52.9%
Autism	668	79.3%	84.8%	74.4%
Blood Disorders	58	87.3%	81.8%	51.1%
Cancer	63	85.5%	83.6%	72.1%
Cardiac and other Circulatory	256	90.4%	77.3%	48.6%
Cerebral Palsy	156	93.2%	87.0%	70.5%
Congenital Condition or Birth Injury	1,199	100.0%	60.0%	33.3%
Cystic Fibrosis	5	82.2%	68.0%	44.5%
Depressive and other Mood Disorders	2,378	77.0%	78.6%	51.2%
Diabetes Mellitus	200	81.3%	53.8%	71.4%
Digestive	16	75.4%	72.4%	54.6%
Drug Abuse or Dependence other than alcohol	597	100.0%	85.7%	50.0%
Eating Disorders	7	83.3%	56.7%	17.6%
End-Stage Renal Other Genitourinary	36	82.1%	79.2%	40.0%
Epilepsy	123	81.4%	72.9%	80.0%
HIV and AIDS	59	86.7%	69.2%	55.6%
Immune Deficiencies excluding HIV AIDS	15	81.6%	69.3%	45.1%
Mental Illness not listed elsewhere	934	92.1%	80.2%	56.2%
Intellectual Disabilities	978	82.7%	61.2%	41.5%
Multiple Sclerosis	81	94.3%	84.8%	42.9%
Muscular Dystrophy	35	72.2%	76.9%	50.0%
Parkinson's Disease and other Neurological Disorders	18	88.2%	61.9%	47.0%
Personality Disorders	152	88.5%	85.2%	79.6%
Physical Disorders Conditions not listed elsewhere	2,295	100.0%	60.0%	50.0%
Polio	10	81.4%	58.3%	57.1%
Respiratory Disorders other than Cystic Fibrosis or Asthma	59	84.5%	65.0%	47.9%
Schizophrenia and other Psychotic Disorders	483	91.5%	84.6%	50.5%
Specific Learning Disabilities	2,791	85.2%	80.8%	52.4%
Spinal Cord Injury	61	82.0%	71.4%	56.9%
Stroke	111	81.9%	72.4%	46.7%
Traumatic Brain Injury	155	83.4%	78.6%	71.8%

BUREAU OF SERVICES FOR BLIND PERSONS (BSBP)

BSBP Customers at a Glance

Over 400 customers exited BSBP regardless of their type of closure. As shown in the table below, over the past three years (2013-2015), the proportion of male and female customers has remained steady. Approximately two-thirds of BSBP customers were White with no Hispanic Origin and 27% were African American. Approximately one-quarter of the BSBP customers were transition youth, younger than 26 years old at application. As expected, most of the BSBP customers reported having blindness or other visual impairments. With regard to the highest level of education at application, about 30% of the customers reported having a high school diploma or equivalency and 38.4% receiving post-secondary education. The majority of the customers reported not working at application. More than half of the customers were receiving SSA cash benefits at application. Compared to MRS customers, BSBP customers were more likely to have a higher level of education at application and more likely to receive Social Security benefits.

Demographic Information of BSBP Customers Closed in FY 2013, 2014 & 2015

		2013 (N=561)		2014 (N=563)		2015 (N=616)	
Gender	Missing	2	0.4%	1	0.2%	2	0.3
	Male	302	53.8%	293	52.0%	322	52.3%
	Female	257	45.8%	269	47.8%	292	47.4%
Race/ Ethnicity	White, no Hispanic Origin	350	62.4%	344	61.1%	351	57.0%
	African American	174	31.0%	175	31.1%	218	35.4%
	Other Minorities	37	6.6%	44	7.8%	47	7.6%
Age	Missing	-	-	-	-	1	0.0%
	<= 25	131	23.4%	144	25.6%	144	23.4%
	26-64	412	73.4%	407	72.3%	448	72.7%
	>= 65	18	3.2%	12	2.1%	23	3.7%
Type of Primary Impairment	Missing/No Impairments	54	9.6%	50	8.9%	40	6.5%
	Blindness	471	84.0%	458	81.3%	513	83.3%
	Other Visual Impairments	27	4.8%	44	7.8%	46	7.5%
	Deaf-Blindness	7	1.2%	7	1.2%	15	2.4%
	All Other Impairments	2	0.4%	4	0.7%	2	0.2%
Significant Disability	Missing	90	16.0%	88	15.6%	102	16.6%
	Not Significant	17	3.0%	15	2.7%	3	0.5%
	Significant Disability	454	80.9%	460	81.7%	511	83.0%
Highest Level of Ed at Application	Missing	60	10.7%	51	9.1%	65	10.6%
	Less than 12 years of Ed	112	20.0%	83	14.7%	95	15.4%
	Spec Ed	10	1.8%	71	12.6%	67	10.9%
	High School Diploma	180	32.1%	159	28.2%	180	29.2%
	Some College or More	199	35.5%	199	35.3%	209	33.9%
Work Status at Application	Missing	77	13.7%	67	11.9%	25	4.1%
	Working without Support	72	12.8%	59	10.5%	79	12.8%
	Working-Others	24	4.3%	26	4.6%	34	5.5%
	Not working	388	69.2%	411	73.0%	294	71.5%

Demographic Information of BSBP Customers Closed in FY 2013, 2014 & 2015 (Cont'd)

		2013 (N=561)		2014 (N=563)		2015 (N=616)	
SSI/DI	Missing	140	25.0%	-	-	57	9.3%
	No SSI/DI	148	26.4%	249	44.2%	213	34.6%
	SSI/DI	273	48.7%	314	55.8%	346	56.2%

VR Process and Outcomes

As illustrated below, of the 616 customers who exited BSBP in FY 2015, 505 (82.0%) were determined eligible for services. Of the eligible customers, 84.4% developed an IPE. Over 40% of the customers who established their employment plan (42.7%, n=182) achieved a successful employment outcome. The following figure presents the flow of VR process and outcomes of BSBP customers closed between FY 2013 and FY 2015. Looking at the trends over the past three years, rates of employment have fluctuated, and the IPE rate has slightly declined while the eligibility rate has slightly increased.

VR Process and Outcomes
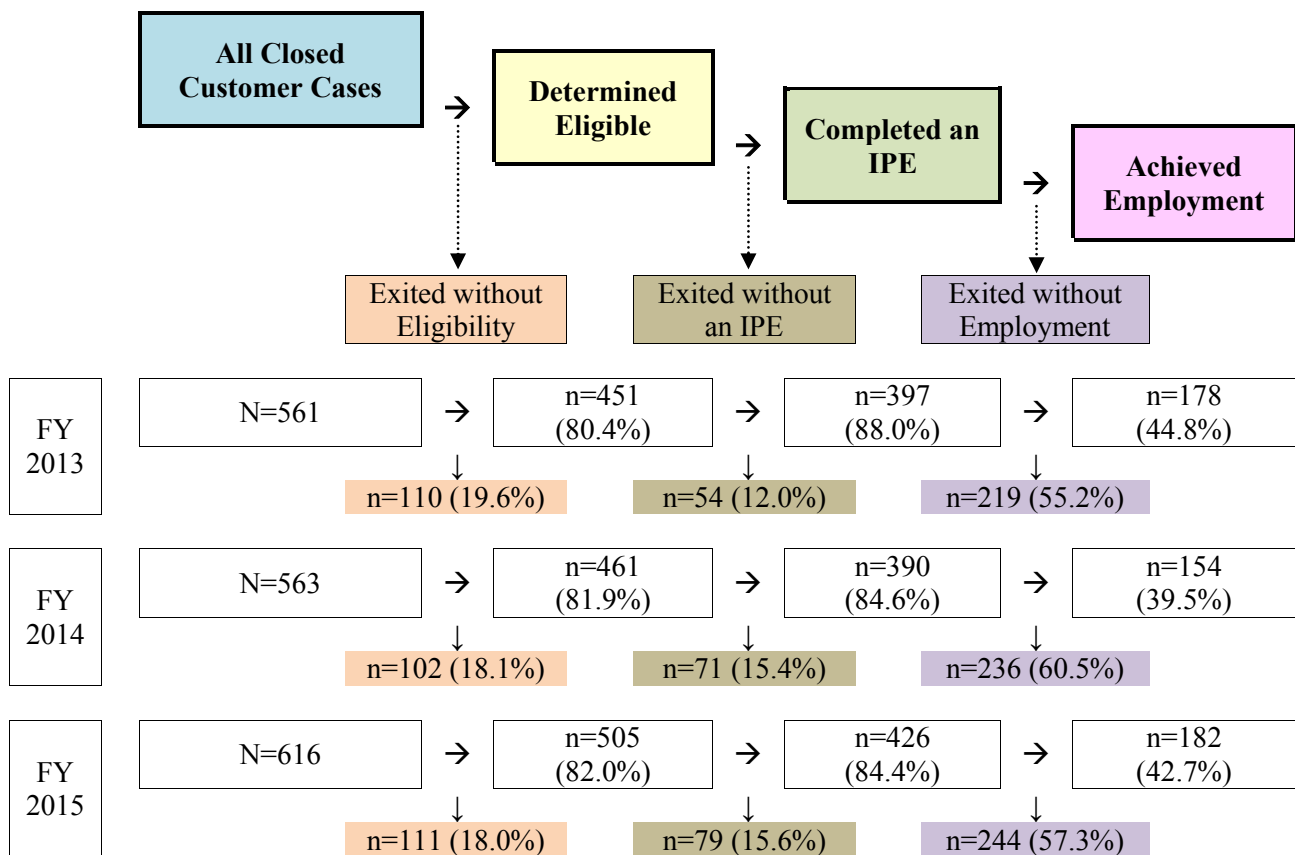
Factors Related to VR Process and VR Outcomes

The next table displays proportions of BSBP customers who reached each of the three VR milestones or outcomes from which possible associations between BSBP customer characteristics and outcomes were investigated. As illustrated, 82.6% of 351 White (with no Hispanic origin) customers were determined eligible for BSBP services, and of those eligible customers, 88.3% developed an IPE. Among White customers with an IPE, 50.4% achieved an employment outcome.

With regard to African American customers, the second largest racial group, their IPE and employment rates (79.7% and 30.3%, respectively) were significantly lower than those of White customers. More detailed information of each variable is discussed below.

BSBP Customer Characteristics and VR Outcomes (FY 2015)

|		N (616)	Eligibility (82.0%)	IPE (84.4%)	Employment (42.7%)
Gender	Missing	2	-	-	-
	Male	322	84.5%	82.4%	39.7%
	Female	292	79.8%	86.7%	46.0%
Race/ Ethnicity	White, no Hispanic Origin	351	82.6%	88.3%	50.4%
	African American	218	83.5%	79.7%	30.3%
	Other Minorities	47	70.2%	75.8%	36.0%
Age	<= 25	144	84.7%	91.8%	36.6%
	26-64	448	82.4%	81.8%	44.0%
	>= 65	23	60.9%	85.7%	66.7%
Type of Primary Impairment	Missing/No Impairments	40	0.0%	-	-
	Blindness	513	89.7%	85.2%	42.9%
	Other Visual Impairment	46	67.4%	74.2%	30.4%
	Deaf-Blindness	15	86.7%	76.9%	60.0%
	All Other Impairments	2	50.0%	100.0%	100.0%
Significant Disabilities	Missing	102	-	-	-
	Not Significant	3	100.0%	66.7%	100.0%
	Significant Disability	511	98.2%	84.0%	42.5%
Level of Ed at App	Missing	65	0.0%	-	-
	Less than 12 years of Ed	95	86.3%	80.5%	22.7%
	Spec Ed Certificate Completers or Students	67	97.0%	90.8%	40.7%
	High School Diploma	180	91.1%	81.7%	45.5%
	Some college and more	209	92.8%	86.1%	49.1%
Employ- ment Status at App	Missing	25	-	-	-
	Working without Support	79	87.3%	89.9%	77.4%
	Working-Others	34	88.2%	90.0%	63.0%
	Not working	478	84.9%	83.0%	34.7%
SSI/DI	No SSI/DI	213	93.4%	81.9%	46.6%
	SSI/DI	346	88.4%	85.9%	40.3%

Gender

Though BSBP serves more males than females, male customers were more likely to be eligible but less likely to achieve employment than females. The trend of the higher employement rate of females is different from that of MRS.
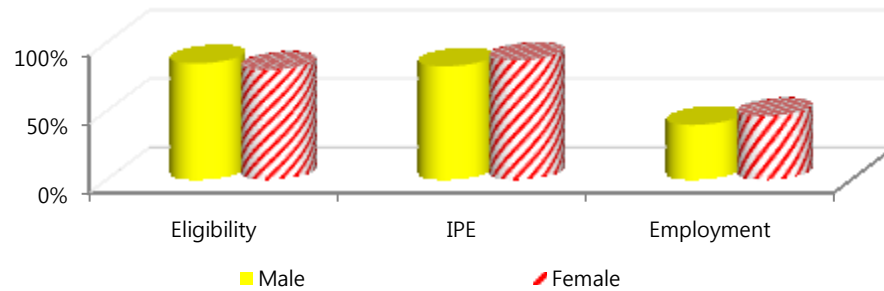
Age at Application

Young customers (age 26 and younger) were most likely to be determined eligible but least likely to achieve an employment outcome when compared to other two age groups at BSBP. Older customers (age 65 and older), however, showed the opposite finding. This observation has been consistent over the years.
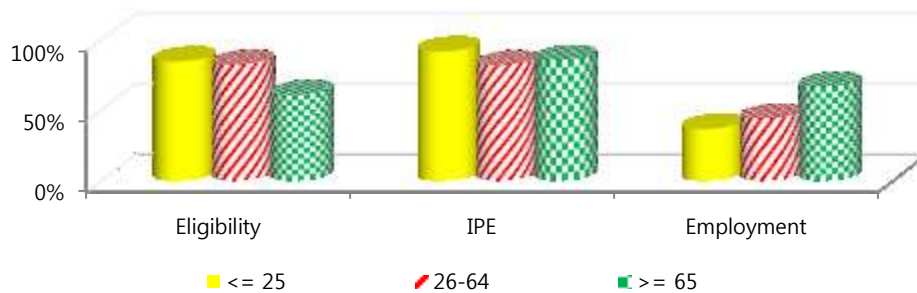
Of 616 customers who exited BSBP in FY 2015, 23 were 65 years and older. Most of the customers in this age group (78.3%) were White. Approximately two-thirds of the customers reported having some college degree or more. The majority of them were unemployed at application while 13.4% were working without supports in integrated settings. Most (61.1%) had SSI or SSDI at the time of their application. As shown in the table above, 60.9% were determined eligible for services, 85.7% of the eligible established their own IPE, and of those with an IPE 66.7% obtained employment.

Race/Ethnicity

White customers with no Hispanic origin were more likely to achieve all three VR milestones than other racial/ethnic groups. Though some variations were observed among other minority groups, the numbers are too small to make further inference about the difference of the three VR process outcomes by race.

Legend: ■ White, no Hispanic Origin ◤ African American ◥ Other Minorities
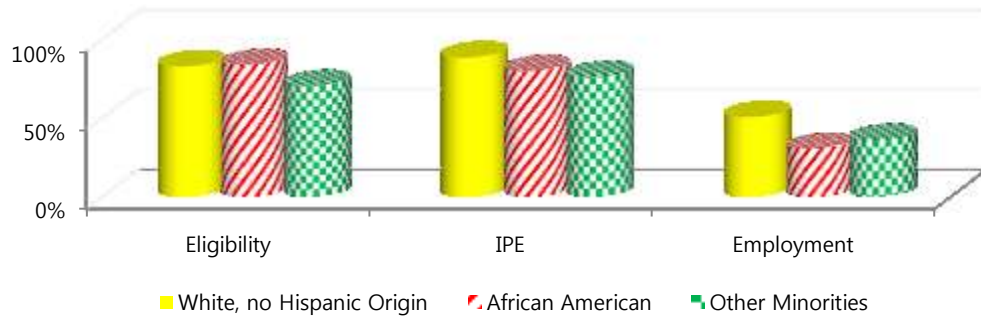
Type of Primary Disabilities and Significant Disabilities

As would be expected, the primary disability reported for 93.1% of BSBP customers was visual impairments/blindness (83.3% blindness, 7.5% other Visual Impairments, and 2.4% deaf-blindness). Customers with blindness or deaf/blindness were more likely to achieve all three VR milestones.

Level of Education at Application

The customers with a certificate of completion or special education students were more likely to be determined eligible for BSBP services; however, the employment rate of this group was lower than customers with a high school diploma or college education.

Legend: ■ Less than 12 years of Ed ◢ Spec Ed Certificate Completers or Students ▣ High School Diploma ▥ Some college and more
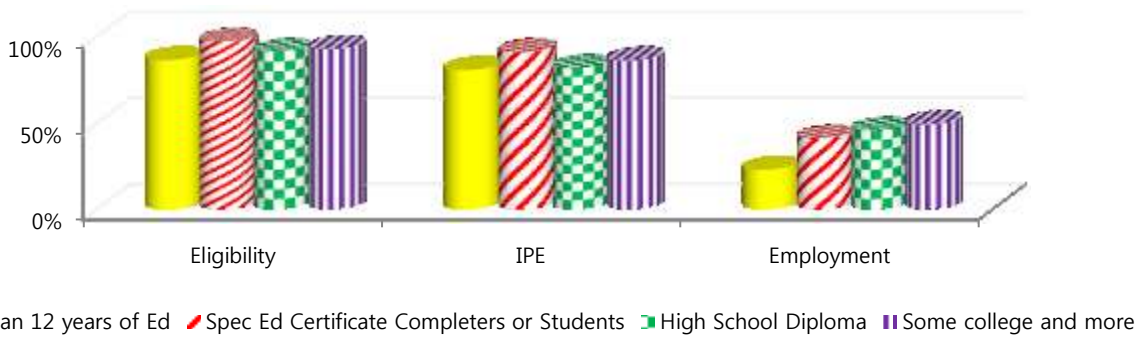
Social Security Beneficiaries and Work Status at Application

The BSBP customers who received SSI/DI benefits showed a similar trend to MRS customers in terms of VR process or outcomes: a lower proportion of SSI/DI beneficiaries achieved an employment outcome. One's working status at application for BSBP customers, however, was positively related to employment outcomes but not to eligibility or IPE rate. The same trend was observed for MRS customers.

Chart legend (left): ■ No SSI/DI ⧄ SSI/DI

Chart categories: Eligibility, IPE, Employment

Chart legend (right): ■ Working without Support ⧄ Working-Others ▦ Not working

Chart categories: Eligibility, IPE, Employment
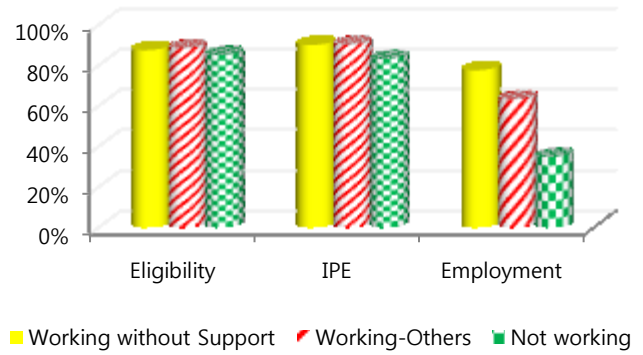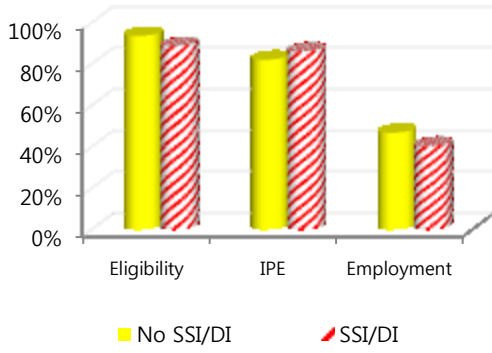
Summary

Several individual characteristics were related to lower VR process and outcome rates. In BSBP, older customers were more likely to exit BSBP before eligibility determination. In addition, African Americans and younger customers were less likely to achieve an employment outcome. In relation to other factors, having special education and having no work experience at application were associated with lower employment outcomes.

CENTERS FOR INDEPENDENT LIVING (CILs)

As one of the critical resources for individuals with disabilities, the Center for Independent Living (CIL) is a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

This section reviews CIL consumer demographics, services provided by CILs, and their outcomes using the 2015 and 2016 RSA-704 Annual Performance Reports. As a performance activity measuring instrument of the independent living (IL) programs, the RSA-704 report is useful to determine the training and technical assistance needs of CILs and establish a uniform reporting system to compile an accurate national report on independent living. In addition to the RSA-704 report, information related to community activities provided by Michigan Statewide Independent Living Council (Mi-SILC) is included at the end of this section.

CIL Consumers Served

As seen in the following table, a total of 8,148 and 8,972 individuals with disabilities were served based on the Independent Living Plan (ILP) by CILs/Disabilities Networks (DNs) in 2015 and 2016, respectively. A Consumer Service Record (CSR) is created and maintained for an eligible consumer receiving IL services (other than information and referral services) and those who have the CSR are included in the RSA-704 Report.[4]

	FY 2015	FY 2016
Ann Arbor	434	555
Clinton	595	841
Detroit	494	416
Flint	390	349
Grand Rapids	973	976
Holland	215	230
Jackson	1,212	1,562
Kalamazoo	1,215	1,132
Lansing	362	342
Marquette	336	440
Midland	675	619
Muskegon	591	655
Port Huron	498	544
Traverse City	158	311
Totals	8,148	8,972

CIL Consumer Demographic Information

According to the RSA-704 report, the gender distribution is similar but the proportion of males is slightly higher. Similar to prior years, the majority of consumers served in 2016 were White (70.1%), followed by 19.8% of African American. compared to the 2015 American Community Survey report[5], which estimated 17.5% of African Americans of Michigan residents with disabilities, African Americans are not considered underserved in the Michigan CILs/DNs (19.8%). As for Hispanic/Latino as an ethnic group, however, Hispanic/Latino consumers were composed of 2.1% of consumers. Compared to the 2015 ACS report with 3.4% Hispanic/Latinos with disabilities in MI, this ethnic group appears to be underserved.

In terms of consumer age, 60.3% of CIL consumers served in 2016 were working-age adults (20-59 years). However, there is a discrepancy in the age distributions between two fiscal years; that

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[4] Source: 2015 & 2016 RSA-704 Report Part II. Provided by the Michigan Statewide Independent Living Council in Nov. 21, 2016.

[5] Source: U.S. Census Bureau, 2015 ACS, American FactFinder, Table S1810; http://factfinder.census.gov.

is, CILs/DNs served a significantly higher proportion of the older consumers during FY 2016 (30.3% in 2016 vs. 20.5% in 2015). In terms of type of disability, slightly over one-third (31.6%) of the CIL consumers with a Consumer Service Record served in 2016 reported having a physical disability, 23.7% reported a cognitive disability, 22.7% reported multiple disabilities, and 13.8% reported mental/emotional disabilities. Detailed information on consumer characteristics can be seen in the following table.

		2015 (N=8,148)		2016 (N=8,972)	
		Number	Percent	Number	Percent
Gender	Male	4,220	51.8	4,459	49.7
	Female	3,869	47.5	4,372	48.7
	Transgender/Not Expressed	59	0.7	141	1.6
Race/ Ethnicity	American Indian or Alaska Native	56	0.7	72	0.8
	Asian	39	0.5	50	0.6
	Black or African American	1,738	21.3	1,776	19.8
	Native Hawaiian or Other Pacific Islander	3	0.0	11	0.1
	White	5,725	70.3	6,292	70.1
	Hispanic/Latino of Any Race or Hispanic/Latino Only	168	2.1	189	2.1
	Two or more races	90	1.1	105	1.2
	Race and ethnicity unknown	310	3.8	477	5.3
Age	Under 5 years old	12	0.1	33	0.4
	Ages 5 – 19	575	7.1	802	8.9
	Ages 20 - 24	725	8.9	816	9.1
	Ages 25 - 59	5,151	63.2	4,590	51.2
	Age 60 and Older	1,669	20.5	2,715	30.3
	Age unavailable	16	0.2	16	0.2
Type of Disability	Cognitive	1,791	22.0	2,128	23.7
	Mental/Emotional	1,266	15.5	1,237	13.8
	Physical	2,778	34.1	2,831	31.6
	Hearing	129	1.6	196	2.2
	Vision	201	2.5	215	2.2
	Multiple Disabilities	1,791	22.0	2,033	22.7

Goals Set and Achieved

The following table presents the number of CIL consumers who set goals related to several significant life areas as well as the number and percent of consumers whose goals were achieved as a result of IL services. There are noted differences between the overall rates of goal achievement from FY 2015 (64.2%) and FY 2016 (40.9%). It is assumed that 2016 achievement data had not been fully entered into the CIL/DN case management system (a.k.a., Net-CIL data) at the time data was provided (November 2016), thus, the 2015 data are primarily reviewed in this section. However, it is noticeable that a significantly higher number of consumers set employment goals related to preparing for, obtaining or retaining employment during FY 2016, compared to FY 2015.

The top five goal areas most frequently set in FY 2015 by IL consumers were mobility/ transportation, community-based living, vocational, self-care, and education. Of consumers who set the most frequent goals, over 70% achieved mobility/transportation and self-care goals. Also, a higher proportion of the consumers achieved self-advocacy/self-empowerment (82.9%) and assistive technology (77.5%) goals.

	FY 2015			FY 2016		
	Goals Set	Goals Achieved		Goals Set	Goals Achieved	
		N	%		N	%
Mobility/Transportation	2,962	2,279	76.9	3,225	2,344	72.7
Community-Based Living (CBL)	2,431	1,338	55.0	1,642	275	16.7
Vocational	1,353	752	55.6	2,237	646	28.9
Self-Care	1,235	895	72.5	1,006	409	40.7
Educational	715	363	50.8	622	68	10.9
Relocation to CBL	667	374	56.1	550	178	32.4
Assistive Technology	298	231	77.5	304	108	35.5
Personal Resource Management	212	152	71.7	125	19	15.2
Self-Advocacy/Self-Empower.	205	170	82.9	176	58	33.0
Community/Social Participation	202	61	30.2	174	23	13.2
Information Access/Tech	114	77	67.5	131	53	40.5
Health Care Services	35	20	57.1	9	0	0.0
Other	34	21	61.8	26	6	23.1
Transportation	26	7	26.9	5	1	20.0
Communication	14	7	50.0	5	1	20.0
Total	10,503	6747	64.2	10,237	4,189	40.9

IL Services Provided

The following table lists 24 types of services and the number of consumers who received each of the service in years 2015 and 2016. Apart from Information and Referral (I&R) services (25,550 in 2015; 26,253 in 2016), the most frequently provided services were employment, assistive technology, housing, home modifications, IL skills training, health care services, advocacy/legal services, and peer support. Although slightly different in the frequency order, the same trend was observed both in FY 2015 and 2016.

	2015	2016		2015	2016
Advocacy/Legal	681	574	Other	195	445
Assistive Technology	1,334	1,469	PAS/PASREP	38	37
Children's Services	13	17	Peer Support	556	572
Communication	193	197	Personal Assistance Services	200	180
Counseling & Related	243	286	Preventative Services	29	48
Employment	997	2,032	Professional Counseling	163	36
Family Services	129	133	Prostheses and Other	4	8
Health Care	829	825	Recreational	283	174
Housing, home modifications	1,563	1,396	Rehabilitation Technology	6	10
IL Skills Training	1,142	990	Therapeutic Treatment	5	7
Job Club	31	98	Transportation	425	440
Mobility Training	21	35	Youth Services	271	334

VR Outcomes Related to Increased Independence in Significant Life Areas

While the RSA requires CILs to report who set and achieved goals related to independence in 15 significant life areas in the table above, the following table describes IL outcomes achieved based upon 10 priority areas of Michigan: Accessibility, Assistive Technology, Education, Employment, Health Care, Housing, On-Going Supports, Recreation, Relocation and Transportation.

During FY 2015, as a result of the provision of IL services, 1,450 consumers acquired access to transportation, 1,052 to assistive technology, and 709 to IL skills. With regard to employment outcomes, CILs assisted 102 and 118 consumers to obtain employment and 33 and 27 consumers to maintain employment in 2015 and 2016, respectively.

	FY 2015	FY 2016	Specific Goal
Accessibility	318	41	Enhanced access to goods and services in the community
	116	16	Enhanced accessibility of home/apartment
Assistive Technology	1,052	784	Acquired AT
	13	0	Acquired AT Funding
	68	43	Acquired information re: AT Options
	199	103	Increased functional and safe use of AT
	74	65	Repaired AT
Education	4	6	Acquired educational accommodation(s)
	23	0	Completed an educational program
	203	21	Enrolled in an educational program
	34	9	Increased knowledge of education options
	6	0	Self-advocated for educational accommodations
Employment	4	7	Acquired reasonable accommodation
	3	0	Improved job status via workplace promotion
	295	297	Increased knowledge of employment options (e.g., incentives)
	270	192	Increased work search skills
	33	27	Maintained employment
	102	118	Obtained employment
	24	2	Obtained volunteer work experience
Health Care	60	15	Acquired access to appropriate insurance coverage
	370	36	Acquired appropriate health care services (e.g., medical)
	53	13	Increased knowledge of healthcare options/insurance options
Housing	88	15	Acquired accessible, affordable housing
	72	40	Increased awareness of housing options
	21	6	Increased housing search skills
On-Going Supports	290	50	Acquired financial supports (e.g., SSI, SSDI, food stamps)
	9	2	Acquired PA/PASREP services
	709	104	Acquired/increased IL skills
	110	35	Acquired/maintained other necessary supports (e.g., peer supports)
	125	29	Increased awareness of community resources to maintain community-based independent living

	FY 2015	FY 2016	Specific Goal
Recreation	12	8	Enhanced access to sports, recreation and leisure opportunities
	5	1	Increased knowledge/skills in sports, recreation and leisure activities
	22	0	Participated in sports, recreation and leisure opportunities
Relocation	67	25	Developed and initiated implementation of plan to move into a community setting
	1	1	Diverted/prevented move to an institutional setting
	105	82	Increased awareness of community living options
	2	0	Moved from correctional facility to a community setting
	159	53	Moved from nursing facility/care facility to a community setting
Trans-portation	1,450	1,552	Acquired access to transportation
	145	73	Acquired financial resources for transportation
	83	299	Acquired knowledge of transportation options
	19	13	Acquired skills to utilize transportation

Improved Access to Transportation, Health Care Services, and Assistive Technology

In addition to individual goal achievement records, the RSA-704 also reports the number of consumers who achieved access to previously unavailable transportation, health care services or assistive technology as a result of IL services. Michigan CILs/DNs assisted a total of 1,868 and 1,930 consumers to obtain access to transportation that had not been available in FY 2015 and 2016, respectively.

	FY 2015		FY 2016	
	Goals Set	Goals Completed	Goals Set	Goals Completed
Assistive Technology	1,665	1,351	1,810	991
Health Care	990	581	620	92
Transportation	2,504	1,868	2,577	1,930

Community Activities

In addition to the services received or goals set/achieved by CIL/DN consumers who had a CSR, CIL staff also interacts with or provides additional services to individuals with disabilities who do not have a CSR. The following table illustrates the total number of hours of community services provided by CIL/DNs across 11 priority areas as well as a description of the sample goals of services.

Priority Area	FY 2015	FY 2016	Sample Goals of Services
Accessibility	7,826	5,938	To increase opportunity for individuals with disabilities to participate in community decision making
Assistive Technology	3,763	4,188	To increase opportunity for individuals with disabilities to participate in community decision making
Education	4,845	12,681	To increase community awareness and value about the educational needs of people with disabilities
Employment	14,700	20,704	To decrease barriers to employment
Health Care	2,605	1,525	To increase access to health care including preventative, mental health, substance abuse and dental services

Priority Area	FY 2015	FY 2016	Sample Goals of Services
Housing	7,033	7,575	To increase opportunity for individuals with disabilities to participate in community decision making
Ongoing Support	39,077	37,243	To increase availability of, and access to, coordinated supports for community living at local, state and national levels
Recreation	3,348	3,304	To increase available community sports, recreation and leisure opportunities for people with disabilities
Relocation	14,551	17,256	To increase community living options for individuals with disabilities leaving restrictive settings or at risk of institutionalization
Resource Development	4,264	3,209	To increase opportunity for individuals with disabilities to find disability resources available or develop resources, if not available, in the community
Transportation	4,970	7,291	To increase opportunity for individuals with disabilities to participate in community decision making; to increase geographic service area for transportation systems

Appendix II-a: Individual Characteristics of MRS Customers and VR Outcomes in FY 2013, 2014 & 2015

		2013				2014				2015			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
	Total	19,728	84.4%	77.8%	51.6%	17,633	83.4%	80.4%	56.0%	17,553	83.4%	78.4%	57.9%
Gender	Male	11,439	83.8%	77.9%	52.2%	10,126	83.2%	80.1%	56.4%	10,048	82.8%	78.3%	58.5%
	Female	8,289	85.3%	77.6%	50.6%	7,506	83.6%	80.8%	55.5%	7,505	84.2%	78.6%	57.1%
Race/ Ethnicity	White, no Hispanic Origin	12,437	86.3%	80.4%	54.6%	11,012	86.2%	81.7%	59.2%	10,994	86.5%	80.6%	60.2%
	African American	6,193	81.3%	72.4%	45.5%	5,623	78.0%	78.0%	49.6%	5,571	77.7%	73.8%	53.7%
	Native American	119	84.0%	78.0%	32.1%	138	88.4%	74.6%	52.7%	131	87.0%	61.4%	59.2%
	Asian/Pacific Islanders	134	84.3%	79.6%	45.6%	103	83.5%	73.3%	55.6%	125	89.6%	87.5%	59.2%
	Pacific Islander	14	78.6%	72.7%	37.5%	15	93.3%	57.1%	75.0%	12	75.0%	55.6%	60.0%
	Hispanic or Latino	478	81.4%	75.6%	49.0%	429	82.8%	80.6%	50.3%	428	80.4%	79.1%	49.6%
	Multiracial	353	77.6%	77.0%	45.0%	312	78.8%	78.5%	50.3%	280	80.7%	78.8%	51.1%
Age	Transition Youth	4,349	91.3%	82.7%	40.1%	3,918	90.1%	84.9%	44.5%	3,889	90.5%	84.5%	45.1%
	Young Adult	2,628	85.4%	75.2%	47.5%	2,393	85.3%	77.4%	53.9%	2,323	84.9%	77.5%	54.7%
	26-64	12,312	81.6%	76.1%	55.9%	10,824	80.2%	78.6%	59.8%	10,742	80.6%	75.6%	62.5%
	>=65	439	89.3%	87.8%	84.0%	483	91.1%	93.0%	84.8%	484	91.5%	88.7%	90.1%
Type of Disability	No Impairment	446	0.0%			541	0.0%			665	0.0%	0.0%	0.0%
	Blindness/Visual Imp.	156	84.6%	75.8%	58.0%	129	80.6%	83.7%	63.2%	116	87.0%	85.1%	61.6%
	Deafness/Hearing Imp. Incl. Deaf/Blindness	2,327	94.7%	91.8%	85.5%	2,231	95.3%	93.5%	86.5%	2,247	95.5%	93.5%	89.4%
	Physical Imp.- Ortho./Neurological	880	81.5%	74.8%	48.3%	751	85.4%	75.8%	49.2%	675	85.2%	75.3%	49.9%
	Other Physical	3,171	80.2%	71.5%	45.9%	2,782	78.5%	76.4%	51.0%	2,803	80.1%	73.1%	54.1%
	LD	3,577	91.4%	82.5%	45.9%	2,943	91.3%	84.7%	48.9%	2,783	91.4%	84.4%	50.6%
	ADHD	668	88.0%	78.9%	48.9%	614	89.6%	80.5%	48.8%	562	90.2%	83.2%	51.2%
	Intellectual Disability	887	95.2%	79.5%	42.0%	882	91.6%	80.7%	53.5%	975	92.1%	80.0%	56.3%
	Autism	552	92.6%	80.4%	45.5%	561	93.2%	83.4%	55.5%	658	92.9%	83.5%	53.1%
	Mental Illness	4,895	83.2%	70.9%	42.9%	4,396	82.1%	72.3%	46.5%	4,373	82.6%	68.1%	45.9%
	Substance Abuse	1,291	79.6%	74.2%	45.6%	956	76.0%	79.4%	51.1%	914	77.1%	68.1%	56.9%
	TBI	176	79.0%	66.2%	47.8%	202	85.1%	76.7%	50.0%	155	81.9%	72.4%	46.7%
	Communicative/All Other Mental	702	86.3%	81.8%	47.8%	645	88.5%	81.3%	56.0%	627	90.0%	80.9%	57.7%

*Note: Missing information: gender (n =1), race (n=1), and age (n=15) in FY 2014; race (n=12) and age (n=115) in FY 2015.

Appendix II-a: Individual Characteristics of MRS Customers and VR Outcomes in FY 2013, 2014 & 2015 (cont'd)

		2013				2014				2015			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
	Total	19,728	84.4%	77.8%	51.6%	17,633	83.4%	80.4%	56.0%	17,553	83.4%	78.4%	57.9%
Significant Disability	Missing	2,181				2,261				2,367		-	-
	Not Significant	1,134	93.3%	85.5%	90.2%	1,427	97.7%	88.5%	85.2%	1,417	98.5%	89.9%	83.3%
	Significant Disability	3,945	95.0%	77.3%	48.7%	3,724	96.7%	79.6%	52.6%	3,768	97.5%	80.3%	62.1%
	Most Significant	12,468	94.5%	76.9%	47.2%	10,221	95.0%	78.9%	50.4%	10,001	95.7%	76.0%	51.9%
Level of Ed at App	Missing	-				1				-			
	<12th Ed	4,932	84.3%	76.1%	41.6%	4,772	83.7%	79.6%	44.4%	4,930	84.9%	80.2%	45.6%
	Certificate of Completion	1,558	95.7%	89.9%	43.4%	999	93.2%	90.2%	52.9%	734	90.7%	83.8%	55.4%
	HS Diploma	8,933	82.1%	75.3%	52.8%	7,974	81.1%	78.5%	58.7%	7,773	81.0%	75.7%	60.8%
	Some college+	4,305	85.1%	79.9%	63.7%	3,887	85.2%	82.4%	50.0%	4,116	84.9%	80.3%	68.4%
Work Status at App	Missing	0				1				6			
	Working w/o supports	3,136	90.3%	89.1%	81.7%	3,051	91.3%	90.7%	83.1%	3,227	90.9%	89.9%	83.5%
	Working-Others	649	90.9%	88.5%	78.0%	598	90.3%	87.2%	76.8%	585	89.2%	87.4%	80.7%
	Not working	15,943	83.0%	74.9%	42.5%	13,983	81.3%	77.5%	47.1%	13,735	81.4%	75.0%	48.7%
SSI/DI	No SSI/DI	14,862	83.4%	81.3%	55.9%	13,282	82.7%	83.5%	59.8%	13,019	82.4%	81.8%	61.4%
	SSI/DI	4,866	87.5%	67.7%	36.3%	4,351	85.5%	71.2%	42.8%	4,534	86.4%	69.1%	46.7%

*Note: Elig - Eligibility Rate; IPE - IPE Rate; Emp - Employment Rate

Appendix II-b: Individual Characteristics of BSBP Customers and VR Outcomes in FY 2013, 2014 & 2015

		2013				2014				2015			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
	Total	561	80.4%	88.0%	44.8%	563	81.9%	84.6%	39.5%	616	82.0%	84.4%	42.7%
Gender	Missing	2				1				2			
	Male	302	77.2%	85.4%	43.7%	293	80.5%	83.9%	37.9%	322	84.5%	82.4%	39.7%
	Female	257	84.8%	90.8%	46.0%	269	83.6%	85.3%	41.1%	292	79.8%	86.7%	46.0%
Race/ Ethnicity	White, no Hispanic Origin	350	84.6%	93.2%	48.6%	344	83.4%	85.0%	45.9%	351	82.6%	88.3%	50.4%
	African American	174	73.0%	76.4%	36.1%	175	79.4%	83.5%	25.9%	218	83.5%	79.7%	30.3%
	Other Minorities	37	75.7%	85.7%	37.5%	44	79.5%	85.7%	40.0%	47	70.2%	75.8%	36.0%
Age	Missing									1			
	<= 25	131	83.2%	89.0%	35.1%	144	85.4%	84.6%	26.9%	144	84.7%	91.8%	36.6%
	26-64	412	79.4%	87.2%	48.4%	407	80.1%	84.7%	43.8%	448	82.4%	81.8%	44.0%
	>= 65	18	83.3%	100%	40.0%	12	100%	83.3%	50.0%	23	60.9%	85.7%	66.7%
Type of Primary Impairment	Missing/No Impairments	54	0.0%			50	0.0%			40	0.0%		
	Blindness	471	90.2%	87.3%	43.9%	458	92.1%	85.8%	38.1%	513	89.7%	85.2%	42.9%
	Other Visual Impairment	27	63.0%	100%	64.7%	44	65.9%	69.0%	45.0%	46	67.4%	74.2%	30.4%
	Deaf-Blindness	7	100%	100%	42.9%	7	100%	85.7%	100%	15	86.7%	76.9%	60.0%
	All Other Impairments	2	100%	100%	50.0%	4	75.0%	66.7%	50.0%	2	50.0%	100%	100%
Significant Disabilities	Missing	90				88				102			
	Not Significant	17	70.6%	91.7%	72.7%	15	40.0%	66.7%	50.0%	3	100%	66.7%	100%
	Significant Disability	454	96.7%	87.9%	44.0%	460	98.9%	84.8%	39.4%	511	98.2%	84.5%	42.5%
Level of Ed at App	Missing	60				51				65			
	Less than 12 years of Ed	112	88.4%	81.8%	25.9%	83	90.4%	82.7%	16.1%	95	86.3%	80.5%	22.7%
	Spec Ed Certificate Completers or Students	10	100%	70.0%	28.6%	71	94.4%	82.1%	29.1%	67	97.0%	90.8%	40.7%
	High School Diploma	180	100%	89.6%	40.4%	159	91.2%	82.1%	42.9%	180	91.1%	81.7%	45.5%
	Some college and more	199	89.9%	91.1%	58.9%	199	87.4%	88.5%	50.0%	209	92.8%	86.1%	49.1%

Appendix II-b: Individual Characteristics of BSBP Customers and VR Outcomes in FY 2013, 2014 & 2015 (cont'd)

		2013				2014				2015			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
	Total	561	80.4%	88.0%	44.8%	563	81.9%	84.6%	39.5%	616	82.2%	84.4%	42.7%
Employ-ment Status at App	Missing	77				67				25			
	Working without Support	72	90.3%	95.4%	80.6%	59	88.1%	94.2%	79.6%	79	87.3%	89.9%	77.4%
	Working-Others	24	95.8%	100%	56.5%	26	100%	92.3%	58.3%	34	88.2%	90.0%	63.0%
	Not working	388	93.6%	86.0%	36.9%	411	93.2%	82.8%	31.9%	478	84.9%	83.0%	34.7%
SSI/DI	Missing	140								57			
	No SSI/DI	148	90.5%	94.0%	51.6%	249	74.3%	87.0%	36.0%	213	93.4%	81.9%	46.6%
	SSI/DI	273	90.8%	85.5%	53.3%	314	87.9%	83.0%	41.9%	346	88.4%	85.9%	40.3%

*Note: Elig - Eligibility Rate; IPE - IPE Rate; Emp - Employment Rate

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER III

STAFF SURVEY

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STAFF SURVEY FINDINGS

As recommended in the *VR Needs Assessment Guide* published by RSA, the multi-agency Comprehensive Statewide Needs Assessment (CSNA) committee identified a need for a data collection method to collect quantitative and qualitative needs assessment data at the local level provided by the service agency staff. Rehabilitation counselors are a key source of information on groups served and the availability of Community Rehabilitation Programs (CRPs) in their service areas.

A larger number of agencies, including VR agencies (i.e., Michigan Rehabilitation Services [MRS], Bureau of Services for Blind Persons [BSBP]), other service agencies (i.e., Center for Independent Living/Disability Network [CIL/DN], Michigan Works! Association [MWA], Community Mental Health [CMH]) and CRPs, participated in the 2017 CSNA staff survey. The agency staff shared their perceived needs and relevant issues that individuals with disabilities would experience at the local and state levels. Thus, the findings could be used to describe statewide needs as well as district/region-specific information for agency managers and their partners.

Methods

Survey Instruments

Based on an extensive review of professional literature and recommendations found in *The VR Needs Assessment Guide*, seven service categories relevant to quality of life of individuals with disabilities were identified, and then specific services for each category were subsequently developed. For the 2017 staff survey, the CSNA committee members individually reviewed the staff survey instruments used in 2014 and provided suggestions for modification. PE integrated all feedback and finalized the survey questions. The notable changes include: mental health services added for the CMH staff, service descriptions for IL services, and qualifiers for level of availability and sufficiency of services.

The staff survey for each agency includes a set of questions on four common categories (i.e., employment, independent living, general, and rehabilitation technology services) designed to identify the availability and sufficiency of services for Michigan residents with disabilities in their local community. The availability for each service was rated on three Likert-type scales: available, unavailable, and unsure. When availability was reported, the survey respondents were asked to rate the level of sufficiency using the following three scales: sufficient, somewhat sufficient, and insufficient.

It should be noted that there were different individual and agency characteristics questions (e.g., office location, job title) as well as different scales and/or ordering of the categories in each

survey. For example, eight mental health services (e.g., crisis services, case management) were only added to the CMH staff survey for FY 2017, as the participation of CMH in the CSNA staff survey was decided after the staff survey for other agencies was launched. Culturally relevant services and services for visual impairments/blindness were not included in the survey. The survey designed for the CRO directors contained the same scales as the General services items, but asked to indicate which of the remaining services their agency provided for individuals with disabilities and rate the level of availability of services, not sufficiency.

In addition to the Likert scale questions, each survey also contains open-ended questions to collect qualitative input, specifically on any group or individuals with disabilities who are not receiving the services they need, their service needs, and any strategies or service delivery methods found to be effective.

Data Collection Procedures

Project Excellence (PE) developed an electronic survey format using *Qualtrics Survey Software* as the primary data collection method from MRS, BSBP, CIL, MWA, and CMH staff and CRO directors who were members of the Michigan Association of Rehabilitation Organizations (MARO). PE sent out an email invitation and reminders urging participation in the survey to the contact person of each agency who was responsible for distributing the email to the employees of their agency and to MARO members. Data were collected over a one-month period in October and November 2016.

Staff Survey Findings

Responses and Data Cleaning

All surveys were anonymous. In the nature of the open access survey, not "by invitation only," it is common for a person to access the survey site, scan thru the questions without answering, and come back later to complete the survey. Here, the number of total responses is not equal to the number of survey participants due to the multiple visitors; thus, it is somewhat challenging to compute the exact response rate for each organization.

Instead of computing the response rate, criterion was established to determine if a survey was "usable" for analyses. For the quantitative data, all completed responses were considered usable for analyses. Note that most of the responses in the incomplete surveys were missing. However, all valid open-ended comments were included for qualitative data analysis.

A total of 300 MRS staff members were invited to complete the online staff survey. There were 216 visits to the online survey site, and among those, 123 surveys were considered usable for the quantitative data analyses. Likewise, 30 BSBP, 48 CIL/DN, 14 CRO, 166 MWA and 67 CMH surveys were determined to be usable for the data analyses, resulting in 434 total valid surveys. PE was unable to compute the response rate for the 2017 CSNA staff survey because, although all agencies volunteered to participate in the staff survey, agencies did not provide a total number of staff.

For purposes of identifying service needs for Michigan residents with disabilities, all Likert-scale responses were re-coded into one of two categories: "available and sufficient or somewhat sufficient" and "unavailable or insufficient." This report primarily focuses on the category of "unavailable or insufficient," from which specific service needs can be drawn.

Key Findings on Perceived Service Needs across Agencies

To calculate the percentages for "unavailable or insufficient," the missing responses both in availability and sufficiency were identified and subtracted from the total number of responses (a). Then, the number of respondents identifying the service as "unavailable or insufficient" was divided by the adjusted total number (a). For example, 66 staff indicated that career or vocational counseling services were either "unavailable or insufficient" and four staff elected to answer on neither availability nor sufficiency questions [434 - 4=430 (a)]. Given the information, 15.3% of the survey respondents (=66/430 * 100) perceived the career or vocational counseling services were either unavailable or insufficient in their service area. In the same way, the areas of concern were identified for each service category.

Employment Services

Overall, the majority of staff perceived employment services to be both readily available and sufficient or somewhat sufficient for individuals with disabilities. As shown in the table below, the five employment services most frequently perceived as "unavailable or insufficient" include: reading or literacy skills (28.7%), self-employment/small business (28.4%), supported employment (20.4%), transition services for youth with disabilities (20.2%), and post-employment services (19.9%).

	All Staff (n=434)	MRS (N=123)		BSBP (N=30)		CIL/DN (N=48)		MWA (N=166)		CMH (N=67)	
		Missing	%	Missing	%	Missing	%	Missing	%	missing	%
Reading or Literacy Skills	28.7	1	32.8	1	24.1	2	26.1	2	26.8	0	29.9
Self-Employment/Small Business	28.5	1	28.7	0	16.7	2	32.6	5	27.3	1	33.3
Supported Employment	20.4	2	33.1	0	30.0	2	21.7	4	10.5	0	16.4
Transition Services for Youth with Disabilities	20.2	1	14.8	0	13.3	2	23.9	4	20.4	2	30.8
Post-Employment	20.0	2	21.5	1	17.2	2	26.1	6	14.4	1	27.3
Job Retention	19.2	2	18.2	2	21.4	3	22.2	5	15.5	1	27.3
Academic Remediation (Adult Ed and/or GED)	18.8	3	24.2	1	27.6	2	17.4	2	16.5	0	11.9
On-The-Job Support	18.0	1	21.3	0	16.7	2	26.1	3	14.7	0	14.9
Job Placement	17.4	1	18.0	2	21.4	2	17.4	3	16.0	0	17.9
Vocational Training Programs	17.2	0	13.8	0	23.3	2	17.4	3	13.5	0	29.9
Career or Vocational Counseling	15.3	0	21.1	0	20.0	2	6.5	2	9.1	0	23.9
Vocational Assessment	12.4	1	14.8	0	20.0	2	8.7	3	8.0	0	17.9
Job Search Assistance	9.6	2	8.3	1	24.1	2	13.0	3	5.5	0	13.4

While approximately 30% of all survey respondents perceived a service need for more reading or literacy skills training, a basic requirement for most jobs, there was a discrepancy among agencies in terms of other perceived service needs. For example, a higher percentage of MRS and BSBP staff reported supported employment services as "unavailable or insufficient" in their community (vs. CMH: 16.4% and WMA: 10.5%). Another area exhibiting a discrepancy was transition services for youth with disabilities (CMH: 30.8% and BSBP: 13.3%) and vocational training programs (CMH: 29.9% and MWA: 13.5%).

General Services

The majority of services in the general category were indicated as areas requiring improvement across all agencies. Among them, affordable accessible housing (41.7%) and accessible non-public transportation (41.0%) were addressed as pertinent issues by a high proportion of all five service agency staff. While the agencies may have little control over the cost of rent/home prices and transportation availability, there was a strong agreement between agencies that the State of Michigan has limited availability of sufficient housing and non-public transportation to meet the needs of Michigan residents with disabilities.

	All Staff (n=434)	MRS (N=123)		BSBP (N=30)		CIL/DN (N=48)		MWA (N=166)		CMH (N=67)	
		Missing	%	Missing	%	Missing	%	Missing	%	missing	%
Affordable accessible housing	41.7	5	39.8	0	36.7	1	74.5	18	33.8	0	41.8
Accessible non-public transportation (e.g., cab)	41.0	6	35.9	0	40.0	2	50.0	19	39.5	0	47.8
Affordable child care	33.8	7	37.9	0	23.3	1	38.3	18	29.7	0	37.3
Affordable legal services	32.1	11	40.2	0	26.7	1	38.3	19	27.2	1	27.3
Affordable mental health services	31.2	7	37.9	0	53.3	2	47.8	18	23.6	0	14.9
Adult day care services	29.0	12	29.7	0	30.0	1	31.9	18	26.4	0	31.3
Accessible public transportation	26.7	4	32.8	0	50.0	1	29.8	17	18.8	0	20.9
Affordable medical services	22.7	7	31.9	0	16.7	1	27.7	20	19.9	1	12.1
Temporary disaster relief	20.9	18	17.1	0	20.0	1	19.1	23	20.3	0	29.9
College and/or University	13.8	7	8.6	0	6.7	1	4.3	20	15.1	0	29.9

Other concerns common among most agencies were lack of child care services, the cost of legal services and insufficient mental health services. It is noticeable, however, that affordable mental health services were highly identified by MRS, BSBP and CIL/DNs as "unavailable or insufficient," but not as highly identified by CMH staff (14.9%). Although approximately 30% of MRS and CIL/DN staff raised a concern about the cost of medical care for individuals with disabilities, other agency staff saw it as less serious. In addition, a relatively higher proportion of CMH staff (30%), compared to those from other agencies, perceived college and/or university training services and temporary disaster relief services as "unavailable or insufficient."

Independent Living Services

Mirroring perceptions regarding transportation and housing needs captured under the general services category, with the exception of MWA, the top three services most frequently indicated

as unavailable or insufficient by staff from all agencies were: assistance with finding affordable and accessible housing (26.9%), locating recreation programs (26.3%), and accessing transportation (25.0%). Compared to the general services category, however, perceived needs for assistance to acquire those basic needs were rather low.

	All Staff (n=434)	MRS (N=123)		BSBP (N=30)		CIL/DN (N=48)		MWA (N=166)		CMH (N=67)	
		Missing	%	Missing	%	Missing	%	Missing	%	missing	%
Assistance with finding affordable/accessible housing	26.9	6	29.9	2	32.1	1	31.9	20	19.2	0	32.8
Assistance with locating recreation programs	26.3	9	32.5	2	35.7	1	27.7	19	19.7	0	25.4
Assistance with accessing transportation	25.0	8	28.7	2	42.9	2	30.4	18	15.5	0	28.4
Relocation from institutions to community-based living	22.9	10	25.7	2	21.4	1	19.1	19	23.1	0	20.9
Community, work, and home access to buildings/facilities	21.9	8	27.0	2	28.6	1	19.1	21	17.9	0	20.9
Connecting to other people with disabilities	20.0	8	23.5	2	28.6	0	16.7	20	16.4	0	20.9
School to work transition	19.6	8	18.3	2	21.4	1	14.9	19	17.7	0	28.4
Assistance with accessing benefit	17.9	6	17.9	2	21.4	1	17.0	18	17.6	0	17.9
Independent living skills training	16.8	6	18.8	1	17.2	1	21.3	21	14.5	0	14.9
Advocacy assistance	13.4	6	13.7	1	6.9	0	12.5	18	12.2	0	19.4
Disability advocacy and referral	11.2	6	10.3	1	13.8	0	12.5	18	8.8	0	16.4

Half of the BSBP staff felt accessible public transportation that connects to community, work and home buildings/facilities were still an issue, as presently constituted. However, the numbers regarding independent living services demonstrate that agency staff, especially MWA, believed the majority of services listed are presently available and sufficient or somewhat sufficient in most areas in terms of service provision to individuals with disabilities.

Other Services

Agency staff were also asked about the perceived availability and sufficiency of culturally relevant services and rehabilitation technology services for individuals with disabilities. As presented below, English as a second language education programs (34.2%), language translators (29.5%), and sign language interpreters (28.0%) were identified as needing improvements to service availability, especially by MRS and MWA staff. With regard to rehabilitation technology services, a high proportion of CIL/DN staff reported that more wheelchair and other accommodations repair services and training in assistive tech use on the job should be provided for individuals with disabilities.

	All Staff (n=434)	MRS (N=123)		BSBP (N=30)		CIL/DN (N=48)		MWA (N=166)		CMH (N=67)	
		Missing	%	Missing	%	Missing	%	Missing	%	missing	%
English as a second language education programs	34.2	6	35.9	1	34.5	1	23.4	5	36.0	67	-
Language translators	29.5	4	33.6	1	17.2	1	25.5	2	29.9	67	-
Sign language interpreters	28.0	3	27.5	1	17.2	1	19.1	5	32.9	67	-
Wheelchair and other accommodations repair svc	27.8	6	30.8	0	20.0	2	43.5	5	23.6	0	25.4
Training in assistive tech use on the job	26.5	5	25.4	0	23.3	2	39.1	5	25.5	0	23.9
Assistive technology evaluations	24.1	3	22.5	0	23.3	2	37.0	5	21.7	0	23.9
Adapted daily living skills training	22.7	20	27.2	0	0.1	1	27.7	16	20.7	67	-
Orientation and mobility training	21.2	20	26.2	0	3.3	1	25.5	16	20.0	67	-
Low vision clinics and svc	20.7	17	25.5	0	10.0	1	19.1	16	20.0	67	-
Assistive technology support svc	16.9	3	15.0	0	20.0	2	17.4	4	15.4	0	22.4

As displayed in the table above, agency staff felt the majority of services listed in the "Other" category were both sufficient and available at this time. A few notable exceptions are English as a Second Language (MRS: 35.9%, BSBP: 34.5%, MWA: 36.0%), language translators (MRS: 33.6%), sign language interpreters (MWA: 32.9%), and wheelchair and other accommodations repair services (CIL: 43.5%, MRS: 30.8%). CIL staff reported that most of the rehabilitation technology services indicated in the survey were lacking in their community (i.e., Assistive technology evaluation, training in assistive technology use on the job, and wheelchair and other accommodation repair services). Some of the numbers above may reflect a lack of knowledge regarding the services provided by other agencies.

Mental Health Services

All CMH staff was asked to rate whether the eight core CMH services were available and/or sufficient, external to CMH, in their service area. As displayed, survey respondents perceived community inpatient and crisis services for individuals with mental illness as relatively less available or sufficient, compared to other services.

CMH (N=67)	%
Community Inpatient Services	28.7
Crisis Services	28.5
Outpatient Services	20.4
Assertive Community Treatment (ACT)	20.2
Case Management	20.0
Supports for Living	19.2
Daytime Supports and Services	18.8
Substance Use Services	18.0

Key Findings within an Organization

Staff from each organization reported slightly different "top five" services they felt were either not available or not sufficient within their service area. However, affordable and accessible housing and accessible non-public transportation were areas where all agencies felt present services were "unavailable or insufficient."

MRS

The top six services identified by MRS staff as being "unavailable or insufficient" are primarily cost-based items. While these services may not be the typical service provided through a plan for employment, all reported items could potentially impact an individual's employability, as well as one's ability to prepare for, seek, and maintain employment in the community. Each of these items was reported by over 40 staff as being areas of concern.
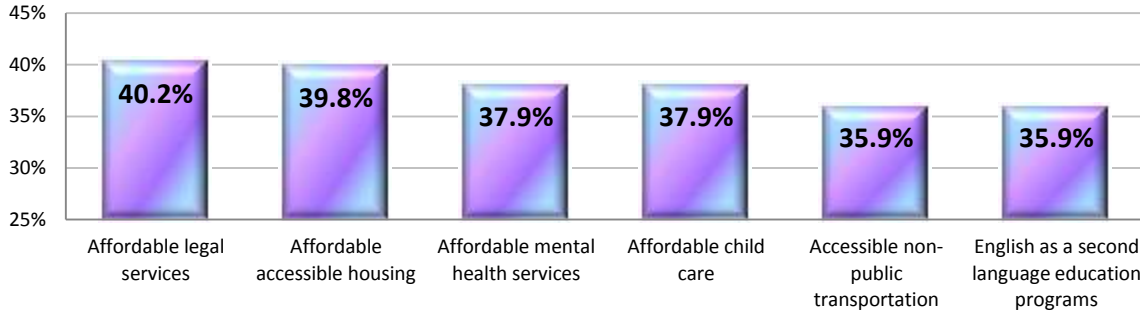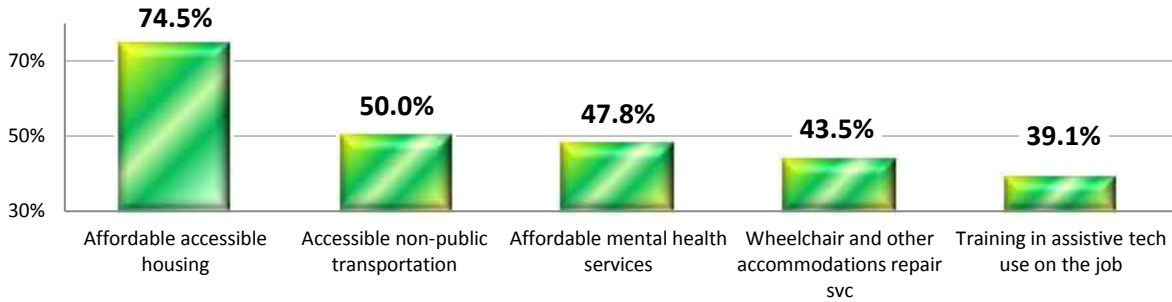

BSBP

BSBP staff ratings were similar to those of MRS staff in some areas, including affordable mental health services, affordable non-public transportation, and affordable and accessible housing. Additionally, BSBP rated accessible public transportation and assistance with accessing transportation as areas requiring improvement.
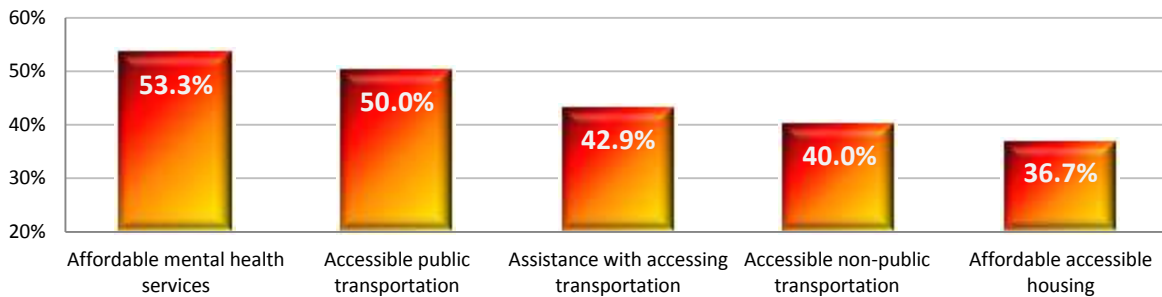
CIL/DN

Similar to MRS and BSBP, CILs felt affordable and accessible housing, accessible non-public transportation, and affordable mental health services were "unavailable or insufficient." Some of the different ratings (rehabilitation technology services) are not surprising given that CILs will often field service requests and complaints relative to the areas mentioned here.

Bar chart (green bars):
- Affordable accessible housing: **74.5%**
- Accessible non-public transportation: **50.0%**
- Affordable mental health services: **47.8%**
- Wheelchair and other accommodations repair svc: **43.5%**
- Training in assistive tech use on the job: **39.1%**

MWA

Similar to other agencies, MWA staff felt accessible non-public transportation and affordable and accessible housing as "unavailable or insufficient." Although not reaching the predetermined level of 40 in order to be considered as deficient, MWA staff additionally reported culturally relevant services (i.e., ESL programs, sign language interpreters, and language translators) as areas requiring improvement.

Bar chart (red/purple bars):
- Accessible non-public transportation: **39.5%**
- English as a second language education programs: **36.0%**
- Affordable accessible housing: **33.8%**
- Sign language interpreters: **32.9%**
- Language translators: **29.9%**
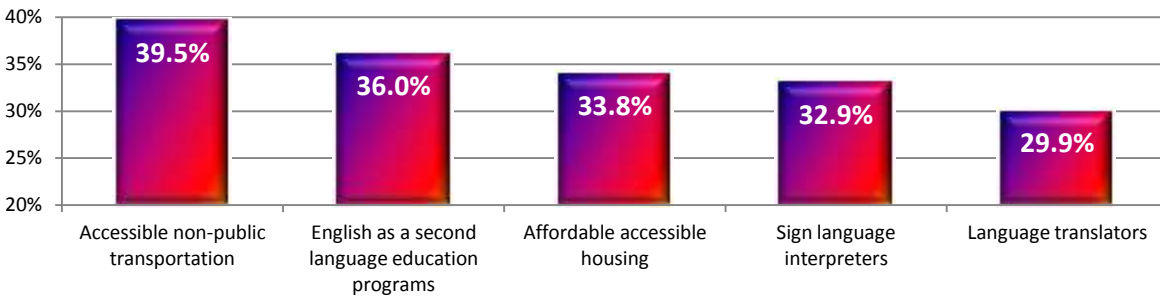
CMH

Similar to MRS, CMH staff also rated accessible non-public transportation, affordable and accessible housing and affordable child care as mostly "unavailable or insufficient." Moreover, CMH added that self-employment/small business services and assistance with finding affordable and accessible housing were needed areas of services in their community.

Bar chart (gold bars):
- Accessible non-public transportation: **47.8%**
- Affordable accessible housing: **41.8%**
- Affordable child care: **37.3%**
- Self-employment/small bus. svc: **33.3%**
- Assistance with finding affordable and accessible housing: **32.8%**
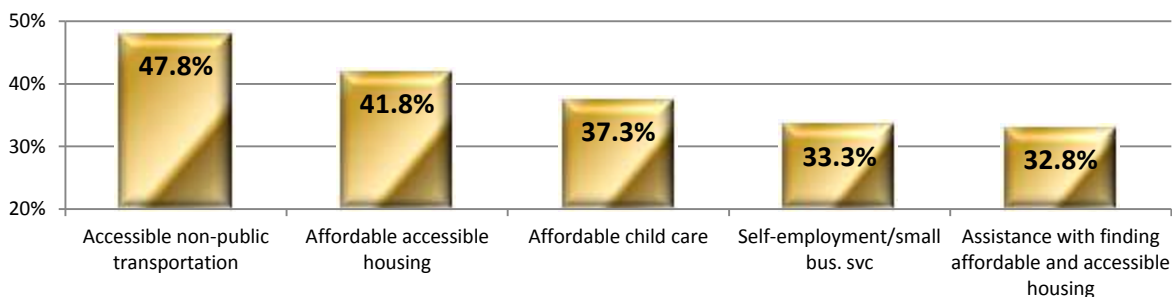
An observed pattern among responses from staff regarding service availability and sufficiency seemed to indicate varying levels of awareness about the services provided by the other organizations in this comprehensive survey. For example, staff from BSBP rated the need for services for persons who are blind or have low vision as "available and sufficient" at a much

higher rate than staff from MRS, CILs, MWA, and CMH. Also, CMH staff rated medical and mental health services as "available/sufficient" at a much higher rate than staff from four other agencies. CIL staff rated rehabilitation technology services as "unavailable or insufficient" at a higher rate than staff from other agencies. While these differences may be local, an alternate explanation might be that staff are unaware of services that are provided by or familiar to the staff of other organizations. Finally, it is noted that most of the findings here for three agencies (MRS, BSBP, and CILs) were consistent with the 2014 CSNA staff survey findings.

Key Findings in Community Rehabilitation Organizations (CROs)

Of the 52 MARO members invited to complete the CSNA survey, 14 participated in the survey. The data missing in the majority of the surveys were organization specific questions. Therefore, it is difficult to accurately determine if the community rehabilitation organizations that responded but missed their organization title in the survey are from throughout the state or are centrally located.

Services Provided by the CROs

CRO directors were asked to indicate which services they currently provide. As illustrated, the majority of responding CROs reported providing employment related services such as job placement, transition services for youth with disabilities, on-the- job supports, supported employment, and job search assistance services. Over half of CROs also provide career or vocational counseling and self-employment/small business services.

Service	Percentage
Transition services for youth with disabilities	85.7%
Self-employment/small business	57.1%
Job retention	78.6%
Post-employment	85.7%
On-the-job support	85.7%
Supported employment	85.7%
Job placement	92.9%
Job search assistance	85.7%
Academic remediation (Adult Ed and/or GED)	14.3%
Reading or literacy skills	14.3%
Vocational training programs	85.7%
Vocational assessment	85.7%
Career or vocational counseling	57.1%

General Service Needs for Individuals with Disabilities

Next, CROs were asked to rate a list of 10 community-based services to determine if respondents felt the services were "available and sufficient" or "unavailable or insufficient." As shown in the following table, the list of community services was similar to the one presented to staff of MRS, BSBP, MWA, and the CILs. Many CRO survey respondents indicated accessible non-public transportation (42.9%), affordable child care (42.9%), and affordable and accessible housing (35.7%) were either not available or not sufficient within their service areas.

CRO (N=14)	%
Accessible Non-public Transportation	42.9
Affordable Child Care	42.9
Affordable Accessible Housing	35.7
Adult Day Care Services	28.6
Affordable Legal Services	28.6
Affordable Mental Health Services	21.4
College and/or University	21.4
Temporary Disaster Relief	21.4
Accessible Public Transportation	14.3
Affordable Medical Services	0.0

Independent Living Service Needs

The table shows CROs' rates of 11 services in the area of independent living. Survey respondents from CROs felt that most of the IL services were available and/or sufficient in their community. Although not reaching the level of deficiency, a couple of CROs reported that assistance with locating recreation programs (28.6%) was somewhat lacking in availability and/or sufficiency. However, due to the small number of survey participants among CROs, the results should be considered with discretion.

CRO (N=14)	%
Assistance with locating recreation programs	28.6
Disability advocacy and referral	21.4
Advocacy assistance	21.4
Assistance with finding affordable accessible housing	21.4
Independent living skills training	14.3
Relocation from institutions to community-based living	14.3
Connecting to other people with disabilities	7.1
Assistance with accessing benefit	7.1
School to work transition	0.0
Assistance with accessing transportation	0.0
Community, work, and home access to buildings/facilities	0.0

Factors Considered as Barriers

Four CRO directors provided qualitative comments on the survey questions and discussed some issues in serving Michigan residents with disabilities. Two respondents presented lack of funding as a barrier in providing services to individuals with disabilities (e.g., "*Issue isn't with disability, majority of individuals can be found eligible for services. Issue is with available funding*"). Three CRO directors presented their concerns about individuals with developmental disabilities, especially for those who do not qualify for Medicaid. Even for eligible consumers, it was reported the new Medicaid rules resulted in their day programs or vocational skill building programs either discontinued or reduced. Moreover, a person specified service needs for persons 26 years and older who are not ready for competitive employment and do not have social activities or transportation.

Key Findings from Qualitative Data

Using the comments provided by a total of 202 agency staff who participated in the survey, this section reports the qualitative analysis results regarding populations of Michigan residents with disabilities who they believed to be unserved or underserved. Based on challenges or issues encountered in the service of such groups, services perceived to be necessary in order to improve the vocational rehabilitation and independent living outcomes are also presented. Each comment was analyzed by independent reviews and team discussion to identify common themes.

The themes are listed in order from most to least frequently mentioned. Effective strategies and recommendations suggested by staff members are subsequently reviewed thereafter. To help better understand each theme, select example comments were added, *in verbatim*, with the staff agency of the comment identified in parenthesis.

1. Individuals with Mental Illness

A total of 41 staff members identified individuals with mental illness, including substance abuse disorders, as an underserved group in Michigan. Qualitative analysis of their survey responses revealed seven primary issues or needs relevant to these populations.

(1)	**Limited and inadequate access to services**
(2)	**Lack of interagency collaboration**
(3)	**Consumer basic needs unmet**
(4)	**Systemic barriers and issues**
(5)	**Difficulty in follow-through**
(6)	**Insufficient staff training**

Limited and Inadequate Access to Services: A number of survey respondents endorsed a significant lack of access to comprehensive and quality mental health and substance use disorder services (e.g., symptom management and stabilization, and availability of inpatient and outpatient treatment and follow-up programs) in their service area. Some agency staff specified needs for subgroups of individuals, such as lack of interpretation services (ASL) for Deaf populations with mental health problems, and limited services for adolescents with substance use disorders. Respondents also reported that the cost of services is often prohibitive, and navigating different service systems is complicated and difficult.

> *"I believe adults with mental illness are not getting the services they need. I also believe adults and children with substance use or dependency are not getting the services they need."* (CMH)
> *"Many residents with mental-health challenges struggle to achieve services regarding all aspects of their lives, particularly while trying to access psychiatric care while encountering insurance and other hurdles."* (CIL)

Employment Services: Among a variety of services, survey respondents specifically identified employment services as being limited for this population. Employment service options were not sufficient outside CMH and MRS systems and the needs of those with mental illness were not being met because of the "*silo approach of service delivery systems*." It also was reported that access to long-term job supports through supported employment was limited for

persons with mental illness and there was a lack of diversity in supported employment job options, citing cleaning/janitorial jobs as common sources of employment. Moreover, the lack of community involvement and willingness to work with persons with mental illness were also raised as barriers for this group in obtaining employment. Staff members offered the following statements on these issues:

> *"We can provide skill-building services, but moving into community employment is very difficult."* (CMH)
> *"If supported employment is needed and they have mental health issues there is no long term support for them in the sense of supported employment."* (MRS)

Lack of Interagency Collaboration: Other notable challenges were discussed in relation to interagency collaboration, including difficulty with limited collaboration with other agencies which results in a lack of knowledge about the service agencies in order to make appropriate referrals. Differences in eligibility criteria between providers were presented as the cause of these difficulties. An example comment is as follows:

> *"Difficulty with collaboration between CMH/MRS. Resulting in poor compliance, reapplying for MRS services or unwillingness to participate in MRS services, due to individuals perception that "MRS can't help them." (MRS)*
> *"Individuals with mental illness are not receiving needed services due to eligibility requirements of programs." (CIL)*

Consumer Basic Needs Unmet: Staff respondents identified two primary concerns related to an individual not meeting his/her basic needs: (a) the lack of affordable, accessible, and safe housing options, and (b) the lack of access to reliable public transportation, especially in rural areas. As a result of basic needs not adequately being met, agency staff specifically reported difficulty in stabilizing co-occurring chronic homelessness, mental health needs, and substance abuse issues long enough for services to be effective. Professionals reported the following challenges:

> *"We look tirelessly for housing for individuals and, even though we have housing vouchers, the housing available is way out of price range and it is very frustrating to try to get someone housed. It is almost impossible with a background of crime or poor credit. If anyone is willing to work with these people, they are generally slum lords or otherwise taking advantage of our clients."* (MWA)

Systemic Barriers and Issues: Funding cuts to both service provisions and staff capacity were reported as other primary issues for persons with mental illness and/or substance abuse disorders. Staff respondents reported that as a result of funding cuts there is limited availability of support services for these populations (e.g., limited treatment, employment, and independent living supports). In addition, the current policy for service provision was raised as a barrier especially for individuals who do not have Medicaid. Professionals from CMH stated:

> *"We used to serve these individuals, but with cuts to funding we no longer do... CMH has a full array of services, but we no longer have the funding for non-Medicaid population."* (CMH)

"We have individuals with high needs, but no Medicaid. This means that at best they receive minimal care and supports, which tends to lead to greater difficulties for them such as the need to be hospitalized." (CMH)

<u>Difficulty in Follow-through from Consumers</u>: Staff reported difficulty in providing services to consumers with mental illness and/or substance abuse disorders due to their lack of follow-through and willingness to seek help. One MWA staff member stated that they "*have not found a service delivery method for this group when [consumers] are not willing to seek help*." Another MWA staff member reported they have "*only been successful with the Veterans Service Officers. The mentally ill will not follow through with MRS since our MRS people do not actively go out to find them. The Service Officers will pursue them*."

<u>Insufficient Staff Training</u>: Survey respondents identified a lack of appropriate staff training as an issue in serving persons with mental illness and/or substance abuse disorders. Survey respondents specifically noted a lack of training regarding understanding disability, SSI/DI benefits, and SSI/DI Outreach, Access and Recovery (SOAR). One MWA staff member stated, "*We need to be more educated when these clients walk in the door. How do we handle them?*"

Effective Strategies and Programs for Individuals with Mental Illness

Listed below are several effective strategies and programs identified by staff members that address the aforementioned specific needs and challenges for individuals with mental illness and/or substance abuse disorders.

A variety of one-on-one support services, such as case management and day programming were recommended for this population. One CMH staff member specifically reported creating "*structured living environments that incorporate intensive behavioral psychology services,*

- **Provide one-on-one support services**
- **Create structured living environments**
- **Develop sustainable interagency relationships**
- **Connect consumers to community resources**
- **Employer outreach initiatives**

occupational therapy, nursing and primary care services, psychiatric services, and ACT-style case management" as an effective strategy.

A MRS staff member shared his/her experience in improved interagency collaboration: "*Developing a relationship with the staff/case managers/directors, educating their system about our system and how we can bridge services to ensure compliance and success… has been the most effective method of ensuring any service(s) provided are purposeful and supported by both agencies, with continuous communication (phone, e-mail, face-to-face, text message) along the way*." Another respondent reported effective strategies of utilizing evidence-based practice methods to build interagency outreach strategies and maintaining continuous systems-level communication.

Professionals provided a number of effective strategies related to developing a working alliance with consumers and implementing employer outreach programs in the community. A CIL staff member specifically indicated that providing supports throughout the entire employment process,

reviewing choices, identifying employers who hire people with different abilities and who reflect diversity in their workforce, conducting basic needs assessments and connecting consumers to respective community resources, helping consumers strengthen their employability, and providing information regarding benefits and work incentives planning all were effective strategies. A CMH staff member reported that expanding community awareness and community outreach efforts, and making an effort to involve community members in service delivery transactions also were effective strategies.

2. Transition-age Youth

A total of 25 staff members identified transition-age youth as an unserved or underserved population. Qualitative analysis of their responses revealed three specific issues/unmet needs relevant to transition-age youth.

> (1) **Misalignment of services**
> (2) **Interagency collaboration**
> (3) **Lack of caregiver knowledge and supports**

Misalignment of Services: This subtheme captures staff perceptions about the misalignment of service delivery to the unique needs of secondary students with disabilities, which covers broad issues related to services, such as type, onset and duration of services. Considering the fact that transition youth with disabilities is generally not ready for work, respondents specifically reported difficulty connecting students, especially with the most significant disability, to appropriate services or resources, late provision of career development activities, and a general lack of long-term support and follow-through. Moreover, staff described a need for more time and resources allocated to education, independent living skills, and mental health. The following statements are reflective of these observations:

> *"There are not enough services for youth in transition as services often begin too late at age 17 vs age 14 to prepare youth for work or independent living."* (CIL)
> *"School expects MRS to pay for student placements of the lowest functioning regardless of counselor opinion on employability, mostly because 'they don't know what to do' with the student. In several cases this has caused conflict with our alternate goal of serving our business customer."* (MRS)

Interagency Collaboration: This subtheme consisted of comments related to insufficient communication and collaboration between community agencies and schools. Respondents described difficulty knowing how to identify students and get accurate, detailed information on their characteristics and needs. They also spoke of incongruent eligibility criteria among agencies and losing contact with students in the transition from school to community agencies. The following statements are reflective of these observations:

> *"The APH count we get is very vague and does not provide the details we need to identify the youth we need to reach out to. We need better access to information to do our jobs within the schools."* (BSBP)
> *"Very different inclusion criteria for children vs. adult services - more stringent criteria for adult service."* (CMH)

<u>Lack of Caregiver Knowledge and Support</u>: This subtheme consists of statements related to caregiver-level issues in supporting the transition needs of youth. Staff observed a lack of long-term caregiver planning for independent adult living, poor understanding and management of disability related behaviors, and a fear of losing disability benefits. Further, this fear of losing benefits can spur non-cooperation with service delivery. These issues also directly relate to the service issues identified in the subtheme of misalignment of services above. Specifically, service providers expressed frustration in not having the time or established relationships with caregivers to assist them in these areas. The following statements illustrate these issues:

> *"It is not because the service is NOT available - it is convincing many families that collection disability alone is not the end goal!"* (CIL)
> *"The challenge is facilitating the cultural acceptance of families in believing or having any expectancy of their transition aged child to work or even take upon themselves some self-sufficiency." (*CIL)

Individuals with Learning Disabilities:
Seven respondents specifically identified consumers with learning disability (LD) as an unserved or underserved population. Two issues/unmet needs relevant to this population

(1) Additional training, remediation, or accommodations
(2) Behavioral interventions or management

were revealed. Respondents noted that young males, in particular, were difficult to work with due to low motivation, and behavioral issues that, at times, led to reoffending after incarceration. Unrealistic expectations of DHS, lack of service in rural areas, and the need for more help with job application and job search were also noted. The following quotes illustrate these needs:

> "*We have done the best we can with the situation but they are disruptive and have trouble knowing appropriate behavior."* (MWA)
> *"Severe learning disabled individuals [are] pushed through the PATH program and considered by DHS as 'Work Ready'-our agency is not adequate for their needs."* (MWA)

Effective Strategies and Recommendations for Transition-age Youth

Respondents described the need for a system that allocates time and resources for service providers to engage early and often with youth, caregivers, schools, and community stakeholders so that meaningful and productive relationships can be established, maintained, and

• **Provide early and consistent case management services**
• **Build relationships with youth, families, and community partners**
• **Teach self-advocacy**
• **Create special needs funds**

cultivated. Service needs were described as comprehensive, with independent living and educational training mentioned as prerequisite to employment. In addition, one participant mentioned that small group interventions provided by MRS counselors can be an efficient means of serving more students, while another respondent suggested using "special needs funds" to empower families to have more autonomy in putting together a system of services and supports for adult children.

*"Empathic relationship with parents to communicate expectancy for the child and why and how
we are using community and personal resources to make it happen."* (CIL)
"Coordination and cooperation is key." (BSBP)
"More cooperation from MRS to support student participation in WIOA youth programs."
(MWA)

In addition, individuals with LD were described as needing a high level of individualized
services and supports due not only to disability related difficulties such as reading and writing,
but also issues of poverty and low motivation to follow through with programs. While one-on-
one assistance with job application, counseling, and guidance through MRS were noted as
effective strategies, one respondent felt that the level of "hand holding" required made effective
service delivery untenable for individuals with LD and low motivation.

3. Individuals with Sensory Disabilities

Twenty-four respondents mentioned sensory
disabilities (hearing loss and/or vision loss) as
underserved populations. Qualitative analysis of
their responses revealed three specific
issues/unmet needs relevant to consumers with
sensory disabilities.

(1) **Mismatch between services and needs**
(2) **Lack of outreach and collaboration**
(3) **Limited transportation**

Respondents who identified individuals with sensory disabilities as an underserved population
overwhelmingly mentioned the mismatch between services and needs. Specifically, a lack of
cultural and technical competence was observed among available service providers, and the
scheduling of American Sign Language interpreters was described as untimely and unpredictable.
Moreover, the services, such as mental health services for members of the Deaf community and
employment services for those with sensory loss combined with significant disability, were
described as unavailable. Two subgroups within this population, older adults with age-related
sensory loss and students with vision loss, were identified as being in need of outreach services.
Another subgroup, rural residents with vision loss, was described as disenfranchised from
employment and full community integration due to limited access to transportation. The
following quotes exemplify these issues:

> *"I simply don't know how to help two customers who are deaf and have serious mental health
> issues. One has minimal language ability, so an interpreter with an English speaking therapist is
> not adequate. The other just gets thrown in jail rather than treatment for emotional disorder.
> CMH does not consider him severe enough. They both need much more than MRS can provide.
> CMH does not provide."* (MRS)
> *"Very lengthy process to help someone, especially the deaf/mute, because conversations have to
> happen via writing on paper."* (MWA)
> *"Interpreter services request a 2 week notice and sometimes interpreters are not available and
> we are not notified until the last minute."* (MRS)
> *"BSBP: We need better access to information to do our jobs within the schools."* (BSBP)
> *"I have learned about technology to read documents, but am unsure of whether my organization
> has this technology available."* (MWA)

Homemakers: Three respondents, all from BSBP, noted that homemakers are an unserved or underserved population now that policy has shifted under the new WIOA amendments. Qualitative analysis of their responses revealed one predominant issue: newly limited access to services. Respondents described this population as falling through the cracks with the fact that MRS and BSBP can no longer use "homemaker" as an employment outcome. Michigan Works! has inconsistent services and funding across counties, and CILs do not have staff trained to work with this group. Thus, these individuals have diminished access to services and supports. The following quotes illustrate this conundrum:

> *"Now with the removal of a Homemaker vocational goal, we are very limited with similar services as vendors.*" (BSBP)
> *"Homemakers are adults who are not searching for employment but can certainly benefit from independent living skills training."* (BSBP)

Effective Strategies and Recommendations for Individuals with Sensory Disabilities

In sum, staff recommendations indicated that services must often be highly specialized and supported by assistive technology to be effective with persons with low vision and hearing loss. This need for specialization creates difficulty for agencies that are serving a diverse range of disability populations. Moreover, these consumers may have

- **Collaborate with county service providers & CILs for services including transportation**
- **Provide one-on-one intervention, referral, and assistance**
- **Use language interpreter services via technology**
- **Link to financial assistance services when out of work**
- **Increase staff with cultural and technical competence**

lived/worked in *"sheltered environments"* or be firmly part of the Deaf culture, thereby making it difficult for some to socially thrive in the workplace and maintain employment. The following quotes exemplify these strategies:

> *"A job developer that uses ASL can help in educating the employer and with job development and job coaching."* (MRS)
> *"One-on-one assistance with repetitive tasks such as reading mail, paying bills and completing applications."* (CIL)

A couple of recommendations were specifically targeted to those with sensory disabilities who have their goal as a homemaker. While previous eligibility and connection to service was described as "working," the new WIOA landscape necessitates new approaches, including early benefits planning, greater investment in *career* training (not just work readiness), and access to vocational evaluators. In addition, group training was again recommended in lieu of individual services in order to maximize staff time, and reach several clients and teach several skills in one day. The following quote illustrates these ideas:

> *"We have seen a difference when providing required benefits planning early on for people. They make better informed choices and we have better successes."* (BSBP)
> *"We appreciate individuals like Joe Longcor, who include BSBP in the process and genuinely help us with direction with concerns regarding SE customers. We need more people like him at*

local levels to work with us in successfully assisting those few mutual customers that exist."
(BSBP)

4. Cultural Minorities

A total of 18 staff members identified cultural minorities as an underserved group in Michigan. Qualitative analysis of the survey revealed common issues or needs relevant to the minority populations (e.g., Native Americans, Hmong, Hispanics, and Arabs)

> **(1) Lack of bilingual staff**
> **(2) Unsuccessful outreach**
> **(3) Limited access to services and resources**

<u>Lack of Bilingual Staff</u>: A number of survey respondents identified the language barriers in serving this population that is due to the lack of staff who can communicate in consumers' native language and/or offer translator services.

<u>Unsuccessful Outreach</u>: A few staff respondents indicated this population is not accessible and reported low referrals despite outreach efforts. Language barrier was identified as contributing to the low referrals.

<u>Limited access to services/supports and resources</u>: Respondents identified a variety of services/supports which were not accessible to this population, including the newly arrived refugees. Specifically, they reported lack of education, job search, medical, interpreter, transportation, documentation (e.g., IDs, SSN), and support services. Also mentioned was the lack of adequate resources for providing services.

> *"In the Thumb area, we also know there is a small Hmong population and have reached out to them, however, we have yet to receive a referral from them (or they choose not to self identify)."*
> (BSBP)
> *"Hispanics/Latino, Hmong, and Arabic groups due to lack of bi-lingual staff and/or service providers that can communicate in the preferred language."* (MRS)
> *"The newly arrived refugees are being screened very quickly and many of the supports needed for their success are not being addressed adequately."* (MWA)

Effective Strategies and Programs for Cultural Minorities with Disabilities

The strategies recommended to address the aforementioned issues include making concerted efforts to reach out, using language translator services via technology (e.g., ACCESS program), and providing one-on-one counseling.

> • **Make efforts to reach out**
> • **Use language translator services**
> • **Provide one-on-one counseling**

> *"Recruit staff from the cultural community/group we are attempting to serve."* (MRS)
> *"Language interpreter services available on line or on the telephone."* (MRS)

5. Individuals with Intellectual and Developmental Disabilities

A total of 17 staff members identified individuals with intellectual and developmental disabilities (I/DD) as underserved populations in Michigan. Qualitative analysis of their survey responses revealed five primary issues related to these populations.

> (1) **Limited services and resources**
> (2) **Lack of access to Medicaid**
> (3) **Consumer basic needs unmet**
> (4) **Inconsistent service delivery**

Limited Services and Resources: Difficulties associated to the scarcity of academic, employment, and independent living services and resources were reported for persons with I/DD. More specifically, one MRS staff member reported issues with academic programs lacking resources and appropriate curricula to meet the needs of transition youth with borderline intellectual disability. Other MRS staff members indicated challenges with the general availability of employment, specifically jobs that match the skill level of this population. Moreover, multiple survey respondents indicated that adults with I/DD have limited access to case management, skill building programs, and community living supports; staff reported this is especially true in rural areas of Michigan and for consumers living in group homes.

Lack of Access to Medicaid: Individuals with I/DD who do not qualify for Medicaid, changes in Medicaid rules affecting coverage, and funding cuts were all cited by professionals as barriers for those with I/DD in accessing needed services. The following statements from staff members are reflective of these observations:

> *"The financial limitations that the CMH has for those whose services are paid for by General Fund means that people do not get what they need to be supported, and there tends to be few if any options in the community that can fill the gap."* (CMH)
> *"We have several DD individuals in our area that services have been either discontinued or reduced regarding day programs/vocational skill building due to local community mental health agency and the new Medicaid rules."* (CRO)

Consumer Basic Needs Unmet: Survey respondents identified two primary concerns related to an individual not meeting his/her basic needs: (a) the lack of affordable, accessible, and safe housing options, and (b) the lack of access to reliable public transportation. A CMH staff member's response highlights these aforementioned issues when stating there is "*not enough affordable housing [and there are] large transportation barriers for those who live in rural areas*."

Inconsistent Service Delivery: Inconsistent service delivery was identified as a theme affecting consumers with I/DD. Staff members reported the inconsistencies in service delivery are a result of a lack of interagency collaboration, differences in service delivery models across agencies, and difficulties in staff turnover and/or lack of staff capacity. One CMH staff member reported experiencing challenges in serving this population, "*due to available agencies to provide contract staff, I think because staff is offered such a low wage for a high responsibility position; staff that are provided are not dependable and/or [are] sometimes untrustworthy.*"

In addition, staff members identified subpopulations of persons with I/DD that are not being served adequately, namely those aging out of transition programs, having higher adaptive functioning, and residing in group homes. Professionals from CRO and MRS specifically indicated that persons aging out of transition programs are not adequately prepared for competitive employment and have limited social activity involvement. Furthermore, staff members offered the following observations regarding individuals with I/DD and higher adaptive functioning:

> *"They fall through the cracks and it is difficult to find additional supports for them. They don't meet criteria for most services and although they need minimal help, they are not eligible."* (CMH)

Effective Strategies and Programs for Individuals with Intellectual and Developmental Disabilities

Listed below are several effective strategies and programs that were identified by staff members that address the aforementioned specific needs and challenges for persons with intellectual and developmental disabilities (I/DD).

In response to inconsistent service delivery, staff recommendations indicated that developing interagency collaboration assisted in improving service delivery methods as well their ability to link consumers to other

- **Develop interagency collaboration**
- **Provide individualized and person-centered services**
- **Develop grassroots programs**
- **Reach out to employers**
- **Utilize pro bono services or reduced rate for private pay**

resources in the community. Moreover, in terms of providing services in rural areas where service capacity is limited, staff identified contracting with agencies in other counties as an effective strategy in filling the service gap in their area. Individualized and person-centered approaches were suggested to improve service delivery.

The development of hands-on work experience and skill development programs for transition youth with I/DD as well as employer outreach efforts were reported as effective strategies in improving employment outcomes. A CRO director shared that grassroots program development by families and community members has been effective in establishing additional supports and services for persons with I/DD. In addition, providing pro bono services and/or reduced rate for private pay was presented by another CRO director as an effective strategy in being able to continue services when agency funding had been cut or if a consumer did not have Medicaid coverage.

6. Ex-felons with Disabilities

A total of 11 respondents provided needs and issues related to ex-felons with disabilities as an unserved or underserved group. Most of their concerns were associated with barriers to obtaining employment, such as lack of motivation to work and lack of knowledge about employment services available in their community. Even for those served by employment agencies, the

respondents pointed out difficulty following through with the customers, and staff's misconception or lack of knowledge and skills makes it more difficult working with this population. Also, it was reported that some people

(1)	**Difficulty obtaining and sustaining employment**
(2)	**Basic needs unmet (e.g., housing)**
(3)	**Disruptive and inappropriate behaviors**

with criminal backgrounds were not able to have a full-time job resulting in frequent job change. In addition, difficulty with community adjustment (e.g., housing problems) and undetected/invisible cognitive or mental problems often make it difficult to properly serve this population. An agency staff specifically indicated that it was more challenging if customers, especially those that are in their 20s or younger, showed disruptive and inappropriate behaviors.

> *"Criminal records often prevent access to housing and employment so IL is unable to assist with IL needs."* (CIL)
> *"The people who are released from prison. They release them and send them right to us with out correct counseling and change."* (MRS)
> *"Criminal Sex Offenders have had a difficult time when attempting to find housing, AFC, and skilled nursing care."* (CMH)

Effective Strategies and Recommendations for Ex-felons with Disabilities

Developing counselor-consumer relationships, providing vocational guidance and counseling, one-on-one tutoring, and follow along services were reported as critical in working with this population. For better employment outcomes, the respondents emphasized an importance of

- **Develop closer relationship with consumers**
- **Arrange and provide a variety of job skill training**
- **Assist with their community living**

providing a variety of job skill training (e.g., job readiness skills, job search skills, socialization skills) and assistance with community living (e.g., housing, transportation).

> *"1:1 support services to address and problem solve the barriers to IL in the community, especially difficult in rural areas with lack of transportation to services and employment."* (CIL)
> *"Transportation assistance, housing assistance, vocational guidance and counseling, socialization skills, job readiness skills, mental health counseling, job placement skills, follow along services."* (MRS)

7. **Individuals with Autism**

A total of eight staff members mentioned individuals with autism spectrum disorder (ASD) as an unserved or underserved population. This subtheme reflects staff perceptions regarding the need for not only more work placement

(1)	**Limited employment options**
(2)	**Lack of breadth and intensity of services**
(3)	**Lack of consumer understanding of vocational rehabilitation services**

opportunities, but also greater engagement of MRS with this population. Services were described as "unavailable" or limited to CMH or school-based services. Moreover, staff felt that this population does not understand or value vocational rehabilitation services, and may even feel stigmatized when receiving services. In turn, staff perceived that the appropriate type and

intensity of services were simply not available in community-based settings. The lack of trained and available practitioners with expertise in ASD was identified as a reason for poor service availability. The following quotes exemplify these unmet needs:

> *"Many times these people are considered to be unemployable by voc rehab agencies…"* (CIL)
> *"Clients are not aware of MRS services and either feel those services will not be helpful or are stigmatized. Those who are aware of MRS have previously applied for these services but then found that nothing was accomplished and that their case fell through the cracks."* (MWA)
> *"Services just unavailable. Staff too hard to reach or overworked. Confusion about services actually provided."* (MWA)
> *"A major lack of resources in our small community-therapy programs, community based programs. People fall through the gaps between MRS services and CMH, no assessment resources."* (MRS)
> *"Individuals with Autism who are not in a school setting have a difficult time accessing resources…They have to travel to larger cities to access therapies and other resources."* (MRS)

Effective Strategies and Recommendations for Individuals with Autism

Given the population's general lack of familiarity and comfort with receiving services outside of school or clinical contexts, staff described the need for agency staff to have time and resources to develop trust with these clients. Moreover, they recommended integration and collaboration with school

- **Develop relationships of trust**
- **Integrate multi-disciplinary and multi-agency services**
- **Offer group as well as individual services**
- **Provide comprehensive evaluation services**
- **Cultivate network of interested employers**

and clinical services to provide more comprehensive service and limit potential duplication of services. Such collaboration could be one way for agencies to more efficiently collect evaluative data to inform plan development. Staff also recommended that MRS be the primary point of contact for employment services to avoid "reverse referrals" from Michigan Works! back to MRS. Finally, one respondent emphasized the utility in building relationships with employers who are interested in working with this population. The following quotes exemplify these strategies:

> *"Basic needs assessment and connection to services and supports that provide security so that employment can become a priority."* (CIL)
> *"Structured living environments that incorporate intensive behavioral psychology services, occupational therapy, nursing and primary care services, psychiatric services, and ACT-style case management."* (CMH)
> *"Identifying employers who 'get it', and want to hire people with different abilities and reflect diversity in their workforce."* (CIL)
> *"Individualized job placement and coaching-that's all we have!"* (MRS)

8. Individuals with Physical Disabilities

Eight survey participants discussed some issues or needs of Michigan residents with physical disabilities (e.g., wheelchair users, amputation, spinal cord injury), emphasizing those with

mobility challenges. In addition to services not meeting their basic needs (e.g., accessible, affordable housing and transportation), environmental and building accessibility issues were noted. Regarding employment related services, the need for comprehensive assessment (e.g., after accidents), vocational

(1)   **Limited housing options and inflexible transportation**
(2)   **Inaccessible buildings and environment**
(3)   **Lack of employment related services**
(4)   **Lack of fund and resources**
(5)   **Limited staff knowledge about medical insurances available for individuals with disabilities**

planning, and on-the-job training were highlighted. At the agency level, lack of funds, staff knowledge about Medicaid and Medicare programs, and secondary health insurance and outreach/marketing efforts were mentioned. One respondent highlighted the long process for implementing services as an issue.

> *"Wheelchair users in particular and people with disabilities need more flexible transportation options and affordable, accessible housing. People with disabilities need OJT."* (CIL)
> *"Adults with a physical disability who are transitioning from school to "adult" life. There are limited resources available for this population who are cognitively high-functioning but have physical limitations."* (CMH)
> *"Adults who have significant physical challenges that depend on others for the daily living activities do not have independent living options. If parents or care taker can no longer provide these services, the only option is a nursing home."* (MRS)

Effective Strategies and Recommendations for Individuals with Physical Disabilities

Regarding the issues or needs of those with physical disabilities, the respondents suggested advocating for consumers to get assistance from other community organizations and service providers. Collaboration with other service groups was emphasized as crucial. In fact, one staff member shared

•   **Advocate for consumers to get services needed**
•   **Work with other agency groups to make environments accessible**
•   **Continue to train staff on resources available for individuals with disabilities**
•   **Engage families earlier in services**

how they worked with other service groups (e.g., donation) to build ramps for a consumer. Continuous in-service staff training can allow staff to keep abreast with resources currently available and provide appropriate service to consumers. Also, earlier engagement of families in service delivery was reported as effective.

> *"At this point to build some work experience- volunteering to see what is available and what assistance/assistive technology they may need to complete job tasks."(MRS)*
> *"Acting as an advocate on the individual's behalf to get assistance from other community organizations and service providers."* (CIL)

9. Older Adults with Disabilities

Five respondents noted that older adults with age-related disabilities or age-related exacerbation of developmental disabilities are part of a population of unserved or underserved population. Qualitative analysis of their responses revealed three specific issues/unmet needs listed below:

Respondents described this population as vulnerable, living in or on the edge of poverty, while also lacking the basic technical skills needed to attain and maintain competitive employment. Furthermore, they may face age

> (1) **Lack of stable housing and support for daily living**
> (2) **Limited basic technical skills**
> (3) **Difficulty obtaining part-time employment to supplement SSI**

and/or disability related discrimination in the workplace. Respondents also described a service gap in which services are available but rationed due to a lack of service providers. In essence, the demand for services and assistance exceeds the supply. The following quotes exemplify these needs:

> *"Many want to go to the training center but are not allowed or need to work with a counselor but none are available."* (BSBP)
> *"Many times given the nature of the disabilities and age discrimination the combination can make placement a formidable challenge."* (MRS)

Effective Strategies and Recommendations for Older Adults with Disabilities

Respondents described patching together services from multiple agencies and charities to help this population with the most basic of needs, including safe housing and companionship. Group training was identified as a way to ameliorate the lack of available service providers, and use of outside job

> - **Use charities, such as food pantries and churches, to meet basic needs**
> - **Collaborate with MWA to help with home maintenance and companionship**
> - **Work with outside job developers in addition to VR counselors**

developers was suggested for consumers that MRS cannot place. The following quote exemplifies these strategies:

> *"The local food pantry, community, and local Methodist church help to fill the need for food for his pet, buying groceries for him, and giving him rides, and the MWA helps with home repairs and cleaning, and providing him with companionship."* (MWA)

10. Individuals with Disabilities in General

Without specifying a specific sub-group, a total of 54 staff members described general issues of needs for individuals with disabilities. Qualitative analysis of their survey responses suggested three primary issues.

> (1) **Lack of transportation**
> (2) **Lack of employment services**
> (3) **Insufficient staff training**
> (4) **Geographical issues**

Lack of Transportation: This theme consists of comments that indicate the lack of access to or availability of transportation in a service area. Some examples of comment are as follows:

> *"Transportation because they live outside the bus line. Family dont have a car or even an extra car to get them here."* (CIL)
> *"All groups and individuals with disabilities in our community lack regular, reliable transportation; they also lack access to public transportation that meets their needs."* (CIL)

Lack of Employment or Job-related Services: This theme captures comments that indicate the lack of availability of employment or job-related services in the community to ensure that customers are work ready. Some comments that exemplify this theme are as follows:

> *"Lack of the tools necessary to allow a customer to seek employment. I have sent people to the local library, which is in this town and much closer for my customers, to seek employment, but that is difficult as I cannot be with them while they are seeking employment. So, they have no assistance while seeking employment on their own. With the lack of Michigan Works, my customers have to be able to seek work completely on their own or MRS has to provide a job developer for everyone seeking employment."* (MRS)
> *"Traditional job support services are lacking. No matching funds and high costs."* (MRS)

Insufficient Staff Training: This theme encompasses comments that indicated an area of need for staff training. The identified areas for staff training include SSI/SSDI, multicultural issues, referrals, and accommodations. Some examples of comments are as follows:

> *"There are a lack of persons who are SSI/SSDI Outreach, Access, and Recovery SOAR trained."* (CIL)
> *"Making sure we have current information to provide referrals and services."* (MWA)

Geographical Location: Lack of resources or services, funding, and transportation were commonly addressed as critical challenges for individuals with disabilities, especially in rural areas of Michigan. Agency staff serving in rural areas also attributed poor labor market conditions (e.g., insufficient jobs available, low wage) to the difficulty of securing a job.

> *"There are very limited resources in a great deal of Northern Michigan."* (MWA)
> *"Accessibility to services outside of this agency are challenging to get to. Availability of services in Ionia county are very limited and this means that many people have to travel to Kent county or Lansing to receive what they need."* (CMH)

Effective Strategies and Recommendations for Individuals with Disabilities in General

A strategy identified for addressing the lack of transportation was calling cabs or shuttle buses. A variety of strategies were identified for addressing employment and job-related challenges including providing support services, one-on-one direct contact, and individualized service delivery: for instance, not providing a cookie cutter service, meeting the individual where they are, and listening to their stories when doing a needs assessment and connecting with services. One

- **Use cabs or shuttle buses**
- **Provide support services**
- **Utilize one-on-one contact and individualized service delivery**
- **Provide job development services**
- **Train staff**

MRS staff member highlighted that MRS should provide a job developer for everyone seeking employment, and should keep informed of needs, job development, job coaching, and follow along services.

The strategies for addressing the lack of staff training include networking, use of brochures, and education. The recommendations for dealing with multicultural issues include trying a variety of service locations, including face-to-face in office and field locations, such as meeting at a coffee shop, DHHS office, etc.

11. Other Populations

Other populations identified as unserved or underserved by a small number of survey respondents include: veterans with disabilities, individuals with post-secondary education, adults with dental care needs, individuals who have low-income, employers, chronically unemployed individuals, individuals who have undisclosed or unrecognized disability, young adults living in nursing homes, and individuals who are not work-ready.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER IV

KEY INFORMANT INTERVIEWS

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KEY INFORMANT INTERVIEWS

In accordance with the *VR Needs Assessment Guide*, telephone interviews were conducted with experts who are particularly knowledgeable about VR needs of individuals with disabilities and the rehabilitation service systems. This chapter presents the methods and the findings of the key informant interviews by providing in-depth commentary as a supplement to the data collected from other stakeholders (e.g., consumers, agency staff).

METHODS

Key Informant Selection and Recruitment Procedures

Prior to initiating the CSNA project, two committee meetings were held in which the committee members were asked to nominate potential key informants. In addition to a total of 55 key informants initially nominated, eight more professionals were recommended by the key informants who were interviewed.

Each potential informant was contacted by email that explained the purpose and importance of the federally mandated CSNA and requested their support and participation. When key informants did not respond immediately, Project Excellence (PE) staff contacted them by phone and left follow-up voice messages. As a result, a total of 38 key informants were interviewed between October 24, 2016 and January 4, 2017.

The informants represent a wide variety of state service agencies (e.g., MRS, BSBP, BHDDA, DOT, VA), community rehabilitation programs (e.g., CIL/DN, CMH, Peckham), professional organizations (e.g., MRA, MTSA), as well as a variety of disability advocacy groups (e.g., MDRC, ARC, UCP, MI Family Voices), and research projects and institutes (e.g., Statewide Autism Resource & Training Project).

Each phone interview lasted on average of an hour and covered the following questions:

1. What populations are not being served in Michigan or are not getting the level/amount of service warranted? Who are they, and what do they need?
2. What are the emerging populations of people with disabilities in Michigan?
3. What has been your agency's experience with the populations cited in the previous questions? What issues or barriers have you encountered in your efforts to provide services, and what strategies have proven to be effective?
4. Are the needs that you have described particularly acute in certain areas, or do they exist across the state?
5. To the extent that your agency has interfaced with Michigan Rehabilitation Services, Bureau of Services for Blind Persons, or Centers for Independent Living/Disability

Network, what additional steps might these organizations take to further strengthen their services?

6. What are the future trends in terms of service needs for people with disabilities in Michigan?

In addition to the six questions, the interviewers further probed for clarification and depth of details. For data analyses and accuracy purposes, the interviews were recorded with permission of the interviewees and detailed summary notes of each interview were made by the interviewers and used for data analyses.

Data Analysis Procedures

The summary notes on responses were combined for analyses. The analyses involved independent reviews and team discussion of the detailed summary notes to identify the prevailing unserved/underserved populations, their relevant issues or challenges as well as strategies and recommendations. Also, their experience with vocational rehabilitation service agencies (e.g., MRS, BSBP), including strengths, issues, recommendations, and future trends were separately analyzed and reported in this section.

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FINDINGS

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In the following subsections, findings on the unserved/underserved populations are organized by: (1) identifying the number of key informants who mentioned the population; (2) listing and elaborating the themes on issues/unmet needs in order from most to least frequently mentioned; (3) sharing strategies and recommendations that are direct responses to the identified needs; and (4) specifying future trends.

Unserved or Underserved Populations

    1. Mental illness and/or substance abuse disorders. Thirty-eight key informants identified individuals with mental illness and/or substance abuse disorders as an unserved/underserved population.

Mental illness and/or substance abuse disorders: issues/unmet needs.

Limited access to services. Limited employment services and opportunities were indicated as a barrier for persons with mental illness and/or substance abuse disorders. One informant noted difficulty in accessing long-term job coaching services in order to meet WIOA regulations. Another informant reported limited

> (1) Limited Access to Services
> (2) Shortage of Community Outreach and Education
> (3) Consumer Basic Needs Unmet
> (4) Disconnect Between Policy and Service Delivery
> (5) Inadequate Interagency Collaboration
> (6) Lack of Funding for Service Delivery
> (7) Negative Attitudes toward Individuals with Mental Illness
> (8) Staff with Insufficient Expertise

employment options and supports specifically for persons with co-occurring mental illness and

developmental disabilities. A veteran services representative indicated that veterans with mental illness disabilities are experiencing difficulties with gaining and sustaining employment due to inconsistent community-based service supports.

Key informants noted consumers consistently have limited access to medication management and case management services, and that consumers are "falling through the cracks" due to changes in service delivery models as a result of the implementation of the Workforce Innovation and Opportunity Act (WIOA). Representatives also reported that consumers are experiencing difficulties in accessing some CMH services because they do not have Medicaid coverage. Additionally, one representative noted that youth with mental illness who are covered under their parent's insurance policy have limited access to CMH services. Multiple agency and service provider informants indicated that inconsistencies in eligibility criteria across service providers have also created barriers in accessing needed services. Individuals still experience significant needs but because they don't meet the criteria for severe mental illness and/or having a dual diagnosis, they are turned away.

Shortage of community outreach and education. Agency and service provider representatives expressed concerns about the shortage of community outreach focused on sharing information with consumers and their families. More specifically, informants reported that service providers are (a) not adequately informing consumers about service options available to them, (b) not adequately educating consumers about mental health issues and the impacts on employment, (c) not connecting with individuals in their respective communities, and (d) not providing early education to parents about preparing their children for their academic, financial, civic, and vocational futures. Also, representatives from two veteran service agencies reported that veterans are not seeking the available mental health services as frequently as other services (i.e., physical health services) even though anecdotally mental health issues are common in active combat vets.

Consumer basic needs unmet. A number of agency and service provider representatives expressed concerns about consumers' basic needs not being met. The primary concerns reported were regarding the lack of access to affordable and stable housing as well as the lack of access to transportation, especially in rural communities. One representative indicated some of the challenges with housing are partially due to agencies not collaborating with local housing systems. Another representative reported that finding adequate housing is difficult because some housing agencies are unfamiliar with how to work with persons with disabilities.

Regarding transportation, representatives reported that both cross-county transportation and after-hour availability is limited, and that navigating transportation systems in general is challenging; these issues make it difficult for consumers to access employment, child care, and manage their various appointments and family responsibilities. Without stable housing and access to transportation, representatives noted that mental health and substance abuse treatment needs are difficult to manage from both the consumer and service provider perspectives.

Inadequate interagency collaboration. Inadequate interagency collaboration was cited as an issue by representatives from various agencies. More specifically, representatives indicated there is an erroneous assumption that the Veterans Administration is taking care of veteran mental health needs. This assumption results in a lack of engagement from community mental health

providers in Veteran Community Action Teams (VCAT) as well as a lack of consistency across community-based service delivery programs. Another representative reported difficulties in congruency between agencies, which has resulted in service providers spending inordinate amounts of time trying to find supports that meet the needs of consumers. Other representatives noted insufficient partnerships between the education system, employment services, and mental health services, and as a result, consumers are falling through the gaps when transitioning from entitlement-based services to eligibility-based services.

Lack of funding for service delivery. Lack of funding was identified as being a barrier to service delivery for mental health services and/or substance abuse treatment programs. Concerns were expressed about the lack of funding for facility-based programs under the Home and Community-Based Services (HCBS) waiver through Medicaid. One representative also expressed concerns that without a service funding expansion the successful implementation of WIOA may be compromised. Other advocates reported that funding cuts have created gaps in services for consumers who were once eligible for supports but no longer are able to qualify, causing a discontinuation in services for consumers.

Negative attitudes towards individuals with mental illness. Negative attitudes, perceptions, and stigma were indicated as negatively affecting an individual's ability to obtain and maintain employment, their active role in the family unit, their ability to access services in the community, and the development of an accessible and inclusive community. One representative indicated compounding difficulties across these areas that are especially salient for individuals with mental illness and having a legal record. Regarding veterans, a representative noted a tendency for the individual to say they don't need help or that they wouldn't qualify for help even if they applied for services.

Staff with insufficient expertise. Some representatives indicated challenges regarding service providers employing staff with insufficient expertise. More specifically, representatives expressed concerns about service providers having the ability to hire credentialed staff members with specialized skills and adequate experience in understanding consumers' complex needs.

Mental illness and/or substance abuse disorders: strategies and recommendations

Develop consumer driven programs.
Effective service delivery strategies and programs was one of two dominating themes that key informants reported as being impactful for persons with mental illness and/or substance use disorders. Representatives from a variety of agencies indicated that developing consumer-driven

- Develop Consumer Driven Programs
- Collaborate with Community Partners
- Reach Out to the Community
- Educate Consumers, Employers, and Service Providers
- Expand Funding

strategies for community-based service delivery has been a successful approach to linking consumers to services. Additionally, representatives reported that utilizing evidence-based programming, person-centered treatment planning, connecting consumers to local providers, and exploring ways to access technology outside agency offices to better serve consumers were effective strategies in strengthening service delivery efforts.

There also were several effective strategies that informants suggested for reducing gaps in services for consumers. Advocates reported that Community Rehabilitation Organizations (CRO) and Community Mental Health (CMH) offices have been bridging gaps in services for the respective populations and that these efforts have been especially important during agency funding and business model adjustments. Additionally, another representative indicated that providing Medicaid coverage to offenders who are transitioning from incarceration back into the community coupled with conducting strategic individualized needs assessments throughout the transition process has been successful in reducing the amount of consumers falling through the gaps.

Key informants from a variety of veteran service providers and advocate groups reported that effective statewide service delivery strategies have improved the ability for consumers to access services. The effective service delivery strategies cited include Veteran Community Action Teams (VCAT), placing "Veteran Navigators" in CMH offices to ensure veterans and their families receive adequate and effective mental health care, the establishment of Veteran Treatment Court, and the Give An Hour program where civilian mental health providers pledge to volunteer their services to veterans for one hour/week for 52 weeks. One representative also noted other effective service delivery strategies that include the "No Wrong Door" philosophy as well as a greater emphasis on supporting veterans in engaging in functional activities (e.g., creative arts expression, equine therapy, service animals, etc.).

In terms of recommending improvements to service availability and delivery, key informants suggested there be changes in public mental health policies in order to offer comprehensive mental health services that adequately meet the needs of consumers.

Collaborate with community partners. Developing interagency collaboration and community partnerships was the second dominating theme that key informants reported as being impactful for persons with mental illness and/or substance use disorders. Collaboration was described by numerous representatives as developing positive partnerships and consultative relationships with state agencies, school districts, private businesses, community providers, advocacy groups, and consumers and their families. These partnerships help to ensure that the consumer is being guided to a program that is the right fit and right resource for them while also providing a warm handoff between the consumer and partnering provider.

Representatives reported that developing supportive relationships with stakeholders is more effective when service providers have a positive presence in the community. Adversarial relationship was cited as a reason for some of the challenges in why providers experience difficulty in developing relationships with stakeholders. One representative indicated that service delivery was improved by collaborative case management across service providers and community agencies where the treatment teams would meet on a regular basis.
A variety of veteran service providers and advocates have recognized an improvement in connecting veterans to the appropriate services (e.g., housing, treatment programs, medical services, stable employment, etc.), which has resulted in better outcomes for veterans. These improvements were cited as a result of stronger partnerships between veteran organizations, state legislators, Community Mental Health, Michigan Rehabilitation Services, Community

Rehabilitation Organizations, and various civilian community providers. Additionally, it was noted that the VA-sponsored Mental Health Summits have provided a platform to network with service providers to discuss strategies to improve service gaps.

The following suggestions were offered regarding improving interagency collaboration. First, it was recommended that agencies collectively have higher expectations for consumers as a way to deliver a consistent message while operationalizing the vision of improved service delivery. The second recommendation is to cross-coordinate training opportunities so agencies can be in better sync with one another. Attending trainings together helps to build stronger and more effective collaborative partnerships.

Reach out to the community. Several representatives reviewed successful community outreach programs and strategies that were effective in delivering information to consumers. One veteran services representative reported that veterans seeking services—especially the younger veteran population—has increased as a result of media campaigns and sharing business cards that list veteran provider websites and 1-800 phone number. Engaging communities in conversations and acknowledging and celebrating differences and diversity was another strategy that has been successful in delivering information to consumers. Community-based grassroots organizations that partner with public systems as well as deliver public awareness campaigns through social media outlets also was cited as a successful strategy.

In relation to improving community outreach efforts, it was suggested that agencies and service providers develop incentivized participation programs which could then contribute to improved rapport development with consumers.

Educate consumers, employers, and service providers. Efforts to educate consumers, employers, and service providers were cited as effective strategies for informed decision-making. Representatives experienced success in educating consumers regarding how to request employment accommodations, educating employers regarding the availability of low-cost accommodations, and educating providers regarding recognizing low-incidence disorders (i.e., conversion disorder). Partnering organizations delivering disability awareness and education trainings reaching 120,000 individuals throughout Michigan was identified as another method for reducing negative attitudes, perceptions and stigma.

Offering community-based disability awareness training that addresses general disability topics—versus disability-specific topics—was identified as a successful strategy. More specifically, one informant reported an effective training strategy their agency uses is to have persons with disabilities deliver the trainings. Another agency representative reported they deliver statewide trainings using Evidence-Based Practice resources from SAMHSA (Substance Abuse and Mental Health Services Administration-Evidence Based Practices) and this approach has helped to improve a skilled community of practice.

Expand funding. Although most of the key informant responses were in relation to funding recommendations, one agency representative indicated their efforts to secure funding through comprehensive grant writing was an effective strategy for social services program development and community outreach efforts. Overall, representatives who endorsed funding improvements

unanimously suggested service funding expansions so programs can provide more comprehensive services in order to meet the needs of consumers and reduce service gaps. Blending of Medicaid-funded employment supports with Title I Vocational Rehabilitation funding for persons with more severe disabilities was recommended as a strategy to improve employment outcomes and better meet consumer needs.

Mental illness and/or substance abuse disorders: future trends. Various key informants identified future trends of services to individuals with mental illness and/or substance abuse disorders relative to the WIOA regulations. While some of the comments indicated issues, others indicated strategies. For instance, one representative from the Association of Community Mental Health indicated there is a need for agencies to acknowledge how employment can also be employer-driven and that agencies should be drafting economic development plans that reflect these aspects of employment. The informant went on to recommend providing financial incentives to employers to facilitate competitive employment (e.g., tax credits, and other financial attractions). Other comments were from a MRS representative who suggested that the WIOA regulation on subminimum wage is putting pressure on sheltered workshop participants as Medicaid will no longer pay for segregated work settings. Furthermore, another advocate equally indicated that waiver rules around integration will impact MRS and DHHS and recommended exploring how to help service providers work within the new context.

Meanwhile, various other key informants recommended strategies to support the WIOA regulations. The strategies include: using evidence-based and promising practices, coordination among service systems, consumer empowerment, initiating conversations with parents early on when developing long-term plans for their child with a disability, better preparation for families, evolving as a society on the philosophy of disability and inclusion, and workplace modifications.

   2.   **Autism.** A total of 14 key informants identified individuals with autism as an un/underserved population.

Autism: issues/unmet needs.

Inadequacy of traditional employment services. Informants described working with this population as being more time and labor intensive because of the complex behavioral and social issues faced by individuals with

> (1)   Inadequacy of Traditional Employment Services
> (2)   Lack of Social and Daily Living Skills
> (3)   Lack of Staff with Autism Expertise
> (4)   Lack of Family Involvement and Support
> (5)   Lack of Comprehensive Evaluation Services

autism, particularly youth. One MRS informant noted that customized employment has been somewhat of a barrier, and that focusing on one approach/strategy can inadvertently limit other viable options. Furthermore, this counselor observed that expectations are high for this population, which can be good but also problematic in finding logical career counseling and placement appropriate to their developmental phase. Another counselor commented that career and technical programs, such as those offered by the Michigan Career and Technical Institute (MCTI) are typically ineffectual with this population. A CRO informant recognized that many high functioning individuals with autism would benefit from more post-secondary education

before employment. However, she went on to note that local community colleges are often not equipped to support these students. Moreover, an MRS counselor noted that while MRS can help with employment, this population often also needs mental health supports but may not qualify under CMH guidelines. An informant from an advocacy group observed that frontline staff, such as job coaches, do not know how to use autism best practices, such as task analysis and visual supports. Moreover, staff do not have effective strategies to address aggression. She went on to note that these supports must be individualized. Finally, one informant from a CRO explained that much of the difficulty in providing employment supports to this population is due to the fact that these individuals have historically not sought or received employment services. Therefore, the population and service providers need to catch up.

Lack of social and daily living skills. The need for social and daily living skills development was detailed by an informant from an advocacy and education group who listed the following as problematic: hygiene, appropriate dress, transportation, and sexual health. An informant from CMH observed that, much like individuals with intellectual disabilities, this group needs transition services with a focus on employment and housing as long-term goals after life skills needs have been addressed.

Lack of staff with autism expertise. Informants attributed the lack of staff with autism expertise not simply to a knowledge gap, but an experience gap. More than one noted that their agencies and organizations simply have not served this population until recently. Specific areas in which staff need additional knowledge related to the unique needs of the population include: job development, job matching, job placement, customized employment, job coaching, on-the-job supports, and workplace accommodations. One informant who provides such training stated that the autism community views service providers as not understanding their needs. Finally, one MRS specialist aptly noted that effective advocacy cannot be provided unless professionals have expertise in working with the population. Specifically, he noted that providers must understand the great variability among individuals on the spectrum and use a very different approach to job development and job coaching than they do with any other population. He felt that autism specialists are needed within MRS.

Lack of family involvement and support. One informant from a CRO observed that families may seem unengaged because they lack resources and knowledge, particularly in regard to social security benefits. In addition, students and their families were described as not understanding disability in terms of employment goals. For example, this informant noted that students and families are unaware that they can bring someone with them to interview or meet with employers.

Lack of comprehensive evaluation services. Lastly, a lack of adequate assessment data was identified as a barrier to effective service delivery. Specifically, one MRS counselor working in transition observed that the three-year reassessments conducted in schools are helpful but often do not include the full battery of tests needed to help effectively guide vocational rehabilitation.

Autism: strategies and recommendations.

Provide earlier and more individualized interventions. Suggestions for earlier/more individualized services included skills training at the high school level and being open to trying work opportunities in settings that one might assume are not suited to individuals with autism. For example, one CRO informant talked about an individual who thrived in a call center setting for an internship experience. Specific training needs for the population included: transportation use, sexual health, hygiene, and social skills.

> - Provide Earlier and Individualized Interventions
> - Educate and Support Employers
> - Connect with Adjunct Services (e.g., ABA)
> - Collaborate with Other Agencies
> - Implement School-Based Experiences
> - Build Staff with Autism Expertise

Educate and support employers. Employer supports included: being honest and upfront with employers regarding what behaviors can be expected, counseling them on the effective use of natural supports (e.g., flexible work schedules), and helping them to see the disability as a difference rather than a deficit. An informant went on to note that employers need to be educated on social and daily living deficits that are typical in the autism population so that employers understand which behaviors are disability related.

Connect with adjunct services (e.g., ABA). Specific adjunct services recommended by key informants included: therapies to learn basic skills and Applied Behavior Analysis to break down job tasks and skill development. Recent legislative changes that help families connect with needed therapies through Medicaid reimbursement were lauded.

Collaborate with other agencies. Collaboration between MRS and the intermediate school district was mentioned as a particularly important partnership for CROs. The Autism Alliance of Michigan was recommended as a good resource for linking individuals to community resources.

Implement school-based experiences. Noteworthy school-based experiences included Project SEARCH for work-based learning, and the Relentless Tour for increasing disability awareness.

Build staff with autism expertise. Regarding building staff with autism expertise, the following suggestions were made: use autism consultants working in the schools to help connect students with CMH, and use training materials from the START Initiative.

Autism: future trends. A key informant who is a member of an autism research project and institute identified future best practices for the autism population. The themes that emerged from the comments were promising strategies to increase employment opportunities and for job placement.

- Strategies to increase employment opportunities included Erik Carter – Community Conversations (Vanderbilt University), developing programs with K-12 for training independent employees, and a focus on accountability during the process.
- Strategies for job placement included the use of social capital, such as getting jobs by "knowing somebody," networking, and exploring all available opportunities.

3. **Cultural minorities.** A total of 10 key informants identified ethnic minorities as unserved/underserved populations in Michigan. Ethnic minorities identified include African Americans, Hispanics, Arab Americans, Hmong, Native Americans, and refugees.

Cultural minorities: issues/unmet needs.

Lack of correct information about specific disabilities. A representative from the Multiple Sclerosis Association indicated that Hispanic, Arabic, and African American populations with multiple sclerosis (MS) lack correct information about their disability. Also, there are many myths about MS among the African American population.

> (1) Lack of Correct Information about Specific Disabilities
> (2) Unwillingness to Seek Help
> (3) Lack of Qualified Interpreters or Bilingual Staff

Unwillingness to seek help. Unwillingness to seek help was identified as limiting outreach efforts especially among Native Americans in Northern Michigan, Hispanics in Wayne and Grand Rapids Counties, Arab Americans in Southeast Michigan, and the Hmong in the Upper Peninsula. According to an MRS consultant, unwillingness to seek help may be because of the espoused culture of taking care of their own or because of the cultural perspective of disability, i.e. mental illness brings shame on the family. Many of these cultures also view government programs with suspicion.

Lack of qualified interpreters or bilingual staff. Language translation difficulties still persist in effectively communicating with ethnic minorities, such as Arabic and Hispanic populations. Compounding this challenge is that there are few staff members from these ethnic minority groups that can help in reducing language barriers.

Cultural minorities: strategies and recommendations

Reach out and train minority communities. The need to train more people about specific disabilities and increase community outreach activities using staff or volunteers was identified as effective strategies to address the lack of correct disability information.

> - Reach out and Train Minority Communities
> - Collaborate with Other Service Agencies
> - Hire More Minority Staff

Collaborate with other service agencies. Key informants highlighted the importance of collaboration between service agencies and CRPs in providing an array of services to cultural minority groups, including disability policy, advocacy training, marketing available services, peer support, employment, etc. A key informant serving the Arab population with disabilities reported benefiting from inviting agency staff to cultural events and activities such as culture day, authentic food day, and language classes in order to increase staff awareness of cultural diversity.

Hire more minority staff. Increasing staff from ethnic minority groups was identified as an effective strategy to deal with the language translation difficulties among the Arabic and Hispanic populations and to facilitate community outreach efforts.

Cultural minorities: future trends. Key informants identified the following future trends for cultural minority groups, namely refugee and Arab populations:

- With the growing population of refugees with PTSD and mild injuries (e.g., mild TBI), there is a need for early identification of mild injuries and potential cultural and language barriers.
- More members of Arab community organizations are younger and/or are single mothers, who are struggling with mental illness, who wants their children to have a quality education, and could benefit from parenting support groups.

4. **Transition-age youth.** Eight key informants identified transition-age youth as an un/underserved population.

Transition-age youth: issues/unmet needs.

Services not individualized and developmentally appropriate. This large subtheme is comprised of informants' comments regarding the perceived lack of individualized, developmentally appropriate transition services, particularly in the areas of transition planning, counseling and guidance, post-secondary education, and

(1) Services Not individualized and Developmentally Appropriate
(2) Staff Shortages and Lack of Staff with Transition Expertise
(3) Limited Interagency Collaboration
(4) Uncertainty Regarding WIOA Implementation
(5) Unequal/Limited Access to Services
(6) Unmet Mental Health Needs
(7) Lack of Information to Families
(8) Services Initiated Too Late

assessment. Informants elaborated on ways in which adult service systems do not consistently address the unique individual, developmental needs of youth. For example, informants from MRS spoke about restrictive college and technical training policies. Another informant from a CRO noted that students do not have relationships with transition staff who can help them to practice self-determination, learn to solve problems more independently, and address comprehensive developmental needs. Family advocates noted that individualized behavior plans and academic accommodations were lacking at the school level.

One advocate stated that her agency sees "underservice" in every IEP they review. A second advocate described person-centered planning and self-determination as limited by local resources. She went on to note that the "money doesn't follow the child," which limits choices for training and employment to only what is locally available. One representative of a professional service organization summed up this theme by describing a systemic lack of service providers and programming that supports deep exploration as opposed to a shallow, transactional approach to transition. Finally, one advocate explained that individualization of services requires not only greater staff involvement, but also more engagement from students in planning processes.

Staff shortages and limited staff with transition expertise. This subtheme captures comments related to systemic issues that limit overall staffing and, in particular, staff with expertise in transition, such as transition coordinators. Such limitations were described as inhibiting the individualization of services, as reported in subtheme one, and having a significant impact on lower incidence populations, such as those with more severe disabilities, or specific disability subtypes, including spina bifida, autism, learning disabilities, and cerebral palsy.

One informant from a family advocacy organization noted that staff have overloaded schedules, which leave no time for learning to work with new populations or to develop transdisciplinary intervention approaches. Another family advocacy and training group representative noted that teachers have limited knowledge and skill regarding transition, as well as a lack of time or support to develop such skill. This informant noted that Detroit parents have called her agency to report that their schools are not staffed with special education teachers. Other staffing issues included a lack of supervision for job coaches and other front line staff, who were described as doing things for youth rather than facilitating growth, problem solving, and increased autonomy.

One CRO staffer described Work Based Learning programs she had observed as "busy work," rather than true learning. She felt that job coaches should have more disability training and experience and a good working knowledge base for serving persons with disabilities. She went on to recognize that the pay is poor for job coaches; therefore, making it difficult to recruit and retain quality staff. Finally, in addition to the need for staff with disability knowledge and experience, there was also a call for service providers with cultural competence. This was described as necessary for gaining trust and respect of historically marginalized groups, such as Native Americans and other minority groups.

Limited interagency collaboration. This subtheme described systemic barriers that foster fragmented services delivery. One MRS informant described the lack of collaboration as being so blatant that interagency communication is not only untimely, but sometimes disregarded. Specific populations were noted as not getting their needs met due to lack of coordination. In particular, youth with mental health needs were noted to have difficulty qualifying for CMH unless they are Medicaid eligible. This, in turn, has led to families telling other families that MRS is the gateway to all services. MRS informants described this misinformation as stemming from recent systemic changes in CMH funding that caused eligibility criteria to shift, leaving staff and consumers confused. This informant went on to note that the rebasing of funding for CMH at the state level has decreased funding locally and shifted more CMH clients, including students and those with more significant developmental disabilities, to MRS. It is noteworthy that this informant has simply had to react to such changes, as opposed to having a more collaborative relationship with CMH that might allow for preplanning and coordination for systemic change.

A legislative advocacy informant summarized by stating that public systems simply don't coordinate. Further, this individual highlighted the gap between schools and adult service providers by noting that students don't get access to MRS because MRS is largely not "at the table" when transition planning is happening. Another informant from a transition program discussed how K-12 education is disjointed from adult service agencies. She commented that school districts "take care of everything," and lack an understanding of how adult service

systems operate. Overall, informants described schools and state agencies as not only having differing eligibility and service options, but also having staff that don't fully understand these differences.

Uncertainty regarding WIOA implementation. This subtheme was punctuated by discordant feelings about WIOA. Predominantly, informants seemed hopeful about WIOA, but concerned about how to meet the need for more transition service when staff are already stretched thin with adult caseloads. For example, one informant from a non-profit CRO stated that the "motive" behind WIOA is positive, but expressed concern regarding implementation and how services are going to be provided throughout the state. Another MRS informant noted a novel problem spurred by WIOA, i.e., the influx of funding for Pre-Employment Transition Services (Pre-ETS) has left administrators scrambling to establish and implement programs to spend the money responsibly and meet the needs of individuals. Another MRS informant expressed concern that funding is being shifted from adult populations to youth. In addition, while fiscal resources were described as available, the necessary partnerships, staff, and collaborative programs to meet the needs have not been established. However, this lack of structure was not described as a lack of foresight.

On the contrary, one MRS informant described purposefully delaying the building of implementation structures due to fear of going too far prior to regulations being finalized. Pre-ETS were noted as a positive way to connect youth with needed services before they qualify for MRS, or even if they won't qualify for MRS. However, service system fragmentation was again mentioned as a barrier. Specifically, one MRS informant noted that just because services are initiated via Pre-ETS does not mean that the necessary continuum of multi-agency services will ensue. Beginning services at the ages of 14 to 16 was also noted as a gray area for MRS counselors who noted that this age group has unique issues and needs that MRS counselors have not traditionally addressed. One counselor expressed concern about the sustainability of early and intensive services for populations such as individuals with autism. She noted that extensive post-secondary supports are now available but are very expensive.

Unequal and/or limited access to services. A family advocate noted disparity in available supports and services across counties and school districts. She went on to describe some districts as "re-segregating" students with disabilities, particularly students with behavioral health issues. She also expressed concern that these students were being pigeon-holed into certificate of completion tracks, predetermining their ability to receive a high school diploma, as early as in the elementary years. One advocacy informant recommended more services for African American youth in Oakland County.

Other issues identified in this subtheme as limiting access to services apply not just to youth, but to all individuals with disabilities. Both the lack of transportation infrastructure and the lack of funding to pay for services like Uber, which one CRO noted can cost $20 per day, were described as barriers to services and employment for youth. This same CRO informant also noted that low pay for staff, such as job coaches, makes it difficult to build and maintain a staff to serve youth. An MRS informant described youth who fall through the cracks because they no longer qualify for CMH employment services and need supported employment, but the level of ongoing support that is required cannot be provided by MRS.

Unmet mental health needs. One informant, who is a staff trainer, felt that youth with mental health needs, as opposed to youth with autism, are truly the most underserved youth population. Informants described several barriers to connecting youth with mental health services. For example, a CMH informant spoke of kids with mental health needs being cut off from services at age 18 when comprehensive community-based services end. As adults, they may not quality for traditional CMH services, such as psychotherapy, drop-in centers, and case management, even though they received intensive mental health services as children.

Beyond these traditional mental health services, youth with mental health concerns were also described as needing more than crisis care (e.g., assistance with stable housing, social skills, independent living, and employment). Residential treatment approaches were described as problematic due to difficulties reintegrating youth into their home communities. School-based approaches to behavioral health were described as in need of more progress monitoring and functional behavior plans as opposed to simply controlling behavior.

Lack of information to families. Families of young adults with disabilities were described as uninformed about disability characteristics, individual potential, and service systems. One MRS informant described families as well-intentioned but uninformed, describing some as belonging to an "underground network" that misinforms other families about what MRS can and cannot do. Another advocate noted that families do not know about MRS services or the need for early involvement in the high school years. A tribal informant noted that families often choose to keep their children in school until age 26, not because they are working on academics, but because they are receiving related therapies that they might not otherwise receive. Finally, one CRO informant attributed some of this difficulty to school districts that take care of everything for families, effectively leaving them disempowered after exit from school.

Services initiated too late. CROs, advocates, and one professional organization all spoke of the need for early intervention. One family advocate felt so strongly about this need that she recommended that families be connected with IL and other rehabilitative services at birth or upon diagnosis. Another informant, from Disability Network, noted that WIOA's mandate for service at age 14 is not early enough. Finally, an informant from a professional organization noted that services should not only be implemented earlier but also more intensively. He also specifically called for earlier transition planning.

Transition-age youth: strategies and recommendations.

Collaborate with Other Agencies. In terms of collaboration, more than one informant noted the need for participation in Office of Disability and Employment Policy grants and willingness to be a partner at that table with other organizations including MRS, BSBP, school districts, and CROs. Contracting out services, such as using CILs to implement Pre-ETS, was another recommendation.

- Collaborate with Other Agencies
- Hire Transition Staff and Strengthen Transition Knowledge of Existing Staff
- Augment School-based Experiences
- Work with Families Directly
- Address Employer Needs
- Capitalize on the WIOA Initiatives

Having agencies come together to provide standardized intervention programs was recommended by MRS to prevent duplication of service. Moreover, joint leadership in contract negotiations was recommended by an MRS informant.

Hire transition staff and strengthen transition knowledge of existing staff. In response to staff shortages, one MRS informant noted that WIOA funding allowed for hiring 26 Pre-ETS counselors. Suggestions for strengthening staff expertise focused on adding training opportunities to include use of E-learning websites, and Project SEARCH Toolkits, and using more programmatic approaches to intervention by utilizing pilot programs such as Stay Out and the Assistive Social Skills and Employment Preparation Program (ASSET).

Augment school-based experiences. Recommendations for augmenting what schools are doing to assist in transition included: providing students with community resource binders; more internship experiences lasting 10-12 weeks each; and more targeted instruction on soft skills, communication in employment settings, computer skills, health and wellness, functional academics, independent living, money skills, and hard employment skills. Finally, one transition specialist recommended use of the Career Preparation System for K-12 students. This curriculum was described as offering exposure to career development, promoting employer collaboration in the schools, helping students with a wide array of disabilities, and addressing the need for education of the business community.

Work with families directly. Advocates talked about outreach to families as pivotal in connecting students with services at an earlier age. Specific suggestions for assisting families directly included use of 2004 Freedom Grants, i.e. funding that "follows the person," rather than the person seeking funding from various agencies. In essence, this IL advocate recommended that families be given funding so that they can decide how to spend these resources on services and equipment their son or daughter needs. A family advocate recommended that parents receive training on the particulars of service contracts such as IEPs and IPEs. In terms of individualizing services, Person-Centered Planning was recommended as a useful model. Finally, one informant from a CRO recommended that families need to be accountable for participating in plan development and implementation, and the best way to do that is to include them in team meetings.

Address employer needs. Ways to support employers included offering disability awareness and accommodations training through formats such as "lunch and learn" meetings.

Capitalize on the WIOA initiatives. Finally, recommendations for capitalizing on WIOA were offered, including: using WIOA initiatives as a systematic improvement model, and linking technical assistance grants to WIOA activities.

Transition-age youth: future trends. Some of the key informants representing the transition population (e.g., MTSA, Project SEARCH, and MRS) identified future trends in terms of services. Themes that emerged from their comments were related to WIOA, pre-employment transition services, and technology.

- WIOA is going to re-direct the efforts of agencies, improve services for the youth population, and increase career advancement; however, there is limited funding.
- Pre-Employment Transition Services included comments about the challenge of figuring out how to deliver evidence-based services as well as the needs for state and community agencies to serve students earlier, use special education data for service planning (e.g. CEPI), address social/emotional issues in safe counseling environments, involve parents, and provide follow along supports with employment on a monthly and long-term basis.
- Technology was noted as an issue that service providers will have to contend with; in particular, service providers will need to be up-to-date on technological advances and how to use technology to better communicate with youth.

5. **Veterans.** A total of eight key informants indicated that veterans with disabilities were unserved/underserved populations in Michigan.

Veterans: issues/unmet needs

Lack of access to mental health services. Key informants representing a variety of state agencies and CROs identified that lack of access to adequate mental health services were the most prominent issue experienced by veterans. They raised concerns that many veterans experience

| (1) Lack of Access to Mental Health Services |
| (2) Lack of Knowledge or Unwillingness to Seek Support |
| (3) Difficulty Gaining and Sustaining Employment |
| (4) Difficulty Embracing Technology |
| (5) Limited Resources for Affordable Housing |

ongoing mental health issues such as PTSD, depression, anxiety, and suicidal thoughts. However, they felt that current service systems do not have a clear set of diagnostic criteria, and therefore rely on subjective assessments done by providers or physicians. As a result, veterans may not be properly diagnosed which then causes limitations in accessing mental health services. One key informant estimated that about 80% of veterans are not able to get connected with adequate mental health care. Moreover, there is a concern that some mental health agency staff are not culturally competent to serve veteran populations, while a misunderstanding persists that all veterans should be served by the VA. Key informants emphasized that mental health stigma continues to be another barrier that prevents veteran populations from seeking needed services, such as mental health treatment, employment, etc.

Lack of knowledge or unwillingness to seek supports. Several key informants mentioned that sub-populations, such as Vietnam veterans and homeless veterans, were underserved because they do not seek out necessary services. They felt that although services and resources were available in the community, some of these veterans have limited knowledge about accessing these services, or choose not to receive services altogether. Moreover, key informants expressed concern that homeless veterans frequently have mental health issues but are hesitant to seek services since they feel uncomfortable making the long-term transition to maintaining civilian life.

Difficulty gaining and sustaining employment. Key informants identified that although many veterans show interest in finding employment, they experience difficulties gaining and sustaining proper employment, especially for those who have mental health issues.

Difficulty embracing technology. Some key informants indicated that many veterans, especially older populations, experience difficulty embracing technology. For example, they have limited understanding of how to access social media in developing connections with providers and other community members.

Limited resources for affordable housing. Key informants stressed that lack of affordable housing services has been an issue for homeless veterans due to insufficient staffing as well as limited and inconsistent resources available in the community.

Veterans: strategies and recommendations.

Improve agency collaboration. The development of collaboration and partnership among agencies such as VA, CMH, DHHS, and CIL was identified as an effective strategy for veteran populations. Key informants agreed that placing veteran navigators or liaisons in other agencies will ensure that veterans and their families receive adequate and effective services. Success of call centers has led to relationships with community stakeholders. They also indicated that Veteran Community Action Teams (VCAT) have been created with the collaboration among community stakeholders and service providers. This has offered an opportunity to connect providers in sharing information, experiences, and best practices for this population. Cross-functional communication among different stakeholders has also been effective when discussing veteran's situations (e.g. physical and environmental accommodations to make the work environment accessible).

- Improve Agency Collaboration
- Expand Access to Information and Resources
- Provide Comprehensive and Individualized Services to Veterans
- Educate Service Providers and Employers to Enhance Military Cultural Competence

Expand access to information and resources. Key informants also mentioned that strategies to increase access to information and resources have positively impacted veterans. For example, media campaigns about call centers and providing online mental health screening tools have increased veterans and their families awareness of community resources, while also encouraging them to access the available services. Resources and information as well as free counseling services provided by veteran centers across the state have also been identified as effective.

Provide comprehensive and individualized services to veterans. Another effective strategy is to expand services provided to this population. Service providers or veteran navigators might be embedded in the community and provide direct services to those who are hesitant to go to CMH. Key informants indicated that in order for this type of service to be successful, other agencies and service providers need to be actively involved. Utilizing online resources (e.g., GiveAnHour.org) can also enhance better access to the services available in the community. Based on the individual needs of veterans, a holistic approach was recommended when providing services including case management, peer support, referral, services focusing on functional activities (e.g., creative arts, equine therapy, service dogs), work assessment, non-paid work experiences, transportation, etc.

Educate service providers and employers to enhance military cultural competence.
Education and training provided to consumers, service providers, and other stakeholders
(e.g., employers) was also identified as an effective strategy. Examples of strategies
addressed by key informants are as follows: educating veterans to develop self-advocacy
skills (e.g., how to request proper accommodation); educating employers about low-cost
accommodations available to veterans with disabilities; and educating services providers
to enhance military cultural competence. Also, key informants felt that providing
adequate education and information will be critical so that veterans with mental health
issues understand the impact of the illness on employability and accommodations.

Veterans: future trends. Some of the key informants representing state VR agencies and CROs
identified future trends in terms of service provision to veterans. Themes that emerged from key
informant comments were related to disability prevalence, access to services, education and
employment.

- Informants highlighted an increase in ASD and mental health disabilities (e.g., PTSD, TBI,
  depression, anxiety, etc.) among veterans.
- Informants also indicated that many veterans lack access to Veterans Affairs (VA). Specific
  reasons for the lack of access to the VA included aging facilities, veterans having to travel
  long distances, and an overall shortage of facilities. The recommended strategies to increase
  access to VA services include: spreading the word to veterans regarding the benefits of
  accessing resources; the Consortium of Michigan Veteran Education (CMVE) model of
  outreach; Michigan Veterans Community Action Teams (VCAT) model; continuing supports
  and services for veterans returning from active service as exemplified by the National Guard
  model of services; veteran-centric service agencies characterized by a sea of goodwill
  towards veterans, involvement of veterans in service provisions and data collection, building
  a bridge from community services to the VA environment, and an informed-choice approach
  to services. Instead of building more VA facilities, it was suggested that services will be
  better accessed by working with community providers and using already existing medical
  infrastructures outside of veteran's systems.
- Obtaining employment is a challenge for veterans due to a lack of appropriate education and
  the stigma associated with mental health conditions. There is need for more brick and mortar
  in-class education vs. online class education to build a stronger bridge towards employment
  and to break down stigma through keeping positive messages at the forefront of public
  sentiments.

6. **Physical disabilities.** A total of six key informants identified persons with different types
of physical disabilities as unserved /underserved populations in Michigan.

Physical disabilities: issues/unmet needs

Lack of staff with expertise. Some of the representatives of professional organizations for individuals with physical disabilities (e.g., National MS Society, and Epilepsy Foundation) perceived that service providers have limited understanding about specific disabilities, such as cerebral palsy, epilepsy, Spina Bifida, and multiple sclerosis, and that counselors were less prepared to work with this population. Also mentioned was the fact that there are limited medical professionals who have expertise in specific disabilities that can provide direct care and services (e.g., lack of neurologists and epileptologists).

(1) Lack of Staff with Expertise
(2) Lack of Support Services
(3) Lack of Access to Technology and Transportation

Lack of support services. Key informants also identified issues related to lack of support services (e.g., service dogs, personal assistant support services, etc.) for this population. Limited insurance coverage and other financial responsibilities may prevent this population from receiving proper personal care services.

Lack of access to technology and transportation. Lack of access to technology and transportation, especially in rural areas, were identified as major challenges experienced by individuals with physical disabilities. Key informants mentioned that technology issues such as no access to computers and the internet as well as limited transportation services may prohibit people with physical disabilities from accessing available resources and information.

Physical disabilities: strategies and recommendations.

Train staff/counselor. Key informants found that providing training to service providers and counselors has been effective to better serve their consumers with specific physical disabilities. Specific disability organizations have been providing online and offline education and training in increasing counselor awareness and growing caseload (e.g., Epilepsy Foundation).

• Train Staff/Counselor
• Reach Out to the Community

Reach out to the community. Another effective strategy recognized by key informants was reaching out to the community so that people with physical disabilities are more aware of services and supports available in their respective communities. This will enable those with physical disabilities to obtain the right referral to needed services.

Physical disabilities: future trends. Some of the key informant representatives of the National Multiple Sclerosis (MS) Society and Epilepsy Foundation identified future trends. Themes that emerged for those with epilepsy were transportation and staff training, whereas themes for those with multiple sclerosis were related to job retention services and healthcare.

- Transportation was identified as the biggest barrier to employment of individuals with epilepsy, more so because there are few solutions and MRS has limited funding to help. Although, Grand Rapids and Ann Arbor have excellent community transit, other areas do

not. Hence, there is a need for statewide governmental attention particularly for commuting outside of one's community in order to engage in employment activities.

- Equally identified was the need for expanded training for vocational rehabilitation staff and counselors to enhance their knowledge about epilepsy, as seizures are not the only characteristic of the condition. Some recommended topics for training include associated memory problems, depression, social skills, isolation, medication side effects, and psychogenic non-epileptic seizures.

- Job retention services should focus on increased accessibility of businesses for people with MS as this population continues to express a desire to work and contribute to society, and continues to remain in the workforce longer.

- Key informants also highlighted the uncertainty and fear about access to health care for individuals with MS as well as a need for technology development to increase access.

7.   **Sensory disabilities.** Three key informants identified individuals with vision loss as an un/underserved group. No subthemes emerged that relate to individuals with hearing loss.

Sensory disabilities: issues/unmet needs.

Cognitive and soft skills deficits. Most comments related to blind persons and reflected the need for cognitive and soft skill development. One informant from BSBP commented that basic soft skills and cognitive issues are often overlooked or minimized in this population. It was also noted that the

> (1)   Cognitive and Soft Skills Deficits
> (2)   Limited Access to and Availability of User-Friendly Technology
> (3)   Lack of Disability Awareness
> (4)   Limited Access to and Availability of Transportation
> (5)   Unequal Access to Services in K-12 Settings
> (6)   Lack of Access to Vision Specialists

population of individuals with sensory loss and complex cognitive, motor, and behavioral issues is growing, perhaps due to improving survival rates for premature infants. Specific skills development needs identified by key informants included hygiene, eating techniques with silverware and food location, physical space awareness, and training on appropriate social interaction.

Limited access to and availability of user-friendly technology. An overall lack of access to affordable assistive technology, and "out of the box" technologies that are user-friendly and don't require extensive programming was noted by BSBP. Similarly, an informant from the Association for the Blind observed that software is becoming more sophisticated and therefore difficult to support.

Lack of disability awareness. Informants explained that employers and other community members are often unaware of what persons with blindness can achieve simply because they have little exposure to this low incidence population. This is also true of individuals who have late onset acquired vision loss.

Limited access to and availability of transportation. This issue was identified as problematic not just in rural areas, but statewide.

Unequal access to services in K-12 settings. Specific factors related to disparate services at the school level included: access to technology, district funding, and willingness of parents to allow students to be pulled out of academic classes for specialized vision-related interventions.

Lack of access to vision specialists. A key informant from BSBP observed that certified vision rehabilitation therapists are the most qualified to work with the population but their services are not reimbursable under Medicare and other medical services. Out-of-pocket co-pays also create a barrier for consumers.

Sensory disabilities: strategies and recommendations

Increase access to technology. To address the need for increased use of technology, informants recommended assistive technology lending libraries without limits on loans, and reselling devices on consignment.

- Increase Access to Technology
- Advocate for Consumers
- Increase Access to Services
- Provide a Variety of Career Development Activities

Advocate for consumers. Advocacy recommendations included taking a dual customer approach by working with employers to help them realize the potential of persons with blindness.

Increase access to services. To increase access to services, informants recommended use of conference calls and home visits.

Provide a variety of career development activities. Finally, in order to promote independent living skills, after-school programs and summer training was recommended.

Sensory disabilities: future trends. Key informants representing the Association of the Blind and Visually Impaired, BSBP, and MRS identified future trends in terms of services to individuals with sensory disabilities and by age group transition, employment age, and older blind.

- Respective of the transition population, informants identified the need for funding to recruit knowledgeable personnel, such as transition coordinators and navigators to link transition customers to services. Also mentioned was the need for collaboration and early involvement of VR in IEP meetings to provide life skills training and programming that is sensitive to social media and technology (e.g., texting and real-time interpretion for deaf and hard of hearing).
- With respect to employment age, informants mentioned the need for working with employers and helping to educate them on the strengths of hiring the persons with blindness and visual impairments, and providing them with resources to be able to manage employees who have a disability.
- With respect to the older blind population, concerns raised were related the exclusion of homemaker skill services in WIOA, which makes VR services more stringent and focused on community-based integrative employment, resulting in a foreseeable need for more funding and services for this particular population.

8. Ex-felons/Post Incarceration. Two key informants mentioned ex-felons or individuals who have a history of incarceration as being an unserved/underserved population in Michigan.

Ex-felons/Post Incarceration: issues/unmet needs

Unmet basic needs. Key informants representing DOC and BSBP indicated that individuals with criminal history need to have secured housing in order to be stable and participate in training. However, there are limited housing options in some communities and some housing agency staff may not be familiar with

> (1) Unmet Basic Needs
> (2) Lack of Employment Opportunities
> (3) Lack of Mental Health Services

working with this population in terms of understanding specific legal issues nor do some staff have proper skills to serve them. Additionally, key informants also identified that there are insufficient services for this population in terms of making the transition from incarceration to community living and transportation.

Lack of employment opportunities. Key informants identified employment as another needed service area for this population, especially for those who have a record of sexual offense or felony. They felt that it was unclear whether there are employment opportunities for those with criminal history. Key informants also identified the difficulty in obtaining vital documents (e.g., SSI/DI beneficiary status, ID, birth certificate, etc.) so that proper employment services could be provided to this population. Individuals with a criminal background may need to understand more about SSA benefits, employment, and develop employment skills through services provided by vocational rehabilitation counselors.

Lack of mental health services. Key informants stressed that there are an increasing number of individuals who are experiencing mental health issues such as depression, schizophrenia, bipolar disorder, substance abuse, PTSD, etc. Difficulty in follow-through was also identified as one of the challenges in working with ex-felons with mental health issues, highlighting the need for receiving proper mental health and medication services. However, due to HIPPA requirements, limited information can be shared between agencies and connection with resources in the community among agencies were identified as barriers in providing effective services for those in need.

Ex-felons/Post Incarceration: strategies and recommendations.

Collaborate with other agencies. Representatives from DOC and BSBP reported collaboration among agencies as an effective strategy for individuals with a criminal history. In order to provide supports and services based on the

> • Collaborate with Other Agencies
> • Follow-up after Discharge (e.g., home calls, presence in community)

individual's specific needs, the parole office should develop partnerships and collaboration with other community agencies such as MRS, CMH, and CIL. This will encourage external agencies to revisit and modify policies so that this population may not be excluded from receiving proper services. Also, by working as a treatment team or through collaborative case management, staff

from different agencies can review cases together that are challenging while focusing on providing holistic services. One key informant mentioned that professional consultation services involving a coordination of services with different agencies have been effective in terms of providing proper assessment and services to individuals with mental health issues.

Follow-up after discharge (e.g., home calls, presence in community). Another effective strategy offered by key informants was to provide monthly home calls and to regularly visit with the community in order to develop relationships with individuals, family members, community members, and service providers.

Ex-felons/Post Incarceration: future trends. A representative of the DOC identified future trends of services for individuals with a criminal history. The themes that emerged from the comments were the need for better mental health crises management and for community services and support.

- The key informant highlighted that agencies should keep in mind that this population also may have mental health issues that, without the accurate level of care, could present risks to the community and result in legal recidivism; therefore, it is important to provide stable housing, Medicaid prior to release from prison, medication management, and education to employers so that they can better understand this population.
- Accordingly, the informant commended the Oakland County work with Easter Seals as an excellent model of community services and support that should be replicated in every county throughout the state.

State Vocational Rehabilitation Agencies

In the subsections that follow the findings about state vocational rehabilitation agencies are organized by (1) identifying the number of key informants who mentioned the agency; (2) discussing the identified strengths of the agency; and (3) listing and elaborating the themes on issues in order from most to least dominant, and providing recommendations where applicable. Notably, the emphasis of the discussion is on the identified issues based on experience with the respective service agencies and in keeping with the purpose of this research.

1. **Michigan Rehabilitation Services (MRS)**

A total of 19 key informants referenced MRS. With regards to identified strengths, key informants indicated that MRS is skilled at providing services to employers and relating to employers. One key informant reported that MRS does a brilliant job helping employers get comfortable with hiring consumers with disabilities, though noted that it depends on who has established the relationship with employer. Another key informant representing a community-based agency that employs people with disabilities reported having a positive and close relationship with MRS. Additionally, the informant mentioned that they have developed a strong trust with the local MRS office, and together they work creatively and flexibly. Key informants expressed appreciation for MRS providing valuable resources, such as service grants and funding. For instance, a CMH representative commended MRS for underwriting costs as well as providing stronger advocacy and joint risk on behalf of consumers. MRS was also positively

recognized for providing grant funding in starting MDRC as well as funding and support for transition students and youth and non-CMH populations.

Furthermore, an informant representing Michigan Department of Corrections reported that their experience working with MRS has been excellent and that they are very excited to continue their collaboration efforts. This informant also expressed optimism that MRS can help more offenders by having additional staff in place to address support service needs (not just for employment), and that MRS has the skills and ability to "walk the offender through the process and link them to other community resources." Some informants equally expressed an overall positive relationship with MRS stating, "MRS has been good."

MRS: issues and recommendations. The themes that emerged related to issues are listed in order from most to least dominant with recommendations being discussed where applicable.

Interagency collaboration. A key informant representing BSBP communicated that MRS is very large and services many more people than BSBP; however, it would be beneficial for MRS to think about how they could include BSBP more in the conversations. Although a key informant who is a person

> (1) Interagency Collaboration
> (2) Services to Individuals who are College Educated
> (3) Central Office Staff Oversight
> (4) Community Outreach
> (5) Working with High Needs Individuals

with a disability and a CIL advocate for families and individuals with disabilities indicated having a positive personal experience in receiving services (e.g. psych evaluation, job coach), this informant also highlighted that high counselor caseload is limiting counselor and client relationship development. In relation to this observation, another key informant from an agency that services persons with autism recommended interagency collaboration to address the heavy work load of counselors and help MRS with stamina.

A key informant veteran representative discussed wanting to see improvement in the relationship between the business solutions teams of MRS and the employment services area with the Department of the Veterans Affairs. Lastly, a representative from the Arab American population noted the need for a collaborative relationship in providing opportunities for transitional employment. According to the informant, the Club House they represent tries to provide these employment opportunities themselves; however, they recognize they could use some help. Overall, responses from several key informants indicated a general need for more collaborative programing to save resources and service a wider spectrum of customers.

Services to individuals who are college educated. Key informants raised a concern pertaining to services available to individuals with post-secondary training/education. It was suggested that unmet needs are a result of (a) MRS not being as experienced in serving individuals who are college educated and therefore having difficulty connecting them with jobs that meet their skill level, and (b) staffing/funding issues. It was recommended that including MRS at the university level as young adults are going through college and preparing for graduation will be beneficial. Additionally, it was suggested that MRS pilot different trainings and mechanisms (e.g., helping to acquire job/internships) to help individuals while they are attending college.

Central office staff oversight. Key informants provided comments indicating the lack of central office supervision of the services provided by local office staff. The lacking supervisory functions include communication, directions on reporting, use of theory and models, standardization, and evaluation of services at the local levels.

With regards to communication, a key informant highlighted issues with the implementation of Pre-ETS. Although a strong collaboration with the central office was reported, there was disconnect between the local MRS offices. In particular, the relationship with the local offices is at risk due to confusion over what funding can be used for which services, feeling pressured to spend money in ways that are not in the best interest of the client, lack of creativity on behalf of counselors to try new approaches, lack of follow-through, poor negotiation skills on both sides, and failure to embrace the diversity of CIL staff. The key informant recommended communication between administration and local offices to clarify the provision of Pre-ETS as well as a need for mutual respect between agencies.

Another key informant indicated that due to limited training, an emphasis on program development and on the use of theory and models is lacking at MRS. The informant also mentioned the lack of standardization of services and evaluation at the local levels. The recommendation provided in addressing these issues includes emphasizing the value in understanding theory of negotiation when interacting with partners, the need to understand principles over personality, and to provide more detailed reports on services provisions for accountability purposes (e.g., costs, how many customers are receiving overlapping services, and updates on customer progress).

Community outreach. With respect to community outreach, it was reported that MRS needs to be more connected with the community at large and to educate community members regarding the services that MRS offers. Improved community outreach efforts will support the continued development of positive relationships with community/systems/resources. To accomplish improved community outreach efforts, it was recommended that MRS increase trainings with field staff and to enhance communication both internally and throughout the community. Another recommendation was to infuse offices with disability culture and artwork.

Working with high needs individuals. Several key informants endorsed the need for improved services while working with individuals with high needs. Recommendations include: training agencies to provide similar services from START; increase ASD training to include a broader perspective for how to link students to jobs that are a good fit and compatible with their individual interests; increase training and knowledge of autism characteristics and how they fit into an employment setting; being more customer-friendly and more inclusive of those they serve; and more exposure to working with high needs individuals.

2. Bureau of services for blind persons (BSBP)

A total of 10 key informants referenced BSBP. A salient strength identified by key informants was an overall responsive, supportive, and positive collaboration with BSBP. A representative of MRS equally expressed optimism about future collaborative programming to improve efficiency and effectiveness of services with the new BSBP director.

BSBP: issues and recommendations.

Counseling. A notable challenge that informants identified was the issue of inconsistency among counselors in what a person receives in services/products and in budgeting management. A notable barrier to counseling was the large caseloads of

(1) Counseling
(2) Comprehensiveness of Services
(3) Funding

counselors which sometimes can be overwhelming and result in complaints from consumers about counselor low response rates. Informants agreed that, although services are getting better, counselors need to provide more individualized services, not just consultation and introduction of the existing services. Counselors also need to focus on consumers and their needs using person-centered planning.

Comprehensiveness of services. Key informants primarily offered recommendations in relation to providing comprehensive services to consumers. It was recommended that BSBP broaden the scope of services to include more persons with visual impairments. More specifically, it was explained that the BSBP service system needs to know how to work with the age-related blindness population. Other recommendations were related to teaching soft skills and life skill development at a younger age possibly as an after-school supplemental program as well as increasing exposure to job experiences/opportunities for youth. This extension of services was recommended because currently BSBP is only able to work with students as young as age 14. Other key informants suggested the agency offer their own independent living services program because working with the age-related blindness population requires a unique skill set. One issue that was identified was related to changes in serving homemakers with visual impairments. As a result of WIOA, the agency is no longer able to provide services to homemakers; this further limits the scope of services the agency can offer.

Funding. Key informants indicated a great concern regarding limited funding and resources.

3. Centers for independent living (CIL)

A total of nine key informants referenced CILs. A significant strength identified by key informants was an overall good relationship and positive interagency collaboration with CILs and Disability Network (DN). Informants offered positive testimonies such as (a) working with CIL for a long time and maintaining a positive relationship throughout, (b) longstanding contracts with DN in several parts of the state, and (c) coordinating accessibility of local businesses.

CIL: issues and recommendations

Services to the blind and visually impaired. A notable challenge that key informants identified was providing services to persons who are blind or visually impaired. Informants

(1) Services to the Blind and Visually Impaired
(2) Marketing and Outreach

recommended that CILs provide more services for this population. To achieve this recommendation, CILs will need to train more staff to work with persons who are blind or visually impaired. Quoting an informant, "We are creating an underserved population: folks with visual impairments or blindness who do not want vocational outcomes and are not 55 or older. Due to funding changes with WIOA, this population can no longer be served by BSBP so CILs will need to consider how they will provide outreach to this population."

Marketing and outreach. Key informants mentioned that, although CILs provide very valuable services, there are many people who may benefit from their services but do not know about the organization. In response to this observation, informants suggested that CILs improve their marketing and outreach strategies to better educate consumers about CIL/DN services. Informants also indicated the need for more unrestricted funding that would allow CILs to serve individuals not affiliated with vocational rehabilitation agencies. One individual stated, "CIL should continue to work on being seen as separate from the system. They have strong advocates in the community; if they are seen to be enmeshed with MRS they will get less consumers and they will assume that they will always side with the system."

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER V

CONSUMER SURVEY

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CONSUMER SURVEY FINDINGS

In order to identify unserved or underserved groups and their unmet needs of individuals with disabilities residing in Michigan, a variety of stakeholders (e.g., service agency staff, key informants) were surveyed or interviewed. In addition, the 2017 Comprehensive Statewide Needs Assessment (CSNA) project provided individuals with disabilities and their family or friends with an opportunity to participate in the consumer survey and share their opinions. This chapter reports the survey findings collected from Michigan residents with disabilities and their family or friends in relation to their service needs.

Methods

Survey Instruments

For the 2017 CSNA consumer surveys (i.e., individuals with disabilities, family/friends of individuals with disabilities), the CSNA committee members individually reviewed the survey instruments used in 2014 and provided some suggestions for modification. PE integrated all feedback and finalized the survey questions.

The survey for individuals with disabilities consists of the following four sections: survey participants' information (e.g., race/ethnicity, type of disabilities, employment status), their involvement with a state agency in the previous 3 years (e.g., MRS, BSBP, CIL/DN, CMH), the perceived level of service availability (e.g., employment, general services) in their community, and comments in relation to unmet service needs and challenges of individuals with disabilities. However, the survey for family and friends did not include the participant information section as it was designed to primarily measure how the respondents feel about the level of service availability for individuals with disabilities.

In order to collect the needs assessment data and relevant issues of transition students with disabilities, as stipulated in WIOA, both consumer and family surveys included a section specifically targeted for the junior high or high school students with disabilities. The survey participants were asked about their goals for employment and postsecondary education after graduating from high school. Also, they were asked about their previous involvement with a state agency (e.g., MRS, BSBP) and level of satisfaction with services. In addition, the survey assessed the level of interest or needs for pre-employment transition services or activities, based on the five categories specified in WIOA (e.g., gain knowledge on my disability and self-advocacy skills, know my job interests and aptitudes, learn social/interpersonal skills, volunteer work, college visits/tours).

Data Collection Procedures

In order to collect information from Michigan residents with disabilities and their family or friends, Project Excellence (PE) developed a recruitment poster for the surveys which offered two survey participation options: online survey and phone interview. The poster was mailed to the primary service agencies (e.g., MRS, BSBP, CIL/DN) responsible for CSNA, several agencies that provide services to individuals with disabilities (e.g., DHS, MWA, CMH, SSA), and the disability resource centers of universities/colleges and community colleges located in Michigan. In addition, a link to the surveys was posted on the MRS, BSBP, SILC and MCRS websites.

The data were collected using the *Qualtrics Survey Software* over three months, from mid-October of 2016 to January of 2017. Several individuals also called PE and were able to complete telephone interviews with PE staff who vicariously entered the data into the online survey system for the consumers. The current report reflects two datasets pulled out from the *Qualtrics* on February 3, 2017.

Survey Participants and Data Cleaning Process

As of February 3, 2017, a total of 811 individuals with disabilities and 261 family or friends had participated in the survey and answered at least one of the service availability or need questions. Of those, 39 secondary students participated in the consumer surveys and 74 family members or friends completed survey questions for the secondary students. The secondary student data were separately analyzed and presented at the end of this chapter.

Consumer Survey Findings

Survey Participants

Geographic Distribution

The figure presents the geographic distribution of all 1,062 survey participants (i.e., individuals with disabilities [IWD], family/friends, students) by the Michigan Prosperity Region. Over a third of the survey respondents (36.1%) were from Prosperity Region 10 (Detroit Metro Area). Two distribution characteristics should be noted: 10 participants did not provide their county information, and the overall distribution of survey respondents is similar to that of Michigan population, when employing the prosperity region system.

**Geographic Distribution of
All Survey Participants**
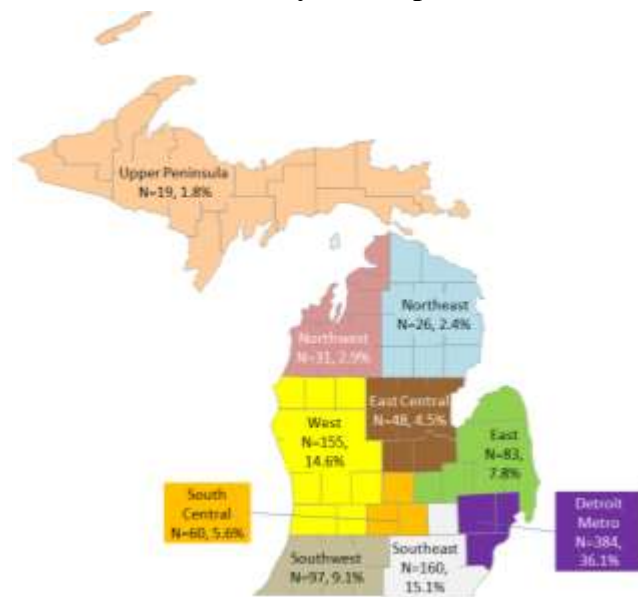
Characteristics of Survey Participants

As mentioned above, the survey for family/friends of individuals with disabilities did not include participant information questions. Thus, this section only reports the individual characteristics and the current employment status of individuals with disabilities who participated in the consumer survey.

Of the 811 consumer survey respondents (i.e., individuals with disabilities), 58.9% were female and the majority were either White/European American (66.3%) or Black/African American (22.6%). More than half of the respondents (50.8%) were between 41 and 64 years old, and 15.4% reported being younger than 26 years old. Representing approximately 70% of the survey respondents, the top five disability categories most frequently reported were: psychiatric disability (19.1%), multiple disabilities (16.9%), chronic illness (13.3%), hearing impairments, including deaf-blindness (10.2%), and orthopedic impairment (8.9%).

Characteristics of Survey Participants (IWD)

	Freq (N)	Percent (%)		Freq (N)	Percent (%)
Gender			**Type of Disabilities**		
Male	321	39.6	Blind/legally blind	21	2.6
Female	478	58.9	Other Visual Impairment	9	1.1
Other	5	0.6	Deaf or hard of hearing	83	10.2
Missing	7	0.9	Communicative impairment	1	0.1
Race/Ethnicity			Orthopedic impairment	69	8.5
Black/African-American	183	22.6	Neurological impairment	60	7.4
Latino/Hispanic	16	2.0	Chronic illness	108	13.3
White/European American	538	66.3	Learning disability	63	7.8
Asian, Native, Middle Eastern, Other	20	2.5	Psychiatric disability	155	19.1
Multiracial	47	5.8	Intellectual disability	10	1.2
Missing	7	0.9	Traumatic brain injury	31	3.8
Age			Autism spectrum disorder	17	2.1
<= 25	125	15.4	Spinal cord injury	29	3.6
26-40	214	26.4	Multiple disabilities	137	16.9
41-64	412	50.8	Other	5	0.6
>= 65	27	3.3	Missing	13	1.6
Missing	33	4.1			

Employment Status and Relevant Information

As illustrated below, approximately one-fourth of the respondents indicated they were working in either full-time (14.1%) or part-time jobs (11.0%) while almost half of the respondents reported currently being unemployed but looking for work. Slightly over 10% of the respondents checked "other" to the question about their current employment status, and many of them provided reasons they are not currently working, such as retirement, severe disability, and involvement in volunteer work or school (i.e., students). Two respondents indicated they were self-employed.

Of the 203 participants who reported working in full-time or part-time jobs, over one-third (37.1%) reported working for 36-40 hours per week, with some indicating they worked more than 40 hours per week (15.8%).

With regard to hourly wage, approximately 35% of the employed individuals reported making between $12.00 and $21.99 an hour. Another 30% reported their hourly wage between $8.00 and $11.99, and 24.1% reported $22.00 or more.

Employment Status and Relevant Information

		Freq (N)	Percent (%)
Employment Status (n=768)	Full-time	114	14.1
	Part-time	89	11.0
	Temporary/Seasonal work	13	1.6
	Unemployed, looking for work	381	47.0
	Unemployed, not looking for work	123	15.2
	Other	86	10.6
Hours Worked Per Week (n=202)	1-10 hours	23	11.4
	11-20 hours	32	15.8
	21-35 hours	40	19.8
	36-40 hours	75	37.1
	41 + hours	32	15.8
Hourly Wage (n=199)	Less than $7.40	7	3.5
	$7.41 - $7.99	14	7.0
	$8.00 - $11.99	61	30.7
	$12.00 - $21.99	69	34.7
	$22.00 or more	48	24.1

Previous Agency Involvement & Level of Satisfaction

A relatively high proportion of the respondents indicated that in the past three years they had received services from Michigan Works!, Community Mental Health, and Michigan Rehabilitation Services.. When asked about how well their needs were met, 20.8%, 9.0% and 20.2% of the individuals with disabilities who had received services from MWA, CMH, and MRS, respectively, marked "Not at all." The dissatisfaction rates of the family/friend survey appeared higher, but a careful interpretation would be necessary due to a smaller number of survey participants.

	IWD			Family/Friend		
	Received Services		Needs Not Met	Received Services		Needs Not Met
	Freq	%		Freq	%	
Michigan Rehabilitation Services (MRS)	109	13.4%	20.2%	36	13.8%	30.6%
Bureau of Svcs for Blind Persons (BSBP)	19	2.3%	10.5%	8	3.1%	25.0%
Center for Independent Living / Disability Network (CIL/DN)	44	5.4%	18.2%	19	7.3%	15.8%
Michigan Works (MWA)	149	18.4%	20.8%	53	20.3%	13.2%
Community Rehabilitation Organizations	37	4.6%	16.2%	21	8.0%	42.9%
Community Mental Health (CMH)	145	17.9%	9.0%	18	6.9%	33.3%

Participants' Relationship or Role to Individuals with Disabilities (Family/Friend Survey)

The survey for family/friends asked the participant's role or relationship to IWD. Of the 261 survey respondents, 169 (67.0%) identified themselves in one type of relationship. The remainder of the respondents indicated two or more roles/relationships, such as a family member

and advocate. The biggest number of participants (n=200; 76.6%) identified themselves as a family member, followed by advocate (n=63), guardian (n=56) and friend (n=32) of IWD.

Perceived Level of Service Needs for IWD

Service availability was assessed by asking participants about specific services in six categories, including: employment, independent living, blindness or low vision, general, culturally relevant, and rehabilitation technology services. Respondents were asked to rate the level of availability of those services in their community, using three category options: available, unavailable or do not know.

The perceived level of service availability is presented for each stakeholder group and also compared between two groups. Results are presented below in a table format which includes the number of participants who responded the question, the percentages of people who marked on the "I don't know" option, and the percentages of respondents who reported a certain service as not available in their community. As a high proportion of the survey participants reported being unsure, the adjusted rate of unavailability was computed for each service using the number of responses for "available" and "unavailable," which reflects service needs.

The percentages in the table were computed using the number of respondents who did not skip the question. For example, 734 individuals with disabilities elected to answer an employment question related to the availability of career or vocational counseling services in their community. Of those that responded, 68.9% (n=506) answered they did not know whether the services were available and 4.9% (n=36) perceived the career or vocational counseling services as unavailable in their community. It can be interpreted that the rest of the respondents (n=192; 26.2%) perceived the career or vocational counseling services were available for IWD in their local community. Due to the high "unknown" rate, the adjusted rate of unavailability was computed [36 / (192+36)*100=15.8%], which means 15.8% of the respondents who marked either "available" or "unavailable" perceived that the specific service was not available in their residential area.

It should be noted that the availability questions were not asked to secondary students (n=113); therefore, this section reports the responses of a total of 959 individuals (i.e., IWD=772; Family/Friend=187) who did not identify themselves or the target of their responses as a secondary student. It is worth noting the overall high rate of responses to "I don't Know" would indicate that the marketing or education of available services designed for IWD would be a priority.

<u>Employment Services</u>

As indicated in the following table, a high proportion of both IWD and Family/Friends (F/F) groups indicated they did not know about each designated service or whether the services were available in their community. Of the participants who answered the question, a relatively higher percent of people indicated specific employment services that were not available: services for

self-employment/small business**,** transition students or youth, on-the-job supports and job retention.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Self-employment services	698	166	77.5%	82.5%	6.7%	6.6%	29.9%	37.9%
Help with the transition from high school to work	693	169	77.1%	72.8%	6.6%	6.5%	28.9%	23.9%
Follow-up support after job is secured	710	170	74.1%	84.1%	5.6%	7.1%	21.7%	44.4%
Help keeping a job	717	165	74.3%	84.8%	5.4%	7.3%	21.2%	48.0%
Short-term on-the-job help	707	170	72.4%	72.4%	5.5%	6.5%	20.0%	23.4%
Long-term on-the-job help	714	171	72.0%	67.3%	5.6%	6.4%	20.0%	19.6%
Basic reading instruction	701	169	70.8%	70.4%	5.8%	2.4%	20.0%	8.0%
Job training programs	729	175	65.4%	62.9%	6.2%	6.9%	17.9%	18.5%
Help with completing a GED or other degree after high school	712	168	62.8%	55.4%	6.0%	1.8%	16.2%	4.0%
Career or vocational counseling	734	178	68.9%	63.5%	4.9%	6.2%	15.8%	16.9%
Vocational assessment	725	176	68.0%	63.6%	4.8%	5.7%	15.1%	15.6%
Help getting a job	727	174	57.5%	60.3%	5.5%	6.9%	12.9%	17.4%
Help looking for work	730	172	53.0%	55.2%	5.1%	6.4%	10.8%	14.3%

*Note: Adjusted rate indicates the percentage of unavailability when the category of "I don't Know" was removed.
    (= Unavailable / (Available + Unavailable) * 100)

General Services

Compared to employment and other services, a higher proportion of the respondents perceived services related to general community involvement as not sufficiently available. Both the consumer and the family/friends of IWD indicated affordable child care, accessible housing, and legal services as the areas of primary concern. In addition, a high percentage of family/friends identified accessible public or non-public transportation as the service areas to be improved for IWD. It is important to note these findings were consistent with the results of the staff surveys.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Affordable child care	679	168	73.0%	75.6%	10.9%	12.5%	40.4%	51.2%
Affordable legal services	686	172	71.0%	72.1%	10.2%	13.4%	35.2%	47.9%
Affordable accessible housing	699	174	62.4%	54.6%	12.6%	23.0%	33.5%	50.6%
Temporary disaster relief	675	167	77.9%	86.2%	7.0%	4.8%	31.5%	34.8%
Accessible non-public transportation such as cabs and rental cars	695	172	56.5%	44.8%	11.7%	14.0%	26.8%	25.3%
Adult day care services	684	171	73.8%	70.2%	6.6%	8.2%	25.1%	27.5%
Affordable medical services	693	173	56.6%	49.1%	10.4%	8.7%	23.9%	17.0%
Affordable mental health services	684	171	56.4%	53.2%	10.2%	9.9%	23.5%	21.2%
Accessible public transportation	701	175	41.4%	32.6%	10.4%	16.6%	17.8%	24.6%
College and/or University	687	169	58.1%	45.6%	7.1%	7.1%	17.0%	13.0%

*Note: Adjusted rate indicates the percentage of unavailability when the category of "I don't Know" was removed.
    (= Unavailable / (Available + Unavailable) * 100)

Independent Living Services

Based on the adjusted rates of unavailability, both stakeholder groups reported unavailability of supports and services for youth transitioning to adulthood, ex-felons transitioning to community living, individuals transitioning from nursing or group homes to the community, and assistance with finding affordable and accessible housing. In addition, a higher proportion of family or friends of IWD endorsed needs for more social programs for IWD and assistance with access to buildings or facilities.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Assistance to move out of a nursing home or group home to the community	699	165	78.3%	76.4%	7.4%	11.5%	34.2%	48.7%
Assistance with locating recreation programs	699	165	74.4%	71.5%	8.7%	12.7%	34.1%	44.7%
Supports to transition from school to adult life	697	166	76.5%	69.3%	7.9%	10.2%	33.5%	33.3%
Assistance with find affordable and accessible housing	698	167	70.1%	64.7%	9.7%	17.4%	32.5%	49.2%
Help with community, work, and home access to buildings/facilities	705	164	72.9%	72.6%	8.1%	12.8%	29.8%	46.7%
Support to develop my skills to live independently	711	167	68.8%	64.7%	9.0%	12.0%	28.8%	33.9%
Connecting to other individuals with disabilities	705	163	69.5%	67.5%	8.2%	13.5%	27.0%	41.5%
Help standing up for my rights and/or the rights of individuals with disabilities	712	167	65.7%	61.7%	9.3%	12.6%	27.0%	32.8%
Assistance with accessing transportation	708	168	65.1%	60.1%	8.5%	11.9%	24.3%	29.9%
Assistance with accessing benefits	706	165	68.0%	63.6%	7.4%	12.1%	23.0%	33.3%
Disability information and/or referral to resources	719	168	65.6%	60.1%	6.5%	10.7%	19.0%	26.9%

*Note: Adjusted rate indicates the percentage of unavailability when the category of "I don't Know" was removed.
(= Unavailable / (Available + Unavailable) * 100)

Other Services

Of the services for specific sub-groups of IWD (e.g., services for those with blindness or low vision, culturally relevant services, rehabilitation technology services), repair services for wheelchair and other accommodations were rated high by IWD. Compared to other types of services, services in this section had overall lower adjusted rates of unavailability. In other words, a larger number of participants elected not to answer these questions, an indication that they did not know about each service or whether the services were available in their community.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Repair services for wheelchair and other accommodations	683	163	77.5%	77.3%	8.1%	6.1%	35.7%	27.0%
Training in assistive technology use on the job	686	164	78.1%	81.1%	6.1%	5.5%	28.0%	29.0%
Orientation and mobility training	663	161	80.5%	80.7%	5.4%	4.3%	27.9%	22.6%
Adapted daily living skills training	663	158	80.8%	79.7%	5.3%	4.4%	27.6%	21.9%
Assistive technology evaluations (help identify technology needs)	685	165	77.7%	77.0%	5.8%	6.1%	26.1%	26.3%
Low vision clinics and services	673	162	79.9%	79.6%	5.2%	4.3%	25.9%	21.2%
Language translators	682	164	75.4%	74.4%	6.3%	4.9%	25.6%	19.0%
Assistive technology support services (help with existing devices)	688	167	76.6%	74.3%	5.5%	6.0%	23.6%	23.3%
English as a second language education programs	676	166	73.1%	68.1%	6.4%	3.6%	23.6%	11.3%
Sign language interpreters	673	162	73.7%	71.6%	5.9%	3.7%	22.6%	13.0%

*Note: Adjusted rate indicates the percentage of unavailability when the category of "I don't Know" was removed.
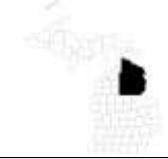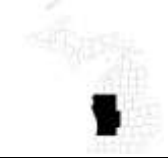(= Unavailable / (Available + Unavailable) * 100)

Overall, both individuals with disabilities and their family or friends saw general services and independent living services as not available; in other words, those services were perceived as needed more in their community. For both groups, the most common services perceived as unavailable were: affordable child care, affordable legal services, accessible housing, assistance with transitioning from a nursing or group home to the community, and assistance with locating recreation programs.

Service Needs by Geographical Area

Although the proportion of the survey participants is similarly distributed in the 10 prosperity regions according to the MI population, the actual number of participants varied, ranging from 19 (Upper Peninsula) to 384 (Detroit Metro). Note that the overall adjusted rate of unavailability mostly reflects opinions of those from the three biggest regions (Detroit, Southeast, West), which represents approximately 65% of the total survey participants.

The figures below present the number of survey participants and the number and type of services endorsed by a relatively high proportion (using the cut-point of 40% of the adjusted rate of availability) of the survey participants by the Prosperity Region. Given the limitations of the data drawn from the small participant number, however, a cautious interpretation is recommended. Specifically, it should be noted that the results were skewed from regions with a small number of survey participants (i.e., Regions 1, 2, 3 & 5), as many respondents identified numerous services that were perceived as unavailable.

Service Needs by Geographical Area

Region 1 (Upper Peninsula)	
16	Number of Survey Participants, excluding Secondary Students
17	Number of Services with over 40% of the Adjusted Rate of Unavailability

General	Adult day care services (55.6%); Affordable child care (60.0%); Affordable legal services (71.4%); Affordable mental health services (41.7%)
IL	Assistance with locating recreation programs (60.0%); Disability information and/or referral to resources (40.0%); Help with community, work, and home access to buildings/facilities (40.0%); Support to develop my skills to live independently (42.9%); Supports to transition from school to adult life (40.0%)
Other	Adapted daily living skills training (75.0%); Low vision clinics and services (75.0%);Orientation and mobility training (75.0%); English as a second language education programs (83.3%); Language translators (83.3%); Sign language interpreters (83.3%); Repair services for wheelchair and other accommodations (83.3%); Training in assistive technology use on the job (50.0%)

Region 2 (Northwest)	
27	Number of Survey Participants, excluding Secondary Students
15	Number of Services with over 40% of the Adjusted Rate of Unavailability

Emp	Vocational assessment (40.0%)
General	Affordable accessible housing (50.0%); Affordable legal services (44.4%)
IL	Assistance to move out of a nursing home or group home to the community (42.9%); Assistance with accessing benefits (40.0%); Assistance with find affordable and accessible housing (44.4%); Assistance with locating recreation programs (60.0%); Connecting to other IWD (55.6%); Help standing up for my rights and/or the rights of IWD (45.5%); Support to develop my skills to live independently (55.6%); Supports to transition from school to adult life (50.0%)
Other	Assistive technology evaluations (42.9%); Assistive technology support services (60.0%); Repair services for wheelchair and other accommodations (80.0%); Training in assistive technology use on the job (60.0%)

Region 3 (Northeast)	
21	Number of Survey Participants, excluding Secondary Students
10	Number of Services with over 40% of the Adjusted Rate of Unavailability

Emp	Follow-up support after job is secured (50.0%); Help with the transition from high school to work (100.0%)
General	Affordable legal services (50.0%)
IL	Assistance with find affordable and accessible housing (40.0%); Help standing up for my rights and/or the rights of IWD (42.9%)
Other	Adapted daily living skills training (50.0%); Low vision clinics and services (40.0%); Orientation and mobility training (66.7%); English as a second language education programs (50.0%); Repair services for wheelchair and other accommodations (40.0%)

Region 4 (West)	
142	Number of Survey Participants, excluding Secondary Students
6	Number of Services with over 40% of the Adjusted Rate of Unavailability

General	Accessible non-public transportation such as cabs and rental cars (45.8%); Affordable accessible housing (50.9%); Affordable child care (56.7%)
IL	Assistance with find affordable and accessible housing (40.5%); Assistance with locating recreation programs (46.2%); Help with community, work, and home access to buildings/facilities (44.4%)

Service Need by Geographical Area (Cont'd)

	Region 5 (East Central)	
40	Number of Survey Participants, excluding Secondary Students	
18	Number of Services with over 40% of the Adjusted Rate of Unavailability	
Emp	Career or vocational counseling (50.0%); Help with the transition from high school to work (60.0%); Long-term on-the-job help to make work possible for (45.5%); Self-employment services (55.6%); Short-term on-the-job help to assist with training (50.0%)	
General	Adult day care services (42.9%); Affordable child care (62.5%); Affordable legal services (50.0%); Temporary disaster relief (60.0%)	
IL	Assistance to move out of a nursing home or group home to the community (42.9%); Connecting to other IWD (41.7%)	
Other	Adapted daily living skills training (40.0%); Low vision clinics and services (40.0%); Orientation and mobility training (60.0%); Assistive technology evaluations (40.0%); Assistive technology support services (40.0%); Repair services for wheelchair and other accommodations (40.0%); Training in assistive technology use on the job (50.0%)	
	Region 6 (East)	
77	Number of Survey Participants, excluding Secondary Students	
1	Number of Services with over 40% of the Adjusted Rate of Unavailability	
General	Affordable legal services (52.9%)	
	Region 7 (South Central)	
57	Number of Survey Participants, excluding Secondary Students	
2	Number of Services with over 40% of the Adjusted Rate of Unavailability	
General	Affordable child care (63.6%) Affordable accessible housing (42.9%)	
	Region 8 (Southwest)	
87	Number of Survey Participants, excluding Secondary Students	
2	Number of Services with over 40% of the Adjusted Rate of Unavailability	
General	Affordable child care (50.0%) Affordable legal services (40.0%)	
	Region 9 (Southeast)	
136	Number of Survey Participants, excluding Secondary Students	
2	Number of Services with over 40% of the Adjusted Rate of Unavailability	
Emp	Self-employment services (40.0%)	
General	Affordable accessible housing (41.4%)	
	Region 10 (Detroit Metro)	
347	Number of Survey Participants, excluding Secondary Students	
2	Number of Services with over 40% of the Adjusted Rate of Unavailability	
IL	Assistance to move out of a nursing home or group home to the community (48.4%) Assistance with find affordable and accessible housing (42.2%)	

Secondary Students with Disabilities

In order to identify service needs and relevant issues of transition students with disabilities, as stipulated in WIOA, both consumer and family surveys included a section specifically targeted to junior high or high school students with disabilities. A total of 113 participants answered questions for students with disabilities (i.e., 39 consumers and 74 family/ friends).

The survey participants were asked to provide their employment and postsecondary education goals after graduating from high school and their level of interest or needs for pre-employment transition services or activities, per the five categories specified in WIOA.

Employment and Postsecondary Education Goals

Regarding employment and postsecondary education goals, one-third of the respondents provided multiple answers (e.g., have a part-time job and have volunteer work). When consumer and family/friend survey respondents were considered *together*, almost half indicated their goal was to have a full-time job, and approximately one-third a part-time job. In addition, 34.5% IWDs and their family/friends expressed an interest in having a job but indicated they would need additional supports to find and/or keep a job. Only 2.7% were not interested in working and 15% indicated they did not know yet.

In regard to the education goals, three most frequent responses were vocational technical school (34.5%), four-year college/university (33.6%) and two year community college (30.1%). Approximately one quarter of the participants did not know yet about their educational goal after high school graduation, and a very small number of respondents were not interested in further education.

The tables below separately display the percentage of respondents who endorsed the employment and postsecondary education goals for each consumer group. For example, 43.6% of 39 individuals with disabilities reported that their employment goal is to have a part-time job.

Employment Goals

	IWD N=39	F/F N=74
Have a part-time job	43.6%	25.7%
Have a full-time job	51.3%	48.6%
Have a job but I need additional supports to find and/or keep a job	25.6%	39.2%
Have volunteer work	12.8%	9.5%
Be self-employed	10.3%	4.1%
Serve the military	0.0%	2.7%
Help my family business	0.0%	1.4%
I am not interested in working	0.0%	4.1%
I don't know yet	7.7%	18.9%

Postsecondary Education Goals

	IWD N=39	F/F N=74
Four-year college/university	38.5%	31.1%
Two-year community college	33.3%	28.4%
Vocational technical school	35.9%	33.8%
Adult-continuing education (without degree or certification)	7.7%	16.2%
I am not interested in further education	0.0%	6.8%
I don't know yet	15.4%	31.1%

Pre-Employment Transition Service Needs

The survey results highlight a strong need for pre-employment transition services as perceived by secondary students with disabilities and their parents. As presented in the table below, most of the services listed were rated as a high need. However, a relatively lower proportion of the respondents indicated a need for assistive technology services. In addition, students endorsed somewhat of a low need in assessment of their job interests or aptitude, while a relatively low proportion of parents perceived a need for services to help with applying to college.

As most services were rated high, the following table also presents the percentages of the responses marked "strongly need." Note that the series of questions adopted a three-point Likert scale (i.e., *strongly need*, *somewhat need*, and *do not need*). While students indicated a high interest in learning about financial aid and grant options for college or universities, parents expressed concerns regarding both self-advocacy skills of their children and issues related to employment.

		Need to Receive		Strongly Need	
		IWD	F/F	IWD	F/F
Self-Advocacy	Gain knowledge on my disability and self-advocacy skills	89.5%	94.6%	32.4%	48.6%
	Obtain decision making/goal setting/problem-solving skills	94.9%	97.3%	45.9%	81.7%
	Learn when and how to talk about my disability with employers	94.7%	90.5%	58.3%	79.1%
	Learn how to ask for equipment or changes to the job to help me perform as a worker with disabilities	86.8%	91.9%	57.6%	67.6%
Job Exploration	Know my job interests and aptitudes	76.9%	93.2%	53.3%	66.7%
	Explore career and job opportunities	94.7%	94.5%	69.4%	72.5%
	Talk to people working in a job I am interested in	94.4%	89.2%	67.6%	68.2%
	Participate in workplace tours/field trips	97.4%	90.3%	50.0%	69.2%
Job Readiness	Gain communication skills	84.2%	89.2%	46.9%	68.2%
	Learn social/Interpersonal skills	81.6%	86.5%	51.6%	75.0%
	Receive assistance with applications and interviews	83.8%	93.2%	67.7%	72.5%
	Obtain help searching or keeping jobs	94.7%	91.9%	58.3%	77.9%
	Learn how work affects my disability benefits	84.2%	82.4%	68.8%	63.9%
Work-based Learning	Participate in work experiences (e.g., volunteer work, service learning, practicum, internship)	91.7%	87.8%	57.6%	67.7%
	Receive support/training on the job	89.2%	94.6%	63.6%	75.7%
Postsecondary Education	Obtain information about education or training after high school	97.4%	95.9%	64.9%	64.3%
	Visit college or vocational technical schools	92.1%	87.7%	51.4%	62.5%
	Learn about financial aid and grant options	94.9%	84.9%	81.1%	71.0%
	Receive help with applying to college	89.5%	76.7%	64.7%	66.1%
Other	Obtain and use assistive technology	70.3%	79.7%	50.0%	59.3%
	Receive independent living skills training	86.8%	87.8%	57.6%	72.3%

# Appendix V-a: FY 2015 MRS Customer Satisfaction Survey Report

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FY 2015 MRS Customer Satisfaction at Exit Survey Report
EXECUTIVE SUMMARY

</div>

Response Rate

In FY 2015, 2,120 customers were selected to participate in the exit survey project designed to assess customer satisfaction. Of those, 414 returned a survey resulting in a 19.5% response rate, which is lower than the 2014 (21.2%) and 2012 (21.7%) rates but higher than 2013 rate (18.6%).

Entire Sample Sizes and Response Rates (FY 2012 - 2015)
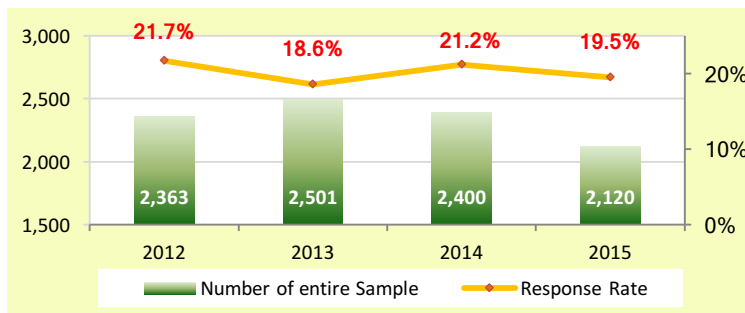
### Data Collection Procedures

All customers who exited MRS during March and September of 2015 were invited to complete the CS at Exit Survey.

In addition to the paper and pencil survey version, an invitation to participate in the electronic survey was sent to those who had provided their email address to MRS.

Level of Satisfaction with MRS Services

As illustrated in the following figure, 83.6% of FY 2015 survey respondents indicated they were either satisfied or very satisfied with their overall experience with MRS (Q9). The highest levels of satisfaction were reported in relation to their involvement in setting job goals and choosing services (Q1 & Q2), and their counselors (Q5 & Q4). On the other hand, a relatively lower proportion of the respondents indicated that they were satisfied with the length of time it took for them to receive services and their involvement in choosing service providers (Q6 & Q3). The satisfaction level of the 2015 participants was in general lower when compared to the 2014 cohort.

Satisfaction Rates of All Respondents (FY 2013 - 2015)
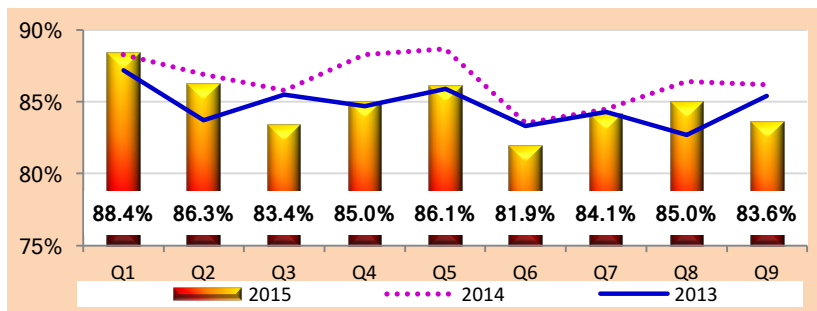
Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern for customer
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
Q9: Overall Satisfaction with MRS

The 2015 overall satisfaction rate (83.6%) is lower than that of 2014 (86.2%). Moreover, the figure on the next page shows some fluctuations in the satisfaction rate between 80% and 86%

**Trend of Overall Satisfaction Rates (FY 2009 - 2015)**
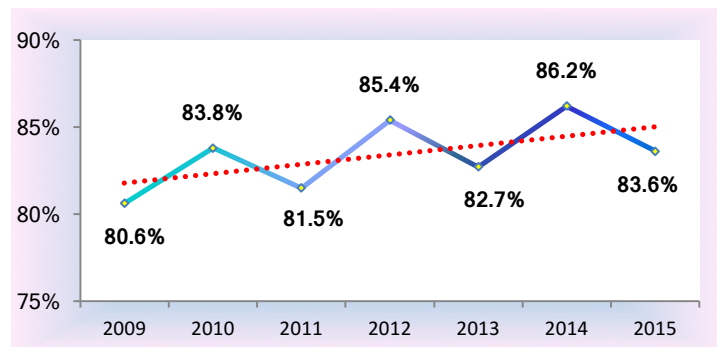
over the last seven year period. However, the trend line indicates that overall satisfaction has been increasing modestly.

Respondents who achieved an employment outcome in 2015 reported a higher level of satisfaction on all questions compared to those without employment outcomes. The average gap was 27.5%.

Across all ten satisfaction questions, satisfaction rates were, at minimum, 88%. As for the respondents who exited without an employment outcome, a relatively higher proportion was satisfied or very satisfied with the environment their counseling session was held (Q10, 80.2%), followed by involvement in setting job goals (Q1, 68.4%) and how long it took counselor to return phone calls (Q7, 65.6%). Overall, 57.3% of respondents without an employment outcome, in comparison to 92.0% of respondents with an employment outcome, indicated satisfaction with their experience with MRS. It is noted that large discrepancies in satisfaction rates between these two closure groups were observed in Q9 (34.7%) and Q4 (30.5%).

Satisfaction Rates by Type of Closure (FY 2015)
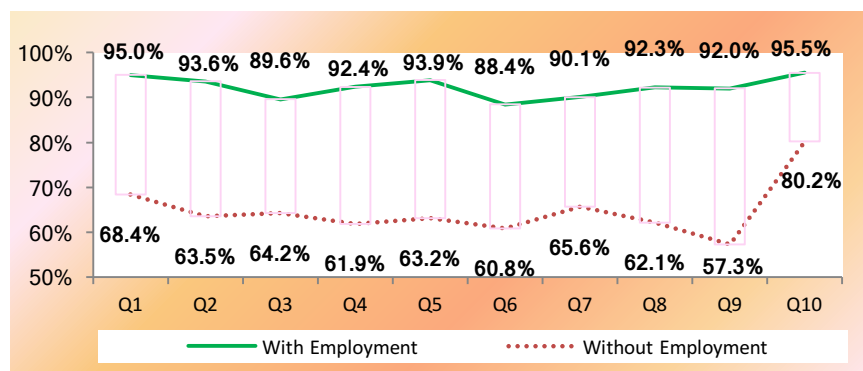
Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern for customer
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
Q9: Overall Satisfaction with MRS
Q10: Environment counseling session held

Job Satisfaction

Of the survey respondents, 70.4% (n = 290) indicated they were currently employed at the time of survey completion, and 267 individuals completed at least three out of five work related satisfaction questions. As would be expected, the majority of these customers (95.2%) were those who exited MRS with a successful employment outcome.
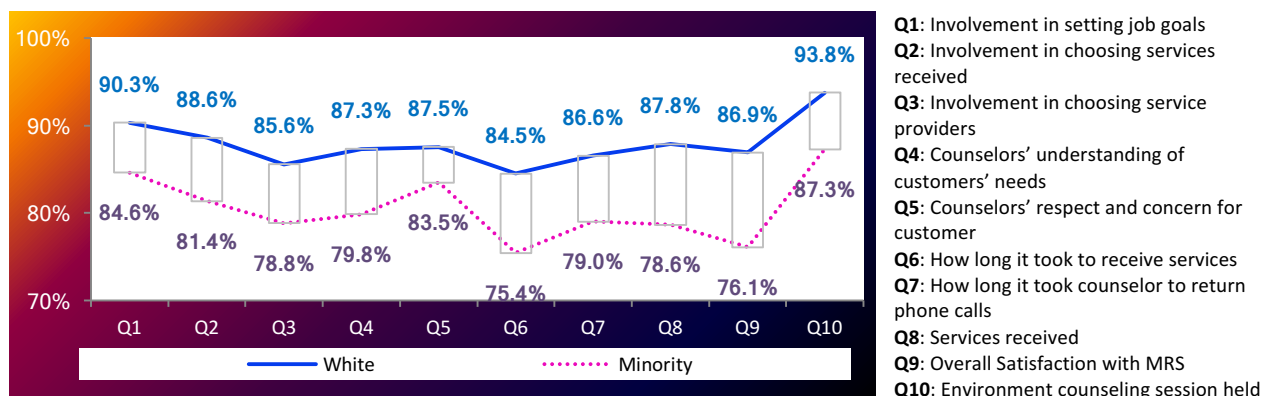
Of the consumers who reported currently working, 90.6% were satisfied or very satisfied with their wages, 88.3% with level of job security, 81.5% with opportunities for advancement in their current job, and 82.6% with job related benefits (e.g., health insurance, vacation, sick leave).

Though some customers were not satisfied with one or more job related factors, the majority (92.9%) indicated overall satisfaction with their current job. The 2015 overall job satisfaction rate was higher than 2014 (87.3%) and 2013 (88.3%).

Satisfaction Rates of Minority Customers

In 2015, 29.0% (n=119) of survey respondents were members of a racial/ethnic minority group. As illustrated in the figure below, White customers reported higher levels of satisfaction than Minority customers across all ten satisfaction questions. In relation to satisfaction with their overall experience with MRS, 76.1% of Minority and 86.9% of White customers reported they were satisfied. The gap in overall satisfaction rates between Minorities and Whites (10.8%) was slightly lower than FY 2014 (11.2%) but higher when compared to the gap in previous years (3.2% in 2013; 9.8% in 2012; 8.8% in 2011). Overall, large discrepancies in other satisfaction questions were also observed ranging from 4.1% to 10.8%. As indicated, however, a relatively smaller gap was seen in their perception on counselors' attitudes (Q5) and their involvement in setting job goals (Q1).
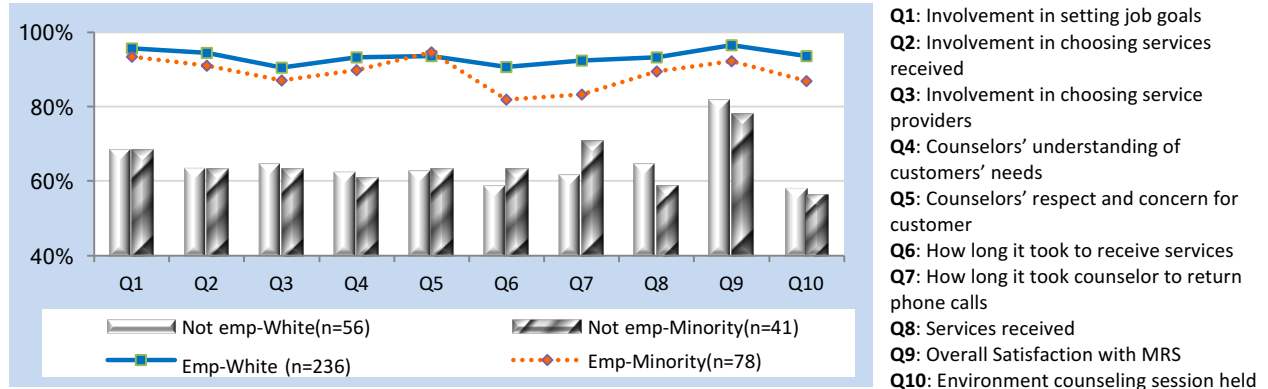
Satisfaction Rates of White and Minority Customers (FY 2015)

Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern for customer
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
Q9: Overall Satisfaction with MRS
Q10: Environment counseling session held

However, it should be noted that this gap might reflect differences in response rates rather than differences by ethnic/minority group. A higher proportion of White (27.7%) vs. Minority (17.1%) customers with employment outcomes participated in the survey. Conversely, a higher proportion of Minority (14.1%) vs. White (10.9%) customers without employment outcomes participated in the survey. Therefore, it is necessary to consider both type of closure and race in order to make valid group comparisons.

When both race and type of closure were accounted for, the average gap between White and Minority customers is 4.4% among those who exited MRS with an employment outcome vs. 0.2% for those who exited without an employment outcome. This means that among customers who achieved an employment goal Whites were more likely to express satisfaction, whereas among customers without employment outcomes there was only a minimal difference in reported satisfaction. Due to the small sample size of Minority respondents (i.e., 41 customers without and 78 with an employment outcome), it should be noted that the directions or the magnitudes of discrepancies might differ year by year.

Satisfaction Rates of Minority Status by Type of Closure (FY 2015)

Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern for customer
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
Q9: Overall Satisfaction with MRS
**Q10**: Environment counseling session held

Qualitative Findings

During FY 2015, 370 (89.8%) of the 412 customers who returned the CS at Exit survey provided any comments, including a simple answer such as yes or no, on at least one question. Approximately 91.1% of customers with an employment outcome, as compared to 83.5% without an employment outcome, provided qualitative feedback on at least one of the open-ended questions.

The two open-ended questions adopted for the 2015 CS at Exit survey are as follows:

- Question 11: What was the most positive thing regarding your experience with MRS?
- Question 12: Based on your experience, what would you recommend to improve MRS services?
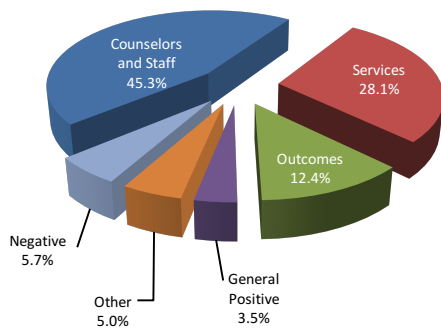
A total of 361 participants responded to Question 11: What was the most positive thing regarding your experience with MRS? The majority of them (n=281; 77.8%) had their cases closed with an employment outcome. With regard to their most positive experiences, five primary themes emerged, including counselors and staff (45.3%), services provided (28.1%), outcomes achieved (12.4%), general positive experiences (3.5%), and other comments (5.0%). It is interesting to see that 5.7% of comments contained negative feedback even though the question was designed to elicit positive feedback on their experience with MRS.
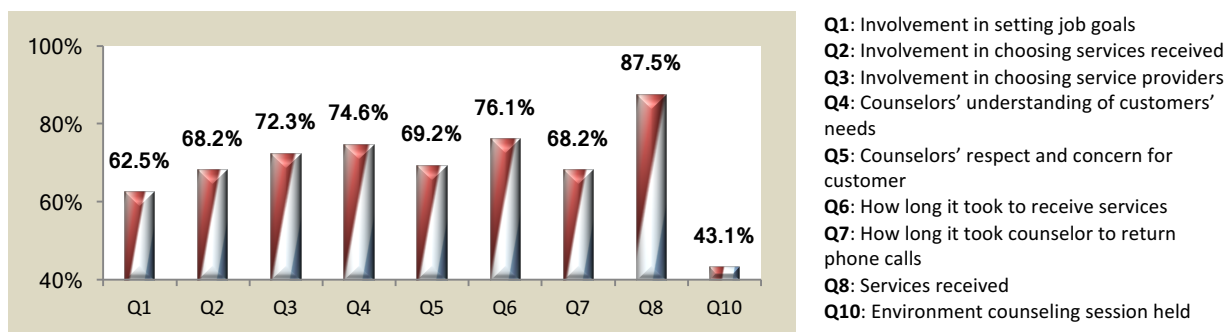
With the exception of tangential responses (e.g., no recommendation, misunderstanding the question), 151 responses directly addressed recommendations for improvement of MRS services. The following three themes emerged from these responses: service (42.7%), MRS counselors and staff (36.3%), and MRS as an organization (21%).

V-17
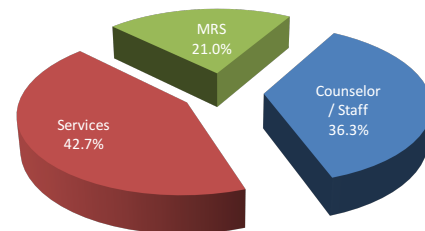
Further Investigation on Less Satisfied Customers with MRS

Sixty-seven individuals (16.3%) indicated they were dissatisfied or very dissatisfied with their overall experience with MRS. As displayed in the figure below, the 2015 cohort data indicate that these customers' dissatisfaction relates to the types of services they received (Q8, 87.5%), duration of services they received (Q6, 76.1%), counselors' understanding of their needs (Q4, 74.6%) and their involvement in choosing service providers (Q3, 72.3%) and their level of involvement in setting job goals (Q1, 62.5%), more than the environment in which the counseling session was held (Q10, 43.1%). Dissatisfaction with services received also dominated the FY 2014 data. A similar trend was observed last year, but overall 2015 dissatisfaction rates were slightly lower.

Dissatisfaction Rates of Less Satisfied Customers (FY 2015)

Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern for customer
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
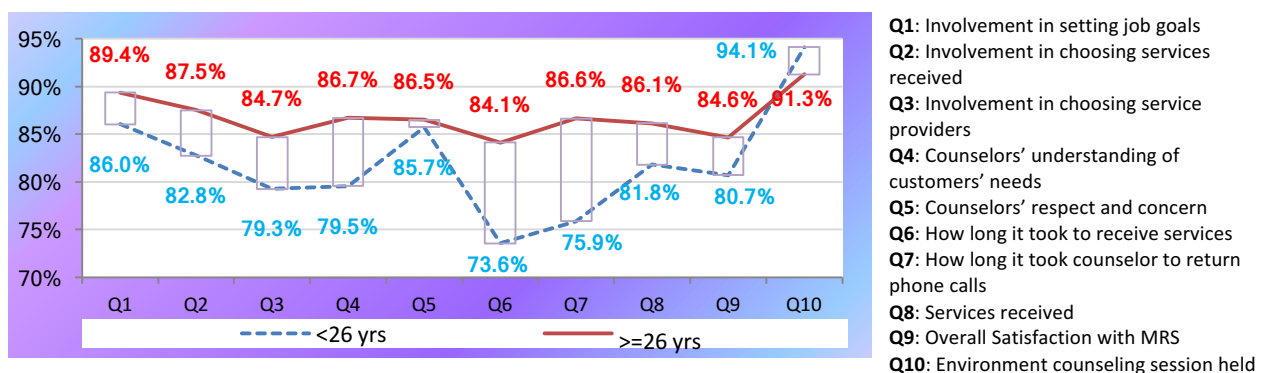**Q10**: Environment counseling session held

Special Populations

Young Customers (< 26 years old at Application)

In FY 2015, a total of 88 customers younger than 26 years at the time of application participated in the customer satisfaction survey. As illustrated in the figure below, young customers showed lower satisfaction ratings in all but one question (Q10). However, the difference in level of satisfaction with counselor's respect and concern was minimal (less than 1%).

Satisfaction Rates of Younger and Adult Customers (FY 2015)

Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
Q9: Overall Satisfaction with MRS
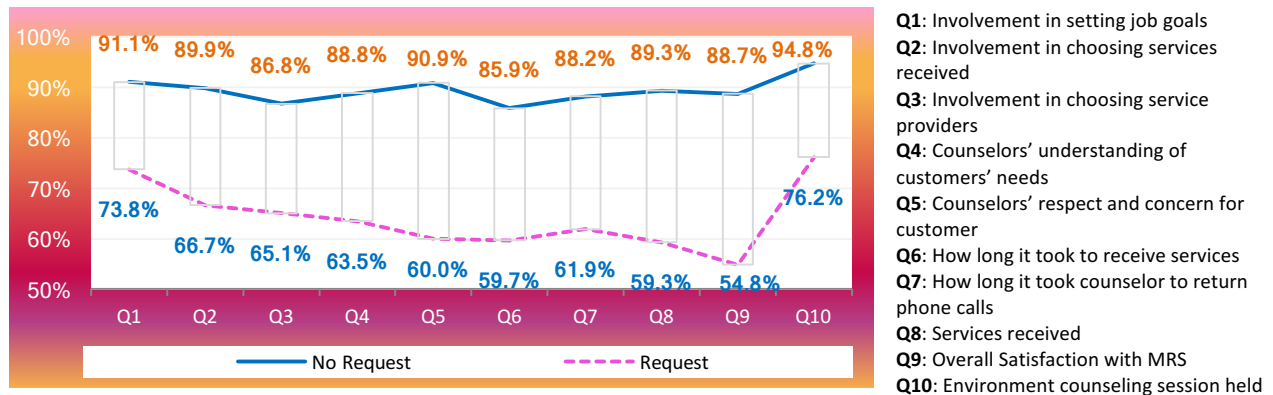**Q10**: Environment counseling session held

The difference in overall satisfaction rate between the two groups was a modest 3.9%, but a greater discrepancy was observed in perception of how long it took to receive services (Q6) and for counselors to return phone calls (Q7). These patterns were slightly different compared to FY 2014 when youth reported less satisfaction with counselor understanding of needs (Q4) and demonstration of respect and concern (Q5). Although the small sample size may be sensitive to small changes, the overall trend across FY 2014 and 2015indicates that young customers were generally less satisfied.

Customers Who Requested to Talk with a Manager

At the end of the CS survey, customers can ask the site/district manager to contact them, if they want to discuss their experience at MRS. Sixty-three customers indicated that they wanted to talk with a manager. The overall satisfaction rate of these respondents was 54.8%, as compared with 88.7% who did not request manager's contact. Moreover, 22 customers indicated they were *very dissatisfied* with the overall experience with MRS. As shown in the figure below, a relatively large gap in satisfaction rates between the two groups (those who requested contact and those who did not) was found in three questions: overall satisfaction with MRS (Q9, 33.9%), counselors' respect and concern (Q5, 30.9%), and the services received (Q8, 30.0%). It seems that customers would like to talk with a manager about issues that occurred in the VR process.

Satisfaction Rates of Customers Who Wanted to Talk with a Manager (FY 2015)

Q1: Involvement in setting job goals
Q2: Involvement in choosing services received
Q3: Involvement in choosing service providers
Q4: Counselors' understanding of customers' needs
Q5: Counselors' respect and concern for customer
Q6: How long it took to receive services
Q7: How long it took counselor to return phone calls
Q8: Services received
Q9: Overall Satisfaction with MRS
Q10: Environment counseling session held

Response and Satisfaction Rates by Office

Project Excellence computed the response and satisfaction rates for each office. The results are provided in Appendix B.