

# **MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT**



**PROJECT EXCELLENCE  
MICHIGAN STATE UNIVERSITY**

2023 MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT

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**Project Excellence:  
A Program Evaluation Partnership**

Office of Rehabilitation and Disability Studies  
Michigan State University

Michigan Rehabilitation Services  
Michigan Department of Labor and Economic Opportunity

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**2023 Comprehensive Statewide Needs  
Assessment**

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**July 12 2023**

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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 (IWD) 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. IWD who are minorities;
- C. IWD who have been unserved or underserved by the state vocational rehabilitation (VR) programs;
- D. IWD 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. Students and youth with disabilities.

The 2023 CSNA project was developed and executed by an interagency committee comprising representatives from multiple organizations, including Michigan Rehabilitation Services (MRS), Bureau of Services for Blind Persons (BSBP), the Michigan Statewide Independent Living Council (SILC), the Michigan Council for Rehabilitation Services (MCRS), and additional service agencies (e.g., Michigan Workforce Development Agency, Michigan Department of Education, Veterans Affairs, Community Mental Health, Community Rehabilitation Organizations). By involving these diverse service agencies, the CSNA process was able to broaden its information and data collection efforts, enabling a comprehensive understanding of the extensive, multifaceted, and complex rehabilitation and employment needs of individuals with disabilities residing in Michigan.

The following data were collected and analyzed for the 2023 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, Disability Network Annual Report);
- Surveys conducted with stakeholder groups (i.e., service agency staff, IWD and their family and friends); and
- Semi-structured key informant telephone interviews.

For the 2023 CSNA project, 52 key informants were interviewed. Additionally, 191 agency staff, 105 IWDs and 71 family members or friends of IWDs participated in the CSNA surveys designed to identify the availability and sufficiency of services for Michigan residents with disabilities in their local community.

## UNSERVED OR UNDERSERVED POPULATIONS: NEEDS OR ISSUES

Listed below are the populations identified as unserved or underserved in the 2023 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.

### **Michigan Residents with Mental Illness (and/or Substance Abuse)**

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. A total of 154,227 individuals with mental illness, 2,454 with substance abuse disorder, and 16,708 with dual diagnosis of mental illness & developmental disabilities received services from CMHSP in FY 2019<sup>1</sup>. Individuals with mental illness also receive a variety of services and supports (e.g., employment, independent living skill training) through MRS and Centers for Independent Living / Disability Network (CIL/DN).

According to the RSA-911 data, 2,716 (27.9%) of 9,723 participants who exited MRS in PY 2021 reported mental illness as their primary disability. While a higher proportion of customers with mental illness (86.5%) reported unemployment at Individualized Plan for Employment (IPE), compared to those without mental illness (60.7%), they were less likely to achieve an employment outcome at exit (46.5%) than their counterparts (62.0%). While the majority of BSBP customers have blindness or visual impairments, approximately 5% of them reported having mental illness as a secondary condition. Additionally, 10% of CIL/DN customers reported having mental/emotional disabilities.

In the staff survey, over 50% of agency staff indicated that “affordable mental health services” were unavailable and/or insufficient to meet the needs of individuals with mental illness in their respective service areas. Other needs and issues that emerged from key informants and agency staff are as follows:

- Lack of skills of individuals with mental illness (e.g., personal advocacy, disability management skills)
- Individuals with mental illness having limited or no work history and/or not addressing co-occurring conditions
- Lack of mental health services available (including psychoeducation, health services)
- Issues concerning staff and providers (e.g., lack of expertise, high turnover rate)
- Negative attitudes towards individuals with mental illness
- Disconnect between policy and service delivery

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

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<sup>1</sup> Source: Michigan Department of Health & Human Services. Report for Section 904: Community Mental Health Service Programs: FY 2019. Retrieved from <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/reportsproposals/cmhsp-sub-element-cost-reports-for-section-904>

as follows:

- Address client-specific concerns and needs
- Develop stronger working alliances and address client-specific concerns and needs (e.g., utilization of a trauma-informed practice when providing work-based learning/job development services)
- Provide one-on-one employment services (e.g., job coaching) which is effective
- Use technology and innovation to expand agency initiatives and services
- Expand funding for mental health services for individuals with mental illness
- Implement new strategies for serving diverse populations
- Collaborate with different community partners (e.g., high schools, colleges/universities, businesses/employers, health network agencies)
- Share and expand local employment programs identified as promising or effective for this population

### **Cultural Minority Residents with Disabilities**

Cultural minority groups include: Hispanic/Latino residents specifically in the mid and southwestern section of Michigan; Black/African American, Native Americans in the Upper Peninsula and Northern Michigan; and Asian or Pacific Islanders, specifically Arab Americans in the southeastern part of the state. In addition, some key informants and agency staff also discussed needs and challenges of the immigrants and refugees.

According to the 2021 American Community Survey (ACS), 74.1% of non-institutionalized Michigan residents with disabilities are White, 16.1% Black/African American, 0.7% Native American, 1.5% Asian or Pacific Islander, 1.6% other racial groups, and 6.1% multiracial. In addition, 4.0% of non-institutionalized Michigan residents with disabilities are Hispanic origin.

According to 2021 ACS report, 33.6% of non-institutionalized Hispanic (with or without disabilities) reported they spoke English less than “very well.” Furthermore, Hispanic composition rate in the Wayne county is 4.1% (vs. 2.5% in Oakland; 1.5% in Macomb county). The percentage of limited English proficiency for each county was 35.8%, 37.7%, and 28.5%, respectively.

Furthermore, the 2021 ACS<sup>2</sup> estimates that 1.6% of Michigan residents (the estimated number of 170,887) identify their ancestry as Arab. Of them, 39.1% reported they spoke English less than “very well.” Wayne county is composed of 6.6% Arab residents (vs. 2.9% in Macomb and 1.5% in Oakland county). According to the Arab American Institute (2023), Michigan had the second highest Arab American population, and Detroit is one of the top five metropolitan areas with Arab American populations. Unfortunately, no disability prevalence rate for Arab Americans is available.

When compared to the 2021 ACS, which estimated that 16.1% of Michigan residents with disabilities were African American, this racial group is not currently considered un-served in

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<sup>2</sup>Source: U.S. Census Bureau, 2021 ACS, Table C16001; <https://data.census.gov/>

MRS (24.7%) and BSBP (29.6%). Based on the 2021 ACS estimate of 4.0% of Hispanic/Latino with disabilities in Michigan, this ethnic group does not appear un/underserved by VR agencies: MRS (3.8%) and BSBP (4.7%). The Asian/Pacific Islander rate of 2021 MRS customers (1.3%) is lower than the Michigan general population estimate (i.e., those with and without disabilities) of the 2021 ACS report (3.2%).

The majority of customers who exited MRS in PY 2021 were White, no-Hispanic origin (70.0%), followed by African American (24.7%), Native American (1.1%), Asian or Pacific Islander (1.3%), and multiracial (2.5%); a third (33.3%) of them were racial/ethnic minorities. Discrepancies in VR process and outcome rates between racial groups were observed. For example, White (63.3%) customers were more likely to achieve a CIE/SE outcome than multiracial (42.7%) and Native Americans (46.3%).

The majority of customers who exited BSBP in PY 2021 were White, no-Hispanic origin (59.2%), followed by African American (29.6%), Asian or Pacific Islander (3.3%), multiracial (0.9%) and Native American (0%); approximately 40% of them were racial/ethnic minorities. Compared to the average CIE/SE rate (41.1%), White (45.9%) customers were more likely to achieve a CIE/SE outcome than African American (29.8%).

In addition to common needs identified for the general disability group (e.g., transportation, housing), some unique needs and challenges for racial/ethnic minorities included:

- Language barriers
- Difficulty accessing services (e.g., lack of awareness about agency services, unwillingness to seek help, distrust of government agencies)
- Difficulty transferring education and training to U.S. workforce
- Communication/language barriers of staff (e.g., lack of qualified interpreters or bilingual staff)
- Lack of culturally sensitive services (especially, services for refugees or specific racial groups)

Also, it should be noted that racial, ethnic or cultural characteristics are often intertwined with other factors, such as low socio-economic status (e.g., transportation issues) and low level of education. Meanwhile, unique 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.

- Engage cultural minorities in advocacy
- Hire bilingual staff or staff from the cultural community
- Provide professional development training (e.g., multiculturalism counseling, inclusion & diversity training) to staff
- Develop outreach strategies, crucial components to successful results with the culturally minority consumers



- Develop liaisons with other agencies to strengthen cross-agency collaborations with core and strategic partners
- Conduct needs assessments to better identify and address barriers and service gaps at the local level

### **Individuals with Intellectual and Developmental Disabilities (IDD)**

Individuals with autism have been identified as an emerging and un- or underserved population in Michigan in the past (2011- 2020) CSNA projects; however, this group was not identified in 2023. Instead, a number of staff and key informants identified individuals with IDD as an underserved population.

According to the PY 2021 data, 41.4% of the MRS participants (who exited MRS in PY 2021) had the primary impairments caused by: Attention-Deficit Hyperactivity Disorder (ADHD; 5.3%), autism (9.6%), cerebral palsy (CP; 0.9%), congenital condition or birth injury (6.1%), intellectual disabilities (ID; 7.3%), and learning disabilities (LD; 12.3%). The overall CIE/SE rate was 49.5% [43.2% for those with ADHD, 54.4% with autism, 56.2% with CP, 68.8% with congenital condition or birth injury, 45.8% with ID, and 41.4% with LD]. It appeared the individuals with ID, LD, and ADHD were less likely to achieve an employment outcome.

When 3,859 students and youth participants (younger than 26 years at application) with LD, autism, ADHD, or ID, as one group, the most frequent causes/sources of disabilities included LD (34.4%), ASD (22.2%), ADHD (23.5%), and ID (14.0%). Compared to the overall CIE/SE rate of 43.0% for students and youth with disabilities, the ASD group (51.8%) showed the highest CIE/SE rate, followed by ADHD (43.5%), LD (40.6%), and ID (39.1%) groups.

The following issues or needs were raised, specifically for IDD, by the agency staff and key informants.

- Lack of social and daily living skills
- Being underemployed or underpaid
- Lack of family involvement and support
- Lack of breadth and depth of services (e.g., employment, assessment)
- Lack of qualified professionals
- Time-consuming service processes
- Lack of outreach
- Negative attitudes or misunderstanding toward individuals with disabilities

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

- Develop and provide individualized/customized supports (e.g., peer mentoring programs, positive behavioral supports, on-site job coaching, natural supports in the community and at job sites)
- Provide comprehensive training, not only social, communication and employability skills training, but also sexual health education



- Educate individuals with IDD and their families.
- Develop and implement advocacy and outreach strategies
- Provide education and training to professionals
- Secure more funding.
- Collaborate with other agencies (e.g., Michigan Interagency Transition Team, Developmental Disabilities Council, state VR agencies, advocacy groups, colleges/universities)

## **Students and Youth with Disabilities**

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 previous CSNA results, students and youth with disabilities was also identified as an un/underserved population in 2023.

The Michigan School District Report indicates that 2020-21 graduation rate for students with disabilities was 57.0% (excluding certificate of completion) which is significantly lower than that of students without disabilities (83.6%). Conversely, the dropout rate for students with disabilities (12.7%) was higher than the rate of their counterparts (7.0%). Compared to students with and without disabilities, there was still a big gap in terms of graduation and dropout rates.

According to the IDEA Section 618 report, top five diagnostic categories who received special education, aged 12 to 21 years, during the school year of 2020-2021 were: specific learning disabilities (41.4%), other health impairments (18.9%), intellectual disabilities (11.4%), autism (11.2%), and emotional disturbance (7.9%). Over the three-year period, there was a steady but constant decrease in a proportion of students with specific learning and intellectual disabilities. However, an opposite trend was observed among students with other health impairments.

In regard to the exit status of those aged 14-21 years, a higher proportion of students with visual impairments, orthopedic impairments, or specific learning disability exited special education with regular diploma while a high percentage of students with intellectual disabilities received a certificate. In addition, a higher dropout rate was found in those with multiple disabilities, emotional disturbance, intellectual disabilities, and other health impairments.

In the VR agencies, students or youth customers, ages younger than 25 years at application, represented 38.5% of MRS and 31.5% of BSBP customers who exited during PY 2021. Both agencies have shown a consistent trend that young customers were most likely to be determined eligible but least likely to achieve an employment outcome, compared to adults. In fact, their competitive and integrated employment or supported employment (CIE/SE) rate was lower (43.0% for MRS; 24.1% for BSBP) than that of adults (67.2% for MRS and 48.1% for BSBP).

It should be noted that a slightly higher gender discrepancy in the CIE/SE rate between students/youth with disabilities, compared to adults, has been seen over the years. For example, there was a higher proportion of male students and youth (61.8%) than female (37.6%) in MRS. While the eligibility (93.9% male vs. 92.5% female) and participation rates (83.5% vs. 84.4%, respectively)

were similar, male participants (44.2%) were slightly more likely to have a successful employment outcome than female participants (41.2%).

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

- Inadequate skills training programs
- Limited access to services and resources
- Difficulty navigating multiple systems
- Inadequate staffing
- Need to improve pre-employment transition services (PRE-ETS)
- Service discrepancies across agencies and local offices
- Lack of interagency collaboration

The following strategies were recommended to help students with disabilities to achieve their employment and postsecondary education goals:

- Better engage students and youth using an individualized approach
- Develop and provide a variety of transition services and programs
- Educate and support stakeholders (e.g., families, school teachers)
- Provide professional development training and quality supervision to staff
- Focus on community outreach
- Improve interagency collaborations
- Improve systemic issues on service discrepancies

## **Returning Citizens**

According to a report published in 2021 by the Bureau of Justice Statistics<sup>3</sup> using the 2016 Survey of Prison Inmates, an estimated 38% of all state and federal prisoners reported having at least one disability. The most frequently reported type of disability among both state and federal prisoners was cognitive disability (23.0%), followed by ambulatory (12%) and vision (11%) disabilities.

Focusing on mental health problems, Maruschak, Bronson, and Alper (2021)<sup>4</sup> found that 13% of all state and federal prisoners experience serious psychological distress (SPD) during the 30 days prior to their interview. Major depressive disorder was most commonly reported with 27% of state and 14% of federal prisoners. Females and White were more likely to meet the threshold for SPD. Prescription medication was the most common treatment type for prisoners and jail inmates who met the threshold for SPD. In addition, approximately, 43% of state and 23% of federal prisoners had a history of a mental health problem.

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<sup>3</sup> Maruschak, L., Bronson, J., & Alper, M. (2021). Disabilities reported by prisoners, Bureau of Justice Statistics. Bureau of Justice Statistics.

<sup>4</sup> Maruschak, L., Bronson, J., & Alper, M. (2021). Indicators of mental health problems reported by prisoners. Bureau of Justice Statistics.

According to the PY 2021 data, 694 (7.1%) of MRS participants reported they were a returning citizen. The majority of them were male (81.3%), White (42.2%) or African American (54.0%), having psychosocial (26.6%) or other mental impairments (69.0%), 26 to 54 years old at application (67.8%) and not working at the time of the individualized Plan for Employment (84.1%). The employment rate of customers who reported meeting the definition of an ex-offender was 40.2%, lower than the average CIE/SE rate of 59.1%.

The unsuccessful transition from incarceration to community living and negative public attitudes, specifically employer attitudes, were raised as the primary concern for this population. Additional concerns included: unavailability or lack of housing and transportation, lack of personal capital, lack of community services, and policies that create barriers to employment.

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

- Low motivation to work and difficulty following through
- Insufficient support and resources for community living (e.g., housing, transportation)
- Limited staff knowledge/skills to work with this population
- Lack of employment opportunities
- 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:

- Provide individualized services focusing on individual needs and strengths
- Revisit and modify policies to improve service
- Train professionals
- Collaborate and promote partnerships with community agencies and leverage services and resources (e.g., SSA, state agencies, local partners)
- Develop partnerships with employers and educate them

### **Individuals with Blindness or Visual Impairments**

Over the past two performance years, a total of 453 (240 in PY 2020; 213 in PY 213) individuals with blindness or visual impairments exited BSBP. Of those who exited BSBP during PY 2021, 47.9% were male, and 59.2% and 29.6% were White with no Hispanic origin and African American, respectively. Regarding their ethnicity, 4.7% were Hispanic/Latino. Slightly less than a third of customers (31.5%) were students and youth with disabilities (younger than 26 years), and 8.0% were over 65 years of age at application. In addition, 54.5% reported receiving Social Security cash benefits at application.

Of a total of 213 VR customers who exited BSBP in PY 2021, 177 (83.1%) were determined eligible. Of the eligible customers (n=177), 82.5% initiated VR services based on their IPE (participants). In the same way, 41.1% (n=60) of the participants achieved a CIE/SE. Compared with the average CIE/SE rate (41.1%), a lower proportion of BSBP participants with the following factors achieved an employment outcome: male, African American, Hispanic, students and youth, those without high school diploma, and those having secondary disabilities (e.g., physical, cognitive impairments). Individuals with the following barriers to employment also showed a lower CIE/SE rate: long-term unemployment, low income, and cultural barriers.

Multiple key informants mentioned unmet needs for Michigan residents with blindness and visual impairments. While the current legislation does not accept homemakers as a successful employment outcome, some customers with blindness and visual impairments (e.g., the aged) still need services for their independent living skills, instead of obtaining competitive employment. In addition to the VR outcomes, the following issues were discussed by agency staff and informants for this population:

- Lack of services and support based on individual needs
- Lack of accessibility
- Limited transportation

A couple of recommendations were made in serving individuals with blindness and/or visual impairments.

- Provide useful resources or training (e.g., early training for assistive technology literacy; self-advocacy training)

### **Veterans with Disabilities**

According to 2021 ACS<sup>5</sup>, there were 474,645 civilian veterans, ages 18 years and above, living in Michigan. While ACS estimates 31.1% of a disability prevalence rate, approximately 21.5% (n=101,939) had a record for the Veterans Affairs service-connected disability rating. Of those, 40,125 (39.4%) had the most severe service-connected disability rating (70% or higher).

Regardless of the disability status, the labor force participation rate of the working-age veterans (n=381,528; 18-64 years) was 76.9%, and their unemployment rate was 5.2%. In addition, the poverty rate of civilian veterans, ages 18 years and above, living in the community was 7.6%, while that of non-veterans was 12.0%.

In PY 2021, 300 (3.1%) of the 9,723 MRS customers who exited were identified as veterans. Concerning their VR process and employment outcomes, the PY 2021 CIE/SE (59.0% vs. 59.1%) and participation rates (both 74.1%) were almost same, but their eligibility rate (82.1% vs. 87.8%) was lower, compared to non-veterans.

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<sup>5</sup> Source: <sup>5</sup>Source: U.S. Census Bureau, 2021 ACS, Table B21100 & Table S2101; <https://data.census.gov/>

It has been reported that 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<sup>6</sup>, 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 informants and agency staff also identified a high prevalence of post-traumatic stress disorder, which is often undiagnosed or untreated, as an area of concern for veterans with disabilities. Lack of access to mental health services was also provided as an area of concern. Described below are other issues raised by the respondents for veterans with disabilities.

- Difficulty accessing service systems (including mental health services for PTSD)
- Not enough wraparound services
- Perpetuation of social stigma and stereotypes
- Limited resources for affordable housing for homeless veterans

Several effective strategies and recommendations were made as follows:

- Address client-specific concerns and needs
- Develop partnerships and collaboration among agencies (e.g., VA, MRS, CMHSP, and CIL)
- Increase access to information and resources via call centers, online mental health screening services, and free counseling services to have a positive impact on veterans who are unaware of services available in their community
- Develop peer support programming

### **Other Underserved Groups**

Other populations identified as unserved or underserved by a couple of agency staff or key informants, such as homeless population, those with physical/multiple disabilities, and deaf/hearing impairments. More detailed needs or issues of those other groups will be found in Chapter 3 and Chapter 4.

### **Common Issues or Needs**

The descriptions above highlight a range of issues and needs for each unserved or underserved population with disabilities. While some of these needs are specific to certain populations, several of them reflect the collective needs of individuals with disabilities (IWDs) as a whole, regardless of their disability type or background characteristics. These findings align closely with the conclusions drawn from the previous CSNA reports.

- IWD: Basic Needs Unmet and Lack of Skills
- IWD: Limited Access to Services or Lack of Services/Resources
- Transportation Issues, especially in the rural areas
- Staffing Issues with a High Turnover Rate and Lack of Expertise
- Inadequate Interagency Collaboration

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<sup>6</sup>Source: U.S. Census Bureau, 2011 ACS, Table B21100 & Table S2101; <https://data.census.gov/>

- Shortage of Community Outreach

### **Perceived Level of Service Needs by Survey Participants**

A total of 191 agency staff, 105 IWD and 71 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. Overall, high unavailability rates were observed in general services such as non-public transportation (e.g., cabs, rental cars), affordable accessible housing, and adult day care services, followed by independent living services, including support to develop independent living skills, connecting to other individuals with disabilities, supports to transition from school to adult life, assistance with accessing transportation, assistance with locating recreational programs, and assistance with finding affordable and accessible housing. Also, the services for specific subgroups of IWDs (e.g., services for those with blindness or low vision, culturally relevant services, rehabilitation technology services) appeared to be less acknowledged in both groups of IWDs and family members or friends.

### **Geographic Implications**

When evaluating the unmet needs of individuals with disabilities, it is crucial to consider the geographic implications to ensure fair and equal access to services. Several key informants highlighted the significance of geographic factors, such as resource availability, transportation, and access to technology, in meeting the needs of individuals with disabilities across different areas. Rural regions often encounter difficulties due to limited infrastructure, service providers, businesses, and resources. Conversely, urban areas present challenges related to issues like poverty, low education/literacy rates, and inequality. Nevertheless, both rural and urban areas face long-standing barriers concerning healthcare and transportation accessibility. Although limited internet connectivity and restricted technology access have traditionally posed primary challenges in rural areas, the Covid-19 pandemic reshaped the work landscape, allowing remote work to become a prevalent option. This unexpected shift resulted in the expansion and improvement of internet connectivity in rural areas.

### **Future Trends**

In addition to the on-going issues and needs of IWD identified, the number of agency staff and key informants also provided their perspectives on future trends in serving IWD effectively and efficiently. Twenty-five key informants described a variety of future trends organized around five primary themes, such as technology, education & training, collaboration, and inclusion & social justice.

First, the majority of key informants expressed positive views on technological advancements and emphasized the importance of prioritizing their use to improve access to services, provide remote support, and create employment opportunities for individuals with disabilities. Examples included artificial intelligence, assistive technology, automated vehicles, smartphone apps, and GPS systems designed to promote independent living and community integration for individuals with disabilities. The COVID-19 pandemic has also increased technology exposure for people in general, even in rural areas, opening up more options for counseling services such as tele-counseling and remote case management based on personal preferences

Second, key informants provided insights on future trends in education and training for individuals with disabilities. Inclusive education was highlighted as a crucial aspect, emphasizing the use of technology and appropriate staff training to create supportive and inclusive environments in general education classrooms (e.g., Universal Design for Learning). Another frequently mentioned theme was the "60 by 30" plan, which aims to increase the percentage of working-age adults with a skill certificate or college degree to 60% by 2030. Aligned with this initiative, individuals with disabilities should have access to post-secondary education and training, with efforts made to explore different career options and provide encouragement. It is worth noting that the Workforce Innovation and Opportunity Act (WIOA) also prioritizes credential attainment and measurable skill gains, making individuals with disabilities no exception.

In addition to education, key informants emphasized the importance of continuous training for individuals with disabilities to be effective in areas such as benefits counseling, advocacy, self-determination skills, social-communication skills, health and wellness, and technology. They highlighted the need for a credentialed workforce, leading to the development of short-duration certificate programs, vocational training, and postsecondary education opportunities.

Third, given the challenges posed by limited funds, resources, and professionals, many key informants identified partnerships and collaborations as essential future needs and trends in serving individuals with disabilities. Efforts should be made at both administrative and practitioner levels to develop Memorandums of Understanding (MOUs) among agencies and expand networks at the local level. The desired outcomes include employment opportunities and community-based services. Key informants emphasized the need to prioritize employment for individuals with disabilities, providing training on navigating employer systems, teaching emotional regulation and social skills, and fostering partnerships with businesses. Moreover, there was a call for expanding community-based services to cater to the specific needs of individuals with disabilities, including employment support and capacity building.

Fourth, comprehensive support is crucial for the success of individuals with disabilities in the community. Key informants stressed that core services should remain consistent in the future, with professionals assessing basic needs and barriers (e.g., housing, transportation, accommodations) and streamlining the service delivery process to improve outcomes. They also highlighted the importance of inclusion, intersectionality, and cultural sensitivity in service provision, calling for more discussions on race intersectionality, increased cultural sensitivity, and counselor training focused on awareness and inclusivity.



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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 2023 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 2022 for the 2023 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* was 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.

**Underserved** – the percentage of those served by BSBP/CIL/MRS that is less than the percentage of the group in the general population.

## Specific Goals for 2023 CSNA

In addition to the federally mandated requirements stated above for the vocational rehabilitation programs, the 2023 CSNA committee established specific goals or target populations of Michigan residents with disabilities which include the identification of the:

- Potential unmet needs of individuals with specific types of disabilities (e.g., mental illness, developmental disabilities, blindness or visual impairments, multiple disabilities);
- Potential unmet needs of cultural minorities (e.g., Mid-Eastern/Arab)
- Potential unmet needs of students and youth;
- Potential unmet needs of veterans;
- Potential unmet needs of returning citizens;
- Potential unmet needs of those in poverty (incl. homeless);
- Potential unmet needs of LGBTQs, Domestic Violence Survivors, Rural/Metropolitan Area Residents; and
- Independent living needs of Michigan residents with disabilities

## Data Collection and Reporting Methods

After individually reviewing the instruments used in 2017, 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.

# STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

## CHAPTER I MICHIGAN DISABILITY STATISTICS

**PROJECT EXCELLENCE**  
MICHIGAN STATE UNIVERSITY

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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 2021 ACS<sup>1</sup>, the resident population in Michigan is estimated to be 10,050,811 individuals, representing 3.0% of the U.S. population in 2021.

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<sup>1</sup> Source: U.S. Census Bureau, 2021 ACS, Table S0101 (1-Yr. Est); <https://data.census.gov/>



Table 1: Resident Population (2017 - 2021)

|        | <b>U.S. Number</b> | <b>MI Number</b>  | <b>MI Percent</b> |
|--------|--------------------|-------------------|-------------------|
| 2017   | 325,719,178        | <b>9,962,311</b>  | <b>3.1%</b>       |
| 2018   | 327,167,439        | <b>9,995,915</b>  | <b>3.1%</b>       |
| 2019   | 328,239,523        | <b>9,986,857</b>  | <b>3.0%</b>       |
| 2020** | 326,569,308        | <b>9,973,907</b>  | <b>3.1%</b>       |
| 2021   | 331,893,745        | <b>10,050,811</b> | <b>3.0%</b>       |

\*\* Due to an absence of the 1-year estimate data, the ACS 5-year estimate is used.

The following table<sup>2</sup> compares the 2021 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/Latino origin is relatively less. In addition, Michigan shows lower labor force participation and employment rates. Compared to the 2017 ACS estimate used for the 2017 MI-CSNA report, there is a noticeable increase in the proportion of multiracial in both U.S. (3.3% to 12.6%) and Michigan (3.0% to 7.0%)<sup>3</sup>.

Table 2: Population Demographics: Gender

|        | <b>U.S.-Percent</b> | <b>MI-Number</b>  | <b>MI-Percent</b> |
|--------|---------------------|-------------------|-------------------|
| Male   | 49.5%               | <b>4,975, 151</b> | <b>49.5%</b>      |
| Female | 50.5%               | <b>5,075,660</b>  | <b>50.5%</b>      |

Table 3: Population Demographics: Race and Ethnicity

|                                             | <b>U.S.-Percent</b> | <b>MI-Number</b> | <b>MI-Percent</b> |
|---------------------------------------------|---------------------|------------------|-------------------|
| White                                       | 61.2%               | <b>7,437,600</b> | <b>74.0%</b>      |
| Black or African American                   | 12.1%               | <b>1,346,809</b> | <b>13.4%</b>      |
| American Indian and Alaska Native           | 1.0%                | <b>50,254</b>    | <b>0.5%</b>       |
| Asian                                       | 5.8%                | <b>321,626</b>   | <b>3.2%</b>       |
| Native Hawaiian and Other Pacific Islanders | 0.2%                | <b>0</b>         | <b>0.0%</b>       |
| Some other race                             | 7.2%                | <b>190,965</b>   | <b>1.9%</b>       |
| Multi-racial**                              | 12.6%               | <b>703,557</b>   | <b>7.0%</b>       |
| Hispanic or Latino origin**                 | 18.8%               | <b>562,845</b>   | <b>5.6%</b>       |

Table 4: Population Demographics: Education Attainment (>=25 yr.)

|                                           | <b>U.S.-Percent</b> | <b>MI-Number</b> | <b>MI-Percent</b> |
|-------------------------------------------|---------------------|------------------|-------------------|
| Less than high school graduate            | 10.6%               | <b>804, 065</b>  | <b>8.0%</b>       |
| High school graduate, GED, or alternative | 26.3%               | <b>2,884,583</b> | <b>28.7%</b>      |
| Some college or Associate's degree        | 28.1%               | <b>3,176,056</b> | <b>31.6%</b>      |
| Bachelor's degree or higher               | 35.0%               | <b>3,186,107</b> | <b>31.7%</b>      |

<sup>2</sup> Source: U.S. Census Bureau, 2021 ACS, Table S0102 (1-Yr. Est); <https://data.census.gov/>

<sup>3</sup> Social Explorer: The increase in multiracial Americans found in the 2021 ACS evidently was caused by the U.S. Census Bureau's decision to conduct a content analysis of the fill-in answers for the race and Hispanic question in the 2020 Census. If there were evidence of other races, the person was coded into that race, as well. The change was added to the ACS, as well. The change leaves users with no way to know how many individuals in different racial and ethnic categories were shifted; there is also no data available to compare the 2020 methodology with the results of the 2010 Census. Withdrawn on Feb. 25, 2023 from [Social Explorer](#).

Table 5: Population Demographics: Employment Status (>=16 yr.)

|                      | <b>U.S.-Percent</b> | <b>MI-Number</b> | <b>MI-Percent</b> |
|----------------------|---------------------|------------------|-------------------|
| Not in labor force   | 37.0%               | <b>3,929,867</b> | <b>39.1%</b>      |
| In labor force       | 63.0%               | <b>6,120,944</b> | <b>60.9%</b>      |
| Civilian labor force | 62.5%               | <b>6,110,893</b> | <b>60.8%</b>      |
| Employed             | 58.6%               | <b>5,688,759</b> | <b>56.6%</b>      |
| Unemployed           | 3.9%                | <b>422,134</b>   | <b>4.2%</b>       |

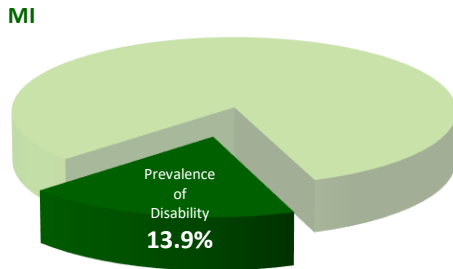
**Disability Prevalence Rate**

The 2021 ACS<sup>4</sup> estimates that 1,379,813 (13.9%) of 9,949,959 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 13.0%.

Table 6: Disability Prevalence Rate

|                               | <b>U.S.</b> | <b>MI</b>        |
|-------------------------------|-------------|------------------|
| Total Number                  | 326,912,547 | <b>9,949,959</b> |
| Individuals with Disabilities | 42,485,034  | <b>1,379,813</b> |
| % of Total                    | 13.0%       | <b>13.9%</b>     |

Figure 1: Disability Prevalence Rate



**Age**

The disability prevalence rate is different by the age range: 0.7% aged below 5 years, 6.0% between 5 and 17 years, 11.8% between 18 and 64 years, and 32.0% 65 years and above. As expected, approximately a third (32.0%) of the aged Michigan residents (65+) reported having a disability.

Table 7: Individuals with Disabilities by Age

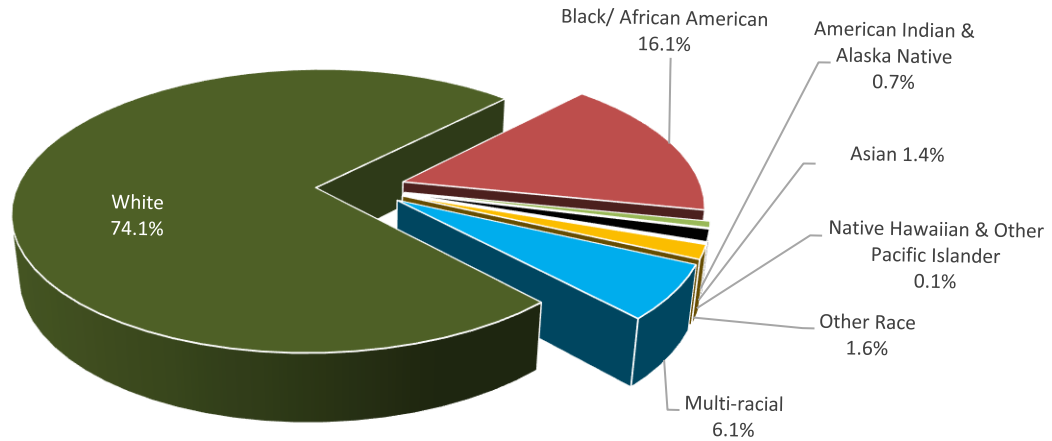
|           | <b>U.S. Total N</b> | <b>U.S. IWD</b> | <b>U.S. Percent</b> | <b>MI Total N</b> | <b>MI IWD</b>  | <b>MI Percent</b> |
|-----------|---------------------|-----------------|---------------------|-------------------|----------------|-------------------|
| < 5 yrs   | 18,659,730          | 128,966         | 0.7%                | <b>545,979</b>    | <b>4,013</b>   | <b>0.7%</b>       |
| 5-17 yrs  | 54,698,001          | 3,270,410       | 6.0%                | <b>1,602,582</b>  | <b>96,263</b>  | <b>6.0%</b>       |
| 18-64 yrs | 198,812,874         | 21,246,505      | 10.7%               | <b>6,014,103</b>  | <b>707,650</b> | <b>11.8%</b>      |
| >= 65 yrs | 54,741,942          | 17,839,153      | 32.6%               | <b>1,787,295</b>  | <b>571,887</b> | <b>32.0%</b>      |

<sup>4</sup> Source: U.S. Census Bureau, 2021 ACS, Table B18101; <https://data.census.gov/>

**Race/Ethnicity**

According to the 2021 ACS<sup>5</sup>, 74.1% of non-institutionalized Michigan residents with disabilities are White, 16.1% Black/African American, .7% American Indian and Alaska Native, 1.4% Asian, 0.1% Native Hawaiian and other Pacific Islander, 1.6% other racial group, and 6.1% multiracial. In addition, 4.0% 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 individuals with disabilities.

Figure 2: Michigan Residents with Disabilities by Race (2021)



As illustrated in the table below, the disability prevalence rate within each racial group varies, ranging from 19.6% of American Indian & Alaska Native to 5.8% of Asians in Michigan. The disability prevalence rate for Hispanics in Michigan was 10.0% (vs. 9.9% in U.S.).

Table 8: Disability Prevalence Rate within Racial/Ethnic Group

|                                          | U.S.  | MI             |                        | U.S.  | MI           |
|------------------------------------------|-------|----------------|------------------------|-------|--------------|
| White                                    | 14.0% | <b>13.9%</b>   | Black/African American | 14.5% | <b>16.9%</b> |
| American Indian & Alaska Native          | 15.1% | <b>19.6%</b>   | Asian                  | 7.8%  | <b>5.8%</b>  |
| Native Hawaiian & Other Pacific Islander | 12.9% | <b>43.1%**</b> | Some other race(s)     | 9.7%  | <b>11.4%</b> |
| Two or more races                        | 11.0% | <b>12.2%</b>   |                        |       |              |

\*\* Note: Only 0.1% of Michigan residents with disabilities are Native Hawaiian and Other Pacific Islander (total estimated number = 2,512). The disability prevalence rate should be interpreted with caution and cannot be overgeneralized.

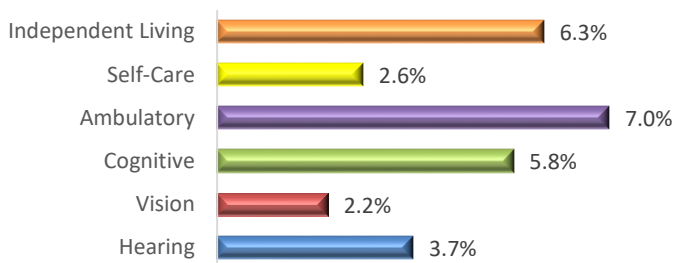
<sup>5</sup> Source: U.S. Census Bureau, 2021 ACS, Table S1810; <https://data.census.gov/>

### ***Type of Disabilities***

With regard to the six disability types classified in the ACS data in 2021<sup>6</sup>, it is estimated that, of the 9,949,959 non-institutionalized Michigan residents:

- 6.3% had an independent living disability
- 2.6% had a self-care disability
- 7.0% had an ambulatory disability
- 5.8% had a cognitive disability
- 2.2% had a vision disability
- 3.7% had a hearing disability

Figure 3: Type of Disabilities

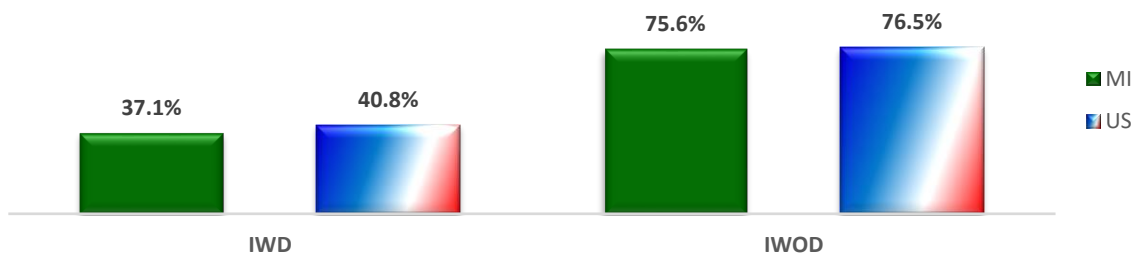


Note that the respondent could report more than one disability type, so the sum of the percentages of the disability types would not be equal to the overall prevalence rate of disability in Michigan (i.e., 13.9%).

### ***Employment Status***

According to the 2021 ACS data<sup>7</sup>, 37.1% of Michigan residents with disabilities between the ages of 18 and 64 years reported being employed. In contrast, 76.5% of Michigan residents without disabilities reported being employed. The Michigan employment rate of disability groups was slightly higher than the national rates in 2021. In addition, the 2021 Michigan unemployment rate of those with disabilities were 14.7% (vs. U.S. rate of 13.2%), compared to 6.4% for those without disabilities (vs. U.S. rate of 5.8%).

Figure 4: Employment Rate by Disability Status

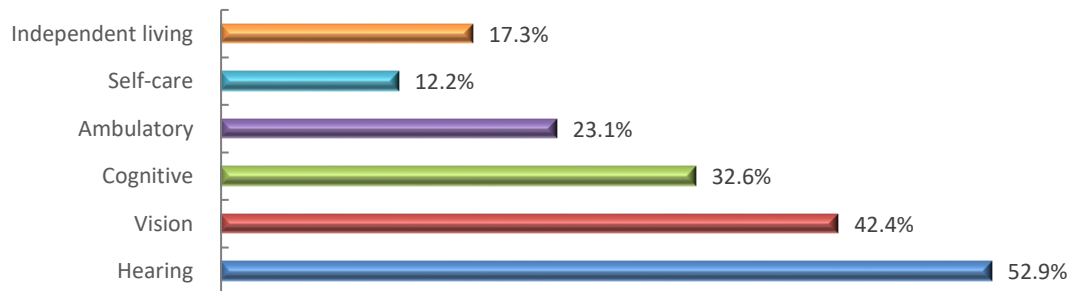


<sup>6</sup> Source: U.S. Census Bureau, 2021 ACS, Table S1810; <https://data.census.gov/>

<sup>7</sup> Source: U.S. Census Bureau, 2021 ACS, Table B18120; <https://data.census.gov/>

The figure below illustrates the employment rates by disability category classified in the 2021 ACS data. As illustrated, employment rates vary greatly across disability groups. For example, 52.9% of individuals with hearing disabilities and 42.4% with vision disabilities reported they were employed, while only 12.2% of people with self-care disabilities reported being employed.

Figure 5: Employment Rate by Disability Type



In addition, 48.8% of Michigan’s working age residents with disabilities reported they were employed in full-time, year-round positions, as compared to 63.5% of Michigan residents without disabilities<sup>8</sup>. This finding clearly demonstrates that disability status is a crucial factor that would affect the likelihood of having a full-time, year-round job.

Table 9: Full-time, Year-round Employment Rate by Disability Status

|                                      | U.S.-IWOD | U.S.-IWD | MI-IWOD      | MI-IWD       |
|--------------------------------------|-----------|----------|--------------|--------------|
| Employment Rate (Full-time/All Year) | 68.0%     | 54.3%    | <b>63.5%</b> | <b>48.8%</b> |

### *Economic Well-being*

In 2021, 25.7% of Michigan residents with disabilities between 18 and 64 years, compared to 10.8% without disabilities, were considered to be living in poverty<sup>9</sup>. 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 (non-institutionalized population 16 years and over with earnings in the past 12 months) were \$25,427. In contrast, among Michigan residents without disabilities the median earnings were \$38,654<sup>10</sup>. This shows an income gap of \$13,227 between Michigan residents with and without disabilities.

Table 10: Poverty Rate and Median Earnings by Disability Status

|                 | U.S.-IWOD | U.S.-IWD | MI-IWOD         | MI-IWD          |
|-----------------|-----------|----------|-----------------|-----------------|
| Poverty Rate    | 10.5%     | 24.4%    | <b>10.8%</b>    | <b>25.7%</b>    |
| Median Earnings | \$40,948  | \$28,438 | <b>\$38,654</b> | <b>\$25,427</b> |

<sup>8</sup> Source: U.S. Census Bureau, 2021 ACS, Table K201802; <https://data.census.gov/>

<sup>9</sup> Source: U.S. Census Bureau, 2021 ACS, Table B18130; <https://data.census.gov/>

<sup>10</sup> Source: U.S. Census Bureau, 2021 ACS, Table B18140; <https://data.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<sup>11</sup>.

Prior to 2016, BRFSS included two questions designed to identify the population with disabilities, primarily focusing on whether an individual has general activity limitations and whether the individual needs special equipment for their current health problem. Since 2016, however, CDC has used six questions to identify individuals with a disability that impacts major life activities (i.e., hearing, vision, cognition, mobility, self-care, independent living). The actual questions<sup>12</sup> are as follows:

- Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone. Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Do you have serious difficulty walking or climbing stairs?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Respondents were defined as having any disability if they answered "Yes" to one or more of these questions. Respondents were defined as not having a disability if they answered "No" to all six questions.

### ***Disability Prevalence Rate***

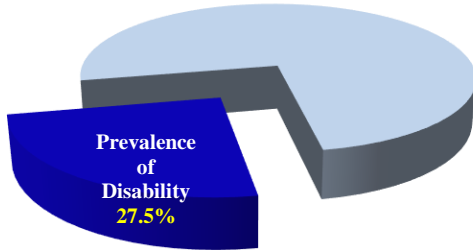
According to the 2020 BRFSS data, 27.5% of adult Michigan residents aged 18 years and older had disabilities.

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<sup>11</sup> Source: Michigan Department of Health & Human Services. 2020 Behavioral Risk Factor Survey (2021). Retrieved from <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/bfrs/annreports/michigan-brfs-annual-reports>

<sup>12</sup> Source: Center for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/data-guide/status-and-types.html#:~:text=Behavioral%20Risk%20Factor%20Surveillance%20System%20respondents%20were%20asked,s erious%20difficulty%20walking%20or%20climbing%20stairs%3F%E2%80%9D%20More%20items>

Figure 6: Prevalence Rate of Disability



The table below shows the disability prevalence rates by demographic characteristic. The prevalence rate increases with age, and female residents (29.7%) were more likely to have a disability than male (25.3%). Looking at the disability prevalence rate by race, Black, non-Hispanic, showed the highest rate (33.0%), followed by Hispanic (27.7%), White, non-Hispanic (26.7%) and other races, non-Hispanic (26.4%). In addition, as illustrated in the table to the right, the disability prevalence rate was negatively correlated with household income; that is, the prevalence rate decreases when the household income level increases.

Table 11: Disability Prevalence Rate by Age

|         | Prevalence Rate |
|---------|-----------------|
| 18 - 24 | 20.4%           |
| 25 - 34 | 19.7%           |
| 35 - 44 | 21.5%           |
| 45 - 54 | 26.6%           |
| 55 - 64 | 27.2%           |
| 65 - 74 | 35.3%           |
| 75 +    | 51.1%           |

Table 12: Disability Prevalence Rate by Gender

|        | Prevalence Rate |
|--------|-----------------|
| Male   | 25.3%           |
| Female | 29.7%           |

Table 13: Disability Prevalence Rate by Race/Ethnicity

|                     | Prevalence Rate |
|---------------------|-----------------|
| White, non-Hispanic | 26.7%           |
| Black, non-Hispanic | 33.0%           |
| Other, non-Hispanic | 26.4%           |
| Hispanic            | 27.7%           |

Table 14: Disability Prevalence Rate by House Income

|                     | Prevalence Rate |
|---------------------|-----------------|
| < \$20,000          | 54.0%           |
| \$20,000 - \$34,999 | 35.1%           |
| \$35,000 - \$49,999 | 26.6%           |
| \$50,000 - \$74,999 | 21.8%           |
| ≥\$75,000           | 14.4%           |



## ***Health Behaviors and Health Insurance Coverage***

The following table compares several health-related risk behaviors and overall health status between individuals with and without disabilities. According to the BRFSS survey results, a much higher proportion of individuals with disabilities reported having generally fair or poor health (28.1% vs 7.1% without disabilities) and a poor quality of life impacted by their physical (29.9% vs 4.4%) and mental (32.1% vs. 9.6%) health status.

In 2020, an estimated 7.9% of Michigan adults with disabilities reported having no health care coverage. In relation to health care access, 12.1% of those with disabilities reported not having a personal health care provider, while 13.7% reported not seeing the doctor within the past 12 months due to cost. The majority of adults with disabilities (82.1%) reported that they had a routine checkup (vs. 58.4% dental visit) within the past year.

**Table 15: Health Status and Preventive Practices by Disability Status**

|                                                     | <b>IWOD</b> | <b>IWD</b> |
|-----------------------------------------------------|-------------|------------|
| General Health Status ( <i>Fair/Poor</i> )          | 7.1%        | 38.1%      |
| Quality of Life ( <i>Poor - Mental</i> )            | 9.6%        | 32.1%      |
| Quality of Life ( <i>Poor - Physical</i> )          | 4.4%        | 29.9%      |
| No Health Care Coverage <sup>13</sup>               | 8.5%        | 7.9%       |
| No Personal Health Care Provider                    | 15.5%       | 12.1%      |
| No Health Care Access Due to Cost                   | 5.6%        | 13.7%      |
| Obesity                                             | 31.9%       | 43.4%      |
| Routine Checkup in Past Year                        | 74.6%       | 82.1%      |
| Oral Health ( <i>No Dental Visit in Past Year</i> ) | 26.5%       | 41.6%      |

While a third (35.3%) of Michigan residents with disabilities reported not participating in any leisure time physical activities or exercises, 27.7% reported currently smoking cigarettes on a regular basis and 14.7% binge drinking on at least one occasion within the past month.

**Table 16: Risk Behaviors by Disability Status**

|                                                 | <b>IWOD</b> | <b>IWD</b> |
|-------------------------------------------------|-------------|------------|
| No Leisure Time Physical Activity <sup>14</sup> | 15.1%       | 35.3%      |
| Cigarette Smoking                               | 14.8%       | 27.7%      |
| E-Cigarette Use                                 | 5.7%        | 8.6%       |
| Binge Drinking <sup>15</sup>                    | 18.6%       | 14.7%      |

Multiple chronic conditions were more prevalent among adults with disabilities; they were twice more likely to be diagnosed with arthritis (53.1%), depression (37.9%), diabetes (21.6%), and chronic obstructive pulmonary disease (19.1%) than those without disabilities (21.6%, 12.8%, 8.6%, and 4.4%, respectively).

<sup>13</sup> Among adults aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare or Indian Health Services.

<sup>14</sup> Among all adults, the proportion reporting they had not participated in any leisure time physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise during the past month.

<sup>15</sup> Binge drinking was defined as consuming five or more alcoholic drinks per occasion (for men) or four or more alcoholic drinks per occasion (for women) at least once in the past month.

Table 17: Health Status Indicators by Disability Status

|                                       | <b>IWOD</b> | <b>IWD</b> |
|---------------------------------------|-------------|------------|
| Arthritis                             | 21.6%       | 53.1%      |
| Depression                            | 12.8%       | 37.9%      |
| Diabetes                              | 8.6%        | 21.6%      |
| Chronic Obstructive Pulmonary Disease | 4.4%        | 19.1%      |

## 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. In June 2008, the monthly CPS employed 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:** *Is this person deaf or does he/she have serious difficulty hearing?*
- **Visual:** *Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?*
- **Cognitive:** *Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?*
- **Ambulatory:** *Does this person have serious difficulty walking or climbing stairs?*
- **Self-Care:** *Does this person have difficulty dressing or bathing?*
- **Independent Living:** *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 (CPS-ASEC) Supplement survey, collected in February, March and April of each year, provides data concerning family characteristics, household composition, work disability, health insurance coverage, etc. Since 2014, the following question has been used to determine if individuals have a work disability: *Who has a health problem or a disability which prevents work or which limits the kind or amount of work?* The information collected from the monthly and supplemental CPS reports are presented in this section.

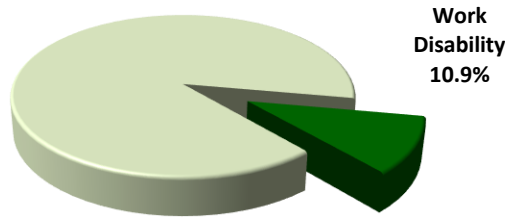
### ***CPS-Annual Social and Economic (ASEC) Supplement***

As indicated, the CPS-ASEC data<sup>16</sup> collected for 2021 estimated a 10.9% work disability prevalence rate for the working-age population, ages 16 to 64 years, in Michigan (10.7% in 2020). The Michigan rate is slightly higher than that of the U.S. (8.3%).

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<sup>16</sup> Source: U.S. Census Bureau, Current Population Survey (CPS), [Microdata Access Tool \(MDAT\)](#).

Figure 7: Work Disability Prevalence Rate (16-64 years)



The 2021 employment rates of working-age individuals with and without disabilities in Michigan were 28.4% and 79.6%, respectively. In addition, of those who worked in 2021, 33.4% of working-age individuals with a work disability reported working full-time/year-around versus 68.8% of those without a work disability.

Table 18: Employment Rate by Work Disability Status (16-64 years)

|                      | <b>U.S-IWD</b> | <b>U.S-IWOD</b> | <b>MI-IWD</b> | <b>MI-IWOD</b> |
|----------------------|----------------|-----------------|---------------|----------------|
| Employment Rate      | 32.4%          | 78.4%           | <b>28.4%</b>  | <b>79.6%</b>   |
| Full-Time/Year-Round | 39.9%          | 72.6%           | <b>33.4%</b>  | <b>68.8%</b>   |

According to the 2021 CPS-ASEC data, 30.9% of Michigan working-age individuals with a work disability (vs. 8.2% without a work disability) lived in poverty. In 2021, the average household income was \$61,151 for Michigan residents with a work disability and \$119,668 for those without a work disability.

Table 19: Poverty Rate and Median Household Income

|                          | <b>U.S-IWD</b> | <b>U.S-IWOD</b> | <b>MI-IWD</b>   | <b>MI-IWOD</b>   |
|--------------------------|----------------|-----------------|-----------------|------------------|
| Poverty Rate (16-64 yrs) | 27.9%          | 9.0%            | <b>30.9%</b>    | <b>8.2%</b>      |
| Average Household Income | \$67,421       | \$122,497       | <b>\$61,151</b> | <b>\$119,668</b> |

### ***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 60,000 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 eleven years (January 2011 - September 2022).

The first graph indicates that, on average, 28.8% of the U.S. population with disabilities, ages 16 to 64 years, was employed between January 2011 and September 2022, whereas a much higher proportion of individuals without disabilities (an average of 72.2%) were employed during the same timeframe. The annual average U.S. unemployment rate of individuals with disabilities was

13.5% in 2020 and 10.9% in 2021, whereas that of individuals without disabilities was 7.9% and 5.2%, respectively.<sup>17</sup>

Figure 8: U.S. Employment Rate by Disability Status (Jan. 2011 - Sep. 2022)

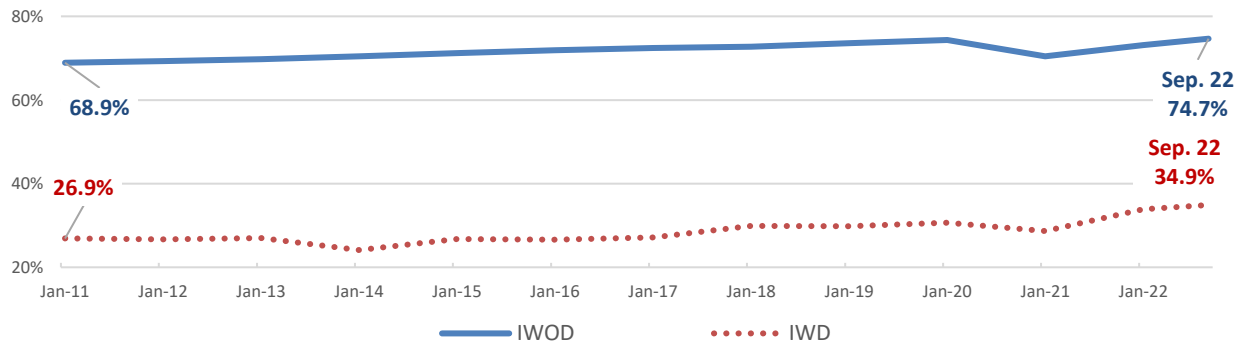
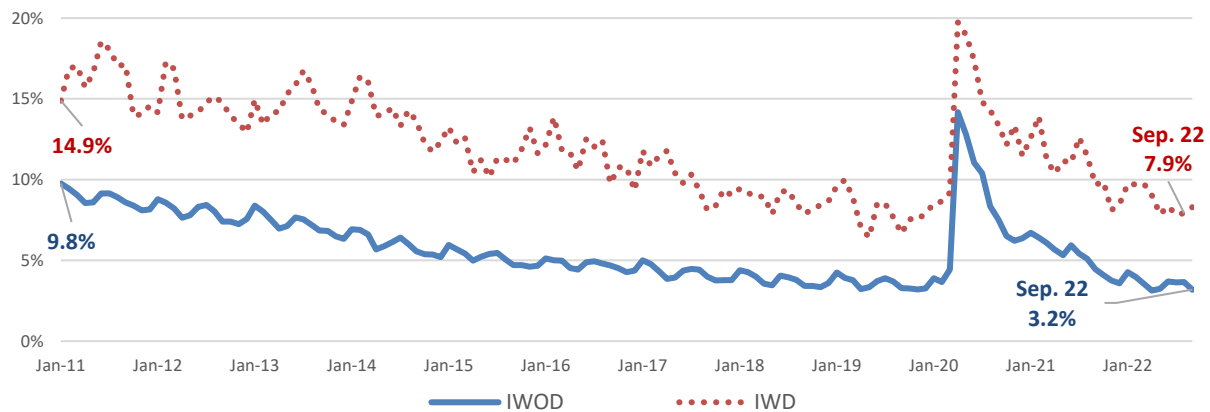


Figure 9: U.S. Unemployment Rate by Disability Status (Jan. 2011 - Sep. 2022)



### Labor Market Information in Michigan

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 the unemployment rates in the U.S. and Michigan since January 2011<sup>18</sup>. In terms of civilian labor force (blue solid line on the graph), the trend shows an overall steady increase in Michigan over the past 10-year period, before April 2020.

As displayed in the graph, there was an acute decrease point in the number of labor force participants and increase in unemployment rates in April 2020 (22.8% in Michigan; 14.4% in U.S.), reflecting the outbreak of Covid-19. Its impact lasted for several months, but both indicators appeared to slowly but progressively return to the pre-Covid economic status. For

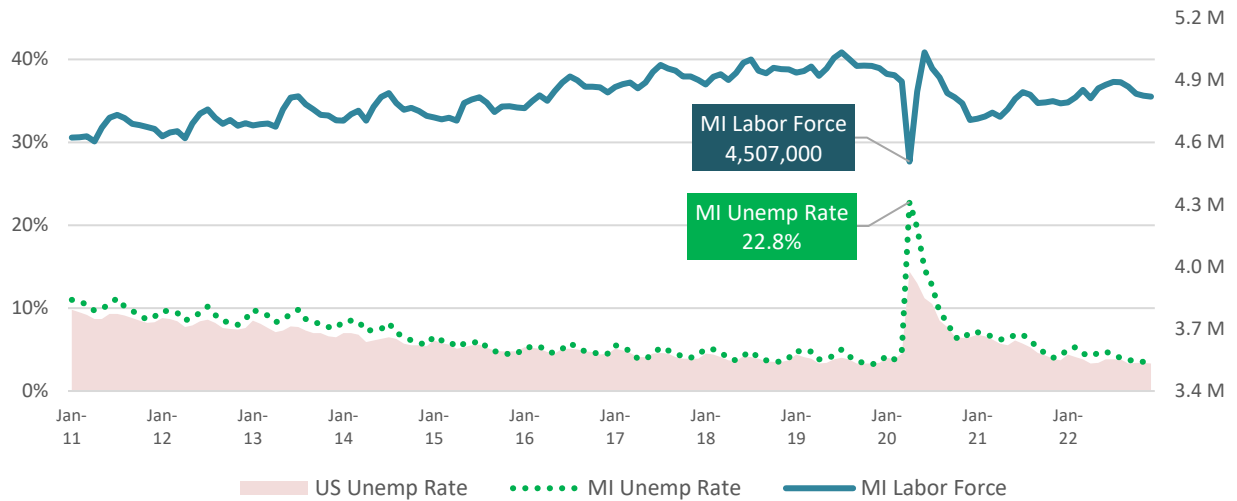
<sup>17</sup> Source: Bureau of Labor Statistics, U.S. Department of Labor. CPS Labor Force Statistics (Table A-6): Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted. Retrieved from <https://www.bls.gov/webapps/legacy/cpsatab6.htm>

<sup>18</sup> Source: Labor Market Information: Total Employment (LAUS). Michigan Department of Technology, Management, & Budget. Retrieved from <https://milmi.org/datasearch/LAUS>

example, the average annual unemployment rate of Michigan was 4.1% in 2019, 10.0% in 2020, 5.9% in 2021 and 4.3% in 2022.

As illustrated in the graph, there was not a great deal of discrepancy between U.S. and Michigan in terms of the unemployment rate. Overall, however, the Michigan unemployment rates were somewhat higher than those of U.S. The discrepancy became more obvious during the pandemic period; the average Michigan unemployment rate between April and December, 2022 was 11.0% (vs. 9.4% in U.S.). Note that the information includes all Michigan residents who identified as having or not having disabilities.

Figure 10: Labor Participants and Unemployment Rates of Michigan (Jan. 2011 - Dec. 2022)



## Social Security Administration

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 2021<sup>19</sup>, of a total of 256,734 Michigan SSI recipients, 92.0% received benefits based on Disability, 7.4% on Age, and 0.7% 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 \$463.72, \$583.37 and \$603.44, respectively.

Table 20: Number of SSI Beneficiaries and Amount of Annual SSI Payment by Disability Category

|                          | <b>Aged</b> | <b>Blind</b> | <b>Disabled</b> |
|--------------------------|-------------|--------------|-----------------|
| Number of SSI Recipients | 18,915      | 1,684        | 236,135         |
| Average Monthly Payment  | \$463.72    | \$583.37     | \$603.44        |

Table 21: Number of SSI Beneficiaries and Amount of Annual SSI Payment by Age

|                          | <b>Under 18</b> | <b>18 - 64</b> | <b>65 or older</b> |
|--------------------------|-----------------|----------------|--------------------|
| Number of SSI Recipients | 31,810          | 169,090        | 55,834             |
| Average Monthly Payment  | \$689.31        | \$614.68       | \$472.70           |

In December of 2021, of the 242,011 SSI beneficiaries with disabilities, 12,498 (5.2%) reported working. The employment rate of SSI beneficiaries with disabilities who were working decreased from 5.6% in 2019 to 4.9% in 2020, followed by an annual increase of 0.3% from 2020 to 2021. Of the 12,498 workers, 4.0% were Section 1916(a)<sup>20</sup> and 33.5% Section 1916(b) participants<sup>21</sup>.

Table 22: SSI Beneficiaries with Blindness and Disabilities Who Work

|      | <b>Total Number of Blind and Disabled Recipients</b> | <b>Blind and Disabled Recipients Who Work</b> | <b>Employment Rate</b> |
|------|------------------------------------------------------|-----------------------------------------------|------------------------|
| 2016 | 258,370                                              | 13,620                                        | 5.3%                   |
| 2017 | 258,997                                              | 14,154                                        | 5.5%                   |
| 2018 | 256,285                                              | 14,401                                        | 5.6%                   |
| 2019 | 255,032                                              | 14,159                                        | 5.6%                   |
| 2020 | 250,617                                              | 12,161                                        | 4.9%                   |
| 2021 | 242,011                                              | 12,498                                        | 5.2%                   |

<sup>19</sup> Source: Social Security Administration. SSI Annual Statistical Report. Retrieved from [https://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/index.html](https://www.ssa.gov/policy/docs/statcomps/ssi_asr/index.html)

<sup>20</sup> Section 1619(a). Continuing cash benefits for disabled individuals whose gross earned income is at the amount designated as the substantial gainful activity level. The person must continue to be disabled and meet all other eligibility rules. Also known as special cash payment.

<sup>21</sup> 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 2021, 365,709 of the Michigan residents, ages 18 to 64 years, who received cash benefit from SSDI, 307,554 (84.1%) were categorized as disabled workers. The average amount of the SSDI monthly payment for those individuals was \$1,384.77, with a median of \$1,260.10.<sup>22</sup>

**Table 23: SSDI Beneficiaries and Amount of Monthly SSDI Payment**

|                 | <b>Number of Recipients</b> | <b>Average Monthly Benefit</b> | <b>Median of Monthly Payment</b> |
|-----------------|-----------------------------|--------------------------------|----------------------------------|
| Disabled Worker | 307,554                     | \$1,384.77                     | \$1,260.10                       |

During 2021, a total of 31,535 individuals with disabilities having received SSDI cash benefit from their work history had their SSDI benefits terminated. Of them, 1,679 individuals exited the SSDI program because their earnings exceeded the standard amount identified by SSDI’s Substantial Gainful Activity (SGA) criteria.<sup>23</sup> In addition, 2,498 Michigan workers with disabilities had their SSDI benefits withheld because of successful return to work.

**Table 24: Termination of SSDI Benefits (and Reasons)**

|                                                                                 | <b>2021</b> | <b>2020</b> |
|---------------------------------------------------------------------------------|-------------|-------------|
| Number of SSDI Recipients whose SSDI benefits were terminated (Disabled Worker) | 31,535      | 33,789      |
| Michigan Workers with benefits withheld because of substantial work             | 1,679       | 1,544       |
| Michigan Workers with benefits terminated because of successful return to work  | 2,498       | 1,726       |

## Ticket to Work

In Michigan, a total of 6,925 tickets had been assigned to or used by both Employment Networks (EN) and state Vocational Rehabilitation (VR) agency<sup>24</sup>. Of those, 2,598 and 55 tickets had been assigned to Employment Network providers and VR agency, respectively. It appeared that 4,272 tickets were considered “in use” with the state VR agency, as of December 2022.

<sup>22</sup> Source: Social Security Administration. Annual Statistical Report on the SSDI Program. Retrieved from [https://www.ssa.gov/policy/docs/statcomps/di\\_asr/](https://www.ssa.gov/policy/docs/statcomps/di_asr/)

<sup>23</sup> The monthly SGA amount for 2021 was \$2,190 for the blind and \$1,310 for non-blind individuals. <https://www.ssa.gov/oact/cola/sga.html>

<sup>24</sup> Source: Social Security Administration. Ticket to Work: Ticket Tracker December, 2022. Retrieved from <https://www.ssa.gov/work/tickettracker.html>

## Special Education

This section reviews students with disabilities in Michigan public schools. 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 Section 618-Part B. The Michigan Department of Education (MDE), Office of Special Education (OSE), developed the FFY 2020 (July 1, 2020 - June 30, 2021) State Performance Plan/Annual Performance Report (SPP/APR)<sup>25</sup>. The 2020 SPP/APR includes annual targets, explains progress or slippage, and discusses improvement activities for 17 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.

### Overview of Special Education Students in Michigan

According to the 2020 IDEA Section 618 data (Part B)<sup>26</sup>, of 182,497 students reported having disabilities: 49.2% were 6 to 11 years; 45.1% were 12 to 17 years; and 5.7% were 18 to 21 years of age.

Table 25: Age by School Year

|                | 2018  | 2019  | 2020  |
|----------------|-------|-------|-------|
| Age 6-11 yrs.  | 47.0% | 47.6% | 49.2% |
| Age 12-17 yrs. | 46.9% | 46.5% | 45.1% |
| Age 18-21 yrs. | 6.0%  | 5.9%  | 5.7%  |

Below presents individual characteristics of school-age students (six to 21 years). In 2020, 64% of special education students were White. It is noted that there was a much higher proportion of male students (65.8%) than female (34.2%).

Table 26: Sex by School Year

|        | 2018  | 2019  | 2020  |
|--------|-------|-------|-------|
| Female | 34.2% | 34.3% | 34.2% |
| Male   | 65.8% | 65.7% | 65.8% |

Table 27: Race/Ethnicity by School Year

|                                            | 2018  | 2019  | 2020  |
|--------------------------------------------|-------|-------|-------|
| White                                      | 64.7% | 64.5% | 64.0% |
| Black or African American                  | 20.6% | 20.2% | 20.1% |
| American Indian or Alaska Native           | 0.8%  | 0.8%  | 0.8%  |
| Asian                                      | 1.5%  | 1.5%  | 1.6%  |
| Native Hawaiian or Other Pacific Islanders | 0.1%  | 0.1%  | 0.1%  |
| Multi-racial                               | 4.4%  | 4.7%  | 5.0%  |

<sup>25</sup> MI School Data, Special Education Programs Data Portraits Overview. Retrieved from: <https://www.mischooldata.org/special-education-programs-data-portraits-overview/>

<sup>26</sup> IDEA Section 618 Data Part B Child Count and Educational Environments. Retrieved from: <https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html>

|                           | <b>2018</b> | <b>2019</b> | <b>2020</b> |
|---------------------------|-------------|-------------|-------------|
| Hispanic or Latino origin | 8.0%        | 8.1%        | 8.4%        |

Top five diagnostic categories who received special education, aged 12 to 21 years, during the school year of 2020-2021 were: specific learning disabilities (41.4%), other health impairments (18.9%), intellectual disabilities (11.4%), autism (11.2%), and emotional disturbance (7.9%). Over the three-year period, there was a steady but constant decrease in a proportion of students with special learning and intellectual disabilities. However, an opposite trend was observed among students with other health impairments.

Table 28: Type of Disability by School Year

|                                | <b>2018</b> | <b>2019</b> | <b>2020</b> |
|--------------------------------|-------------|-------------|-------------|
| Autism                         | 10.9%       | 11.1%       | 11.2%       |
| Deaf-blindness                 | 0.0%        | 0.0%        | 0.0%        |
| Developmental delay            | 0.0%        | 0.0%        | 0.0%        |
| Emotional disturbance          | 8.0%        | 8.1%        | 7.9%        |
| Hearing impairments            | 1.2%        | 1.2%        | 1.2%        |
| Intellectual disabilities      | 12.1%       | 11.8%       | 11.4%       |
| Multiple disabilities          | 1.6%        | 1.6%        | 1.6%        |
| Orthopedic impairments         | 0.6%        | 0.6%        | 0.6%        |
| Other health impairments       | 17.5%       | 18.4%       | 18.9%       |
| Specific learning disabilities | 42.5%       | 41.8%       | 41.4%       |
| Speech or language impairments | 4.8%        | 4.8%        | 5.2%        |
| Traumatic brain injury         | 0.3%        | 0.3%        | 0.3%        |
| Visual impairments             | 0.4%        | 0.4%        | 0.4%        |

## State Performance Plan Indicators

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

Based on the 2020 APR, 70.8% of students (ages 14-21) with an Individualized Education Program (IEP) who exited special education due to graduating from high school with a regular diploma while 5.5% dropping out of high school.

Table 29: Graduation and Dropout Rates

|      | <b>Graduation Rate</b> | <b>Dropout Rate</b> |
|------|------------------------|---------------------|
| 2016 | 64.2%                  | 7.4%                |
| 2017 | 65.3%                  | 7.1%                |
| 2018 | 63.5%                  | 6.8%                |
| 2019 | 64.3%                  | 6.7%                |
| 2020 | 70.8%                  | 5.5%                |

As displayed in the table, the 2020 graduation rate was much higher, compared to those of prior years. This change might reflect changes in data collection method. While MDE had utilized the 6-year cohort method until 2019, the 2020 rate was computed using students who exited the school system only.

In the meantime, the Michigan School Data website<sup>27</sup> reports the 4-year graduation rate of 2020-21 school year were 57.0% for students with disabilities and 83.6% for students without disabilities. The 4-year dropout rates were 12.7% and 7.0%, respectively. Compared to students with and without disabilities, there was still a big gap in terms of graduation and dropout rates.

***Secondary Transition (SPP Indicator #13)***

For Indicator 13, Michigan’s sample of students with an IEP, ages 16-21, is drawn from the annual Special Education Child Count which is produced from the State monitoring data system. A clustered random sample strategy resulted in a final eligible sample of 4,936 students with an IEP. IEP reviews were completed by trained district members and ISD staff, and data were entered through the Catamaran for each randomly sampled student within the jurisdiction of the local districts.

The 2020 SPP/APR reports that 90.7% (vs. 92.9% in 2019; 92.3% in 2018) of youth with an individualized education program (IEP), ages 16 and older, had: (a) appropriate 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 service needs.

***Postsecondary Outcomes (SPP Indicator #14)***

The 2020 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, 23.0% were enrolled in higher education, and 39.9% were enrolled in higher education or competitively employed within one year of leaving high school. In sum, it was estimated that 74.8% were either enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment. The 2019 rates were 27.1%, 40.7% and 78.1%, respectively.

**Exit Status of Special Education Students (Exited during 2019 - 2020 School Year)**

The IDEA Section 618 (Part 2) also provides information about the exiters with disabilities (N=21,425). As depicted in the following table, the exiter profiles were similar to those shown in the student count data above.

Table 30: Age of Exiters

|              | <b>Number</b> | <b>Percent</b> |
|--------------|---------------|----------------|
| 14 - 16 yrs  | 7,692         | 35.9%          |
| 17 - 18 yrs. | 12,209        | 57.0%          |
| 19 - 21 yrs. | 1524          | 7.1%           |

<sup>27</sup> Source: Michigan School Data: <https://mischooldata.org/compare-tool/>

Table 31: Sex of Exitters

|        | <b>Number</b> | <b>Percent</b> |
|--------|---------------|----------------|
| Male   | 13,697        | 63.9%          |
| Female | 7,728         | 36.1%          |

Table 32: Race/Ethnicity of Exitters

|                         | <b>Number</b> | <b>Percent</b> |
|-------------------------|---------------|----------------|
| White                   | 13,677        | 63.8%          |
| Black or African Am.    | 4,874         | 22.7%          |
| Native Am.              | 227           | 1.1%           |
| Asian/Pacific Islanders | 210           | 10%            |
| Multi-racial            | 848           | 7.0%           |
| Hispanic or Latino      | 1,589         | 7.4%           |

The following tables presents reasons of exit for students, ages 14 - 21, who exited special education during 2019-2020 academic year by type of disabilities. As indicated, there are a great deal of discrepancies in the distributions among disability groups. Compared to other disability groups, a higher proportion of students with visual impairments, orthopedic impairments, or specific learning disability exited special education with regular diploma while a high percentage of students with intellectual disabilities received a certificate.

Table 33: Reasons of Exit by Type of Disability

|                              | <b>Total N</b> | <b>Graduated with regular HS diploma</b> | <b>Received a certificate</b> | <b>Dropped out</b> | <b>Moved, known to be continuing special ed</b> | <b>Transferred to regular education</b> |
|------------------------------|----------------|------------------------------------------|-------------------------------|--------------------|-------------------------------------------------|-----------------------------------------|
| Autism                       | 1,670          | 47.1%                                    | 11.6%                         | 7.5%               | 28.6%                                           | 5.1%                                    |
| Deaf-Blindness               | 6              | 66.7%                                    | -                             | 0.0%               | 33.3%                                           | 0.0%                                    |
| Emotional Disturbance        | 2,606          | 25.7%                                    | 2.1%                          | 17.3%              | 48.1%                                           | 6.3%                                    |
| Hearing Impairment           | 246            | 48.8%                                    | 3.3%                          | 7.3%               | 28.0%                                           | 12.6%                                   |
| Intellectual Disabilities    | 2,134          | 15.8%                                    | 26.5%                         | 15.5%              | 40.2%                                           | 1.3%                                    |
| Multiple Disabilities        | 120            | 17.5%                                    | 8.3%                          | 22.5%              | 35.8%                                           | 1.7%                                    |
| Orthopedic Imp.              | 124            | 52.4%                                    | 8.1%                          | 8.9%               | 21.0%                                           | 8.1%                                    |
| Other Health Imp.            | 4,087          | 42.5%                                    | 2.3%                          | 12.4%              | 35.6%                                           | 6.8%                                    |
| Specific Learning Disability | 9,596          | 50.4%                                    | 1.5%                          | 10.6%              | 29.6%                                           | 7.7%                                    |
| Speech/Language Imp.         | 681            | 36.9%                                    | 2.3%                          | 5.6%               | 21.6%                                           | 33.6%                                   |
| Traumatic Brain Injury       | 81             | 42.0%                                    | 11.1%                         | 8.6%               | 34.6%                                           | 3.7%                                    |
| Visual Imp.                  | 74             | 67.6%                                    | -                             | 6.8%               | 16.2%                                           | 5.4%                                    |
| <b>Total</b>                 | <b>21,425</b>  | <b>41.6%</b>                             | <b>5.2%</b>                   | <b>11.8%</b>       | <b>33.7%</b>                                    | <b>7.3%</b>                             |

When the reason of “moved but continued special education in a different special education program” (considered not a true exit) was excluded, a higher adjusted dropout rate was found in those with multiple disabilities (45.0%), emotional disturbance (33.7%), intellectual disabilities (26.2%), and other health impairments (19.4%). Note that the adjusted dropout rate for all exitters was 17.9%.

## Employment Service Agencies

### Workforce Investment and Opportunity Act (WIOA) Programs

This section describes the performance data of the workforce development programs, specifically authorized and amended under Title I, Title III, and Title IV of the 2014 Workforce Investment and Opportunity Act (WIOA). These programs are to provide a combination of education and training services to prepare individuals for work and to help them improve their prospects in the labor market. The Act also emphasizes the provision of the services to employers or business partners, employing the dual customer approach. As stipulated in Section 116 of WIOA, the new performance accountability data for all Michigan residents who received services in Performance Year (PY) 2020 are presented.

Administered by the U.S. Department of Labor (DOL), primarily through its Employment and Training Administration (ETA), Title I of WIOA authorizes programs to provide job search, education, and training activities for unemployed and underemployed individuals seeking to gain or improve their employment prospects in the One-Stop system (Michigan Works!). Also, the services should be responsive to the demands of local area employers. WIOA emphasizes coordination and alignment of workforce development services, through provisions such as a required Unified State Plan for core programs and a common set of performance indicators across most programs authorized by WIOA.

The Employment Service (ES) of Title III, the amended Wagner-Peyser Act of 1933, is the central component of the One-Stop system. Services provided by the ES State Grants include labor exchange services (e.g., counseling, job search and placement assistance, labor market information); program evaluation; recruitment and technical services for employers; work tests for the state unemployment compensation system; and referral of unemployment insurance claimants to other federal workforce development resources<sup>28</sup>.

The following table describes the PY 2020 statewide performance outcomes of Title I (i.e., Adult, Dislocated Worker, Youth), Title III (i.e., Wagner-Peyser) and Title IV (i.e., Vocational Rehabilitation [VR]) programs<sup>29</sup>. Of a total of 94,601 participants who received employment services from the WIOA funded programs during PY 2020 (July 1, 2020 to June 30, 2021), 81.7% received services using the Wagner-Peyser funds. Of them, a total of 25,837 participants exited from the four programs. An additional 21,901 Michigan residents with disabilities were served by the State Vocational Rehabilitation programs (Title IV) and 9,153 exited during PY 2020.

The following table also presents the PY 2020 performance outcomes for each program. It should be noted that the time period used for each indicator is different. For example, 80.0% of participants who exited from the WIOA Adult program in PY 2020 were employed during the

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<sup>28</sup> Source: Bradley, D. (2015). The Workforce Innovation and Opportunity Act and the One-Stop delivery system, Congressional Research Service. Retrieved from <https://fas.org/sgp/crs/misc/R44252.pdf>

<sup>29</sup> Source: U.S. Department of Labor. Workforce Performance Results. Retrieved from <https://www.dol.gov/agencies/eta/performance/results>

second quarter after exit. The employment rate in the fourth quarter after exit was 76.9% but this rate is for the participant cohort who exited the Adult program between 1/1/2019 - 12/31/2019. Credential Attainment and Measurable Skill Gain indicators are not required for the Wagner-Peyser program to report.

**Table 34: Statewide Performance Accountability Measures (PY 2020)**

|                                               | <b>Adult</b> | <b>Dislocated Worker</b> | <b>Youth</b> | <b>Wagner-Peyser</b> | <b>VR</b> |
|-----------------------------------------------|--------------|--------------------------|--------------|----------------------|-----------|
| Total Participants Served                     | 6,366        | 2,740                    | 4,219        | 59,375               | 21,901    |
| Total Participants Exited                     | 2,516        | 915                      | 1,435        | 20,971               | 9,153     |
| Emp 2 <sup>nd</sup> Qt after Exit             | 80.0%        | 87.8%                    | 76.1%        | 66.4%                | 57.3%     |
| Emp 4 <sup>th</sup> Qt after Exit             | 76.9%        | 86.4%                    | 71.8%        | 66.4%                | 54.7%     |
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$7,108      | \$8,745                  | \$3,963      | \$6,465              | \$5,508   |
| Credential Attainment                         | 83.8%        | 83.1%                    | 71.9%        | na                   | 23.9%     |
| Measurable Skill Gains                        | 60.3%        | 62.8%                    | 44.8%        | na                   | 48.7%     |

Using the data element of barriers to employment, additional performance data are presented below for specific sub-groups:

- Individuals with disabilities
- Long-term Unemployment
- Low-Income Individuals
- Returning Citizens (Ex-offenders)
- English Language Learners, Low Levels of Literacy & Cultural Barriers
- Single Parents (Incl. Single Pregnant Women)

For example, less than 5% (n=3,666) of the participants served by either Title I or Title III programs during PY 2020 reported having a disability as a barrier to employment, but the Youth program showed the highest disability prevalence rate among the participants served (20.4%). The performance outcomes of participants with disabilities are summarized, as follows:

- When compared to the employment rates during the second and fourth quarter after exit to the rates of all participants, all rates of the disability group except the Dislocated Worker were lower with an average gap of -7.6% (ranging from -18.9% to -5.7%) and -6.9% (ranging from -18.7% to -3.9%), respectively. The Youth and Dislocated Worker programs showed the relatively small gaps in the employment rates between individuals with disabilities and all participants.
- The amount of median earnings during the second quarter after exit of those with disabilities in Adult, Dislocated Worker, and Wagner-Peyser programs were lower than the average for all participants, ranging from -36.2% (Wagner-Peyser) to -3.6% (Adult). Participants with disabilities in the Youth program, on the other hand, had 2.0% higher median earnings, compared to that of all participants.
- The credential attainment and measurable skill gain rates did not show a consistent pattern between two groups due to a relatively small number of participants eligible for the indicators.



Table 35: Performance Accountability Measures of Individuals with Disability (Incl. Youth)

|                                               | Adult   | Dislocated Worker | Youth   | Wagner-Peyser | VR      |
|-----------------------------------------------|---------|-------------------|---------|---------------|---------|
| Participants Served                           | 295     | 83                | 860     | 2428          | 21901   |
| % of Part. Served                             | 4.6%    | 3.0%              | 20.4%   | 4.1%          | 100.0%  |
| Participants Exited                           | 92      | 30                | 311     | 800           | 9153    |
| % of Part. Exited                             | 3.7%    | 3.3%              | 21.7%   | 3.8%          | 100.0%  |
| Emp 2 <sup>nd</sup> Qt after Exit             | 69.6%   | 92.6%             | 70.4%   | 47.5%         | 57.3%   |
| Emp 4 <sup>th</sup> Qt after Exit             | 66.1%   | 92.3%             | 67.9%   | 47.7%         | 54.7%   |
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$6,854 | \$8,060           | \$4,044 | \$4,127       | \$5,508 |
| Credential Attainment                         | 68.2%   | 63.6%             | 71.6%   | na            | 23.9%   |
| Measurable Skill Gains                        | 56.8%   | 65.0%             | 39.7%   | na            | 48.7%   |

Table 36: Performance Accountability Measures of Long-term Unemployment

|                                               | Adult   | Dislocated Worker | Youth   | Wagner-Peyser | VR      |
|-----------------------------------------------|---------|-------------------|---------|---------------|---------|
| Participants Served                           | 1,316   | 676               | 704     | 4,023         | 6,262   |
| % of Part. Served                             | 20.7%   | 24.7%             | 16.7%   | 6.8%          | 28.6%   |
| Participants Exited                           | 429     | 128               | 186     | 1,682         | 2,381   |
| % of Part. Exited                             | 17.1%   | 14.0%             | 13.0%   | 8.0%          | 26.0%   |
| Emp 2 <sup>nd</sup> Qt after Exit             | 71.7%   | 83.6%             | 72.4%   | 66.2%         | 41.2%   |
| Emp 4 <sup>th</sup> Qt after Exit             | 66.1%   | 82.8%             | 67.9%   | 64.9%         | 40.8%   |
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$6,508 | \$8,037           | \$3,708 | \$6,122       | \$3,566 |
| Credential Attainment                         | 84.7%   | 77.6%             | 73.7%   | na            | 25.5%   |
| Measurable Skill Gains                        | 51.5%   | 59.7%             | 42.1%   | na            | 49.4%   |

Table 37: Performance Accountability Measures of Low-Income Individuals

|                                               | Adult   | Dislocated Worker | Youth   | Wagner-Peyser | VR      |
|-----------------------------------------------|---------|-------------------|---------|---------------|---------|
| Participants Served                           | 4,201   | 1,549             | 3,915   | 1,307         | 8,851   |
| % of Part. Served                             | 66.0%   | 56.5%             | 92.8%   | 2.2%          | 40.4%   |
| Participants Exited                           | 1,632   | 501               | 1,317   | 656           | 3,935   |
| % of Part. Exited                             | 64.9%   | 54.8%             | 91.8%   | 3.1%          | 43.0%   |
| Emp 2 <sup>nd</sup> Qt after Exit             | 77.2%   | 87.0%             | 75.1%   | 64.0%         | 48.2%   |
| Emp 4 <sup>th</sup> Qt after Exit             | 73.6%   | 85.2%             | 71.2%   | 66.3%         | 46.4%   |
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$6,426 | \$8,320           | \$3,840 | \$5,159       | \$4,336 |
| Credential Attainment                         | 82.9%   | 82.4%             | 71.6%   | na            | 24.0%   |
| Measurable Skill Gains                        | 57.5%   | 58.5%             | 43.9%   | na            | 44.1%   |

Table 38: Performance Accountability Measures of Returning Citizens (Ex-offenders)

|                                   | Adult | Dislocated Worker | Youth | Wagner-Peyser | VR    |
|-----------------------------------|-------|-------------------|-------|---------------|-------|
| Participants Served               | 749   | 278               | 330   | 503           | 1,407 |
| % of Part. Served                 | 11.8% | 10.1%             | 7.8%  | 0.8%          | 6.4%  |
| Participants Exited               | 273   | 63                | 142   | 103           | 730   |
| % of Part. Exited                 | 10.9% | 6.9%              | 9.9%  | 0.5%          | 8.0%  |
| Emp 2 <sup>nd</sup> Qt after Exit | 69.3% | 78.1%             | 73.3% | 59.9%         | 41.2% |
| Emp 4 <sup>th</sup> Qt after Exit | 63.4% | 84.1%             | 64.7% | 58.4%         | 37.7% |



|                                               | <b>Adult</b> | <b>Dislocated Worker</b> | <b>Youth</b> | <b>Wagner-Peyser</b> | <b>VR</b> |
|-----------------------------------------------|--------------|--------------------------|--------------|----------------------|-----------|
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$6,730      | \$6,600                  | \$4,003      | \$5,754              | \$4,200   |
| Credential Attainment                         | 80.9%        | 79.2%                    | 66.3%        | na                   | -         |
| Measurable Skill Gains                        | 58.8%        | 54.5%                    | 37.1%        | na                   | 46.2%     |

Table 39: Performance Accountability of Measures of English Language Learners, Low Levels of Literacy & Cultural Barriers

|                                               | <b>Adult</b> | <b>Dislocated Worker</b> | <b>Youth</b> | <b>Wagner-Peyser</b> | <b>VR</b> |
|-----------------------------------------------|--------------|--------------------------|--------------|----------------------|-----------|
| Participants Served                           | 2,368        | 759                      | 3,313        | 962                  | 6,557     |
| % of Part. Served                             | 37.2%        | 27.7%                    | 78.5%        | 1.6%                 | 29.9%     |
| Participants Exited                           | 930          | 230                      | 1,121        | 561                  | 2,610     |
| % of Part. Exited                             | 37.0%        | 25.1%                    | 78.1%        | 2.7%                 | 28.5%     |
| Emp 2 <sup>nd</sup> Qt after Exit             | 82.4%        | 85.0%                    | 74.9%        | 58.1%                | 51.7%     |
| Emp 2 <sup>nd</sup> Qt after Exit             | 76.9%        | 86.3%                    | 70.9%        | 55.2%                | 50.5%     |
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$7,163      | \$7,985                  | \$3,810      | \$5,710              | \$4,076   |
| Credential Attainment                         | 85.7%        | 87.9%                    | 68.9%        | na                   | 21.5%     |
| Measurable Skill Gains                        | 57.8%        | 60.8%                    | 46.2%        | na                   | 46.1%     |

Table 40: Performance Accountability of Single Parents (Incl. Single Pregnant Women)

|                                               | <b>Adult</b> | <b>Dislocated Worker</b> | <b>Youth</b> | <b>Wagner-Peyser</b> | <b>VR</b> |
|-----------------------------------------------|--------------|--------------------------|--------------|----------------------|-----------|
| Participants Served                           | 1,732        | 517                      | 490          | 587                  | 865       |
| % of Part. Served                             | 27.2%        | 18.9%                    | 11.6%        | 1.0%                 | 3.9%      |
| Participants Exited                           | 679          | 122                      | 179          | 279                  | 418       |
| % of Part. Exited                             | 27.0%        | 13.3%                    | 12.5%        | 1.3%                 | 4.6%      |
| Emp 2 <sup>nd</sup> Qt after Exit             | 81.0%        | 82.1%                    | 77.6%        | 67.7%                | 51.7%     |
| Emp 2 <sup>nd</sup> Qt after Exit             | 80.2%        | 83.3%                    | 72.8%        | 66.1%                | 50.2%     |
| Median Earnings 2 <sup>nd</sup> Qt after Exit | \$6,653      | \$7,928                  | \$4,061      | \$5,586              | \$5,838   |
| Credential Attainment                         | 86.7%        | 83.5%                    | 71.1%        | na                   | 25.8%     |
| Measurable Skill Gains                        | 60.2%        | 58.1%                    | 52.1%        | na                   | 44.3%     |

## State-Federal Vocational Rehabilitation Programs

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 PY 2021, a total of 5,804 Michigan residents with disabilities achieved a competitive and integrated employment (CIE) or supported employment (SE) outcome and maintained employment for at least 90 days after receiving VR services from MRS (n=5,744) and BSBP (n=60)<sup>30</sup>. At the time of exit, MRS customers with CIE/SE reported working an average of 32.3 hours per week, earning \$19.42 per hour in PY 2021. The average hours worked and hourly wage of BSBP customers with CIE/SE were 31.1 hours and \$20.55, respectively.

Table 41: Employment Outcomes of VR Participants (PY 2020 - PY 2021)

|                                                  | <b>MRS<br/>PY 2020</b> | <b>MRS<br/>PY 2021</b> | <b>BSBP<br/>PY 2020</b> | <b>BSBP<br/>PY 2021</b> |
|--------------------------------------------------|------------------------|------------------------|-------------------------|-------------------------|
| Participants Who Exited with Employment Outcomes | 4,507                  | 5,744                  | 54                      | 60                      |
| Mean Hourly Wage                                 | \$17.25                | \$19.42                | \$19.20                 | \$20.55                 |
| Mean Hours Worked per Week                       | 32.1                   | 32.3                   | 30.7                    | 31.1                    |

The following table presents PY 2020 and 2021 statewide WIOA performance indicators for VR programs funded under Title IV (MRS and BSBP)<sup>31</sup>. As illustrated, for instance, of a total of 22,236 participants served by MRS and BSBP during PY 2021, 9,869 exited. Of eligible participants who exited in previous years/quarters, 65.1% reported working during the 2<sup>nd</sup> quarter (vs. 56.5% during the 4<sup>th</sup> quarter) after exit. The median earnings during the second quarter after exit were \$7,338. The PY 2021 Credential Attainment rate was 38.5%, and the Measureable Skill Gains rate was 56.8%.

Table 42: Statewide WIOA Performance Indicators – Michigan (PY 2018 - PY 2021)

|                                                 | <b>PY 2018</b> | <b>PY 2019</b> | <b>PY 2020</b> | <b>PY 2021</b> |
|-------------------------------------------------|----------------|----------------|----------------|----------------|
| Participants Served                             | 25,788         | 24,530         | 21,901         | 22,236         |
| Participants Exited                             | 11,478         | 10,714         | 9,153          | 9,869          |
| Emp - 2 <sup>nd</sup> Qt after Exit             | 61.9%          | 60.0%          | 57.3%          | 65.1%          |
| Emp - 4 <sup>th</sup> Qt after Exit             | -              | 59.2%          | 54.7%          | 56.5%          |
| Median Earnings - 2 <sup>nd</sup> Qt after Exit | \$5,369        | \$5,244        | \$5,508        | \$7,338        |
| Credential Attainment                           | -              | 4.6%           | 23.9%          | 38.5%          |
| Measurable Skill Gains                          | 15.5%          | 29.5%          | 48.7%          | 56.8%          |

<sup>30</sup> Source: U.S. Department of Education. Office of Special Education and Rehabilitative Services. Rehabilitation Services Administration. RSA-911 Data Provided by MRS and BSBP.

<sup>31</sup> Source: Rehabilitation Services Administration. Retrieved from <https://rsa.ed.gov/wioa-resources/wioa-annual-reports>

# STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

## CHAPTER II EXTANT DATA ANALYSES

**PROJECT EXCELLENCE**  
MICHIGAN STATE UNIVERSITY

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## **CHAPTER TWO: EXTANT DATA ANALYSIS -RSA-911 Data & CIL ANNUAL REPORTS-**

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.

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 Performance Years (PY) 2020 and 2021 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 investigated.

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 Fiscal Year (FY) 2020 and 2021 RSA-704 Annual Performance Reports provided by Michigan Statewide Independent Living Council (MI-SILC) and Disability Network (DN) Michigan.

### **Michigan Rehabilitation Services (MRS)**

#### **MRS Customers at a Glance**

Over the past two-year period, a total of 24,611 individuals with disabilities exited MRS either with or without a successful employment outcome (11,789 in PY 2020; 12,822 in PY 2021). As indicated in the table on the next page, 57.7% of MRS customers who exited MRS during PY 2021 were male. More than two-thirds (70.0%) were White, and 24.7% were African American. Regarding ethnicity, 3.8% reported being Hispanic/Latino. Slightly more than one-third of MRS customers (38.5%) were either students or youth (younger than 26 years), and 6.9% were over 65 years of age at application. Thirty-one percent of the customers reported receiving Social Security cash benefits (SSDI or SSI) at the time of application in PY 2021 (vs. 28.4% in PY 2020).

Table 1: Individual Characteristics of VR Customers Exited: Gender

|                | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|----------------|---------------------------|----------------------------|---------------------------|----------------------------|
| Male           | 6,848                     | 58.1%                      | 7,393                     | 57.7%                      |
| Female         | 4,924                     | 41.8%                      | 5,381                     | 42.0%                      |
| Not Identified | 17                        | 0.1%                       | 48                        | 0.4%                       |

Table 2: Individual Characteristics of VR Customers Exited: Race/Ethnicity

|                  | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|------------------|---------------------------|----------------------------|---------------------------|----------------------------|
| White            | 8,035                     | 68.2%                      | 8,981                     | 70.0%                      |
| African American | 3,171                     | 26.9%                      | 3,169                     | 24.7%                      |
| Native American  | 131                       | 1.1%                       | 135                       | 1.1%                       |
| Asian            | 103                       | 0.9%                       | 148                       | 1.2%                       |
| Pacific Islander | 18                        | 0.2%                       | 17                        | 0.1%                       |
| Multiracial      | 305                       | 2.6%                       | 322                       | 2.5%                       |
| Race Missing     | 26                        | 0.2%                       | 50                        | 0.4%                       |
| Hispanic         | 448                       | 3.8%                       | 483                       | 3.8%                       |

Table 3: Individual Characteristics of VR Customers Exited: Age at Application

|               | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|---------------|---------------------------|----------------------------|---------------------------|----------------------------|
| < 19          | 3,019                     | 25.6%                      | 2,973                     | 23.2%                      |
| 19 to 25      | 1,863                     | 15.8%                      | 1,964                     | 15.3%                      |
| 26 to 44      | 2,700                     | 22.9%                      | 2,982                     | 23.3%                      |
| 45 to 54      | 1,776                     | 15.1%                      | 1,912                     | 14.9%                      |
| 55 to 64      | 1,763                     | 15.0%                      | 2,103                     | 16.4%                      |
| 65 to highest | 668                       | 5.7%                       | 888                       | 6.9%                       |

Table 4: Individual Characteristics of VR Customers Exited: Student at Application

|                             | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|-----------------------------|---------------------------|----------------------------|---------------------------|----------------------------|
| Not a Student               | 10,611                    | 90.0%                      | 11,822                    | 92.2%                      |
| 504 Student                 | 16                        | 0.1%                       | 9                         | 0.1%                       |
| IEP Student                 | 473                       | 4.0%                       | 445                       | 3.5%                       |
| Student neither 504 nor IEP | 689                       | 5.8%                       | 546                       | 4.3%                       |

When compared to 2021 American Community Survey (ACS)<sup>1</sup>, which estimates there are 16.1% African American with disabilities in Michigan, this population is not considered an un-served group in MRS. In addition, 4.0% of MRS customers who exited in PY 2021 were Hispanic/Latino, slightly increased from 2020 (3.8%). Compared to the 2021 ACS report estimating 4.0% of Hispanic/Latino with disabilities in MI, this ethnic group is not unserved in MRS, either. For reference, 2021 ACS estimates 13.4% and 5.6% of African American and Hispanic, respectively, are living in Michigan, including individuals *with and without* disabilities.

<sup>1</sup> Source: U.S. Census Bureau, 2021 ACS, Table S1810; <https://data.census.gov/>

The Asian/Pacific Islander rate of 2021 MRS customers (1.3%) is lower than the Michigan *general population* estimate of the 2021 ACS report (3.2%) but similar to the distribution rate of Asian *with disabilities* (1.4%). It is noteworthy the self-reported disability prevalence rate (5.8%) for Asian Americans was lowest among all the racial/ethnic groups (e.g., 13.9% of White; 16.9% of African American). There is a strong possibility that cultural attitudes toward disabilities (e.g., stigma to have a disability; family responsibility to take care of a member with a disability) may attribute to an artificially low disability prevalence rate for Asian Americans.

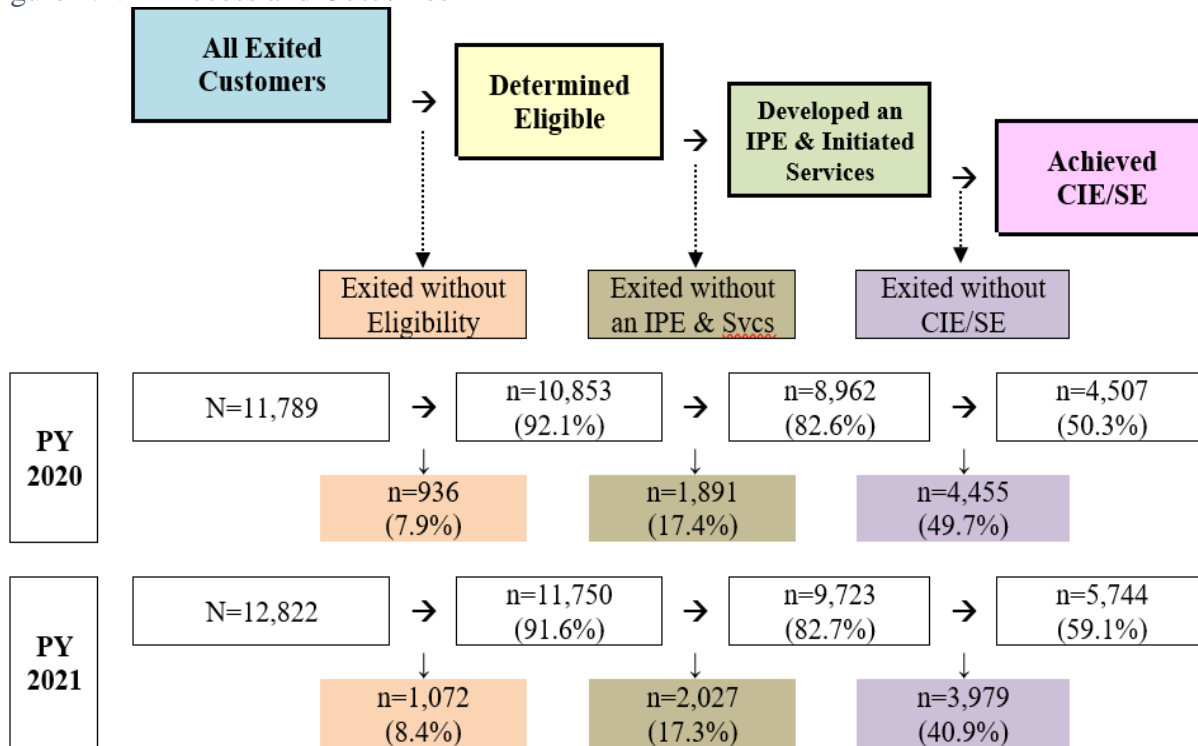
## **VR Process and Outcomes**

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 competitive and integrated employment.

Vocational Rehabilitation (VR) 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, develop an Individualized Plan for Employment (IPE) which serves as a roadmap for VR services. WIOA defines a participant as a reportable individual who has applied and been determined eligible for VR services, has an approved and signed IPE, and has begun to receive services under the IPE. A case is considered successful when a customer completes the services outlined in the IPE and secures (or retains) competitive and integrated employment or supported employment for 90 days.

As illustrated in the following figure, each VR process is a milestone toward a successful employment outcome (Competitive and Integrated Employment/Supported Employment [CIE/SE]). Looking at the trends over the past two Performance Years (PY 2020-21), the 2021 eligibility rate was slightly lower, but the participation and employment rates were higher than those of PY 2020. Note that MRS closed more cases in PY 2021 (12,822 vs. 11,789).

Figure 1: VR Process and Outcomes



**How to read the figure:** In PY 2021, of a total of 12,822 VR customers who exited MRS, 11,750 (91.6%) were determined eligible; in other words, 1,072 (8.4%) applicants exited before or without being determined eligible. Of the eligible customers (n=11,750), 82.7% initiated VR services based on their IPE (participants); the remaining 2,027 customers were determined eligible but exited MRS without an IPE or services initiated, or both. In the same way, 59.1% (n=5,744) of participants (n=9,723) achieved an employment outcome (CIE/SE) at exit.

### Factors Related to VR Process and VR Outcomes

By examining 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, 93.3% of 8,981 White customers were determined eligible for MRS; of those eligible customers, 84.6% developed an IPE and initiated VR services (participants), and of the participants who developed an IPE and initiated VR services, 63.3% achieved CIE/SE. With regard to African American customers, the second largest racial group, all three process/outcome rates were significantly lower than those of White customers (88.5%, 77.7% and 47.7%, respectively).

More detailed associations between customer characteristics and VR process and outcomes were investigated using the PY 2021 data and are discussed below.

#### Gender



Historically, while more men applied for MRS services than women, women were slightly more likely to proceed through the VR process, from eligibility to employment, than men. However, the PY 2021 data indicates no noticeable differences in the eligibility and participant rates, but a slightly higher proportion of female customers achieved an employment outcome, compared to males. Chi-square test results<sup>2</sup> indicated that there were no statistically significant differences in terms of three milestones between male and female customers.

Table 5: VR Outcomes (PY 2021): Gender

|                | <b>N</b><br>(12,822) | <b>Eligibility</b><br>(91.6%) | <b>Participation</b><br>(82.7%) | <b>CIE/SE</b><br>(59.1%) |
|----------------|----------------------|-------------------------------|---------------------------------|--------------------------|
| Male           | 7,393                | 91.6%                         | 82.9%                           | 58.3%                    |
| Female         | 5,381                | 91.7%                         | 82.6%                           | 60.2%                    |
| Not identified | 48                   | 89.6%                         | 72.1%                           | 41.9%                    |

### ***Race/Ethnicity***

Relatively bigger variation among racial/ethnic groups was observed in the employment stage, compared to eligibility determination and VR participation stages. White (63.3%) and Asian (58.0%) / Native Hawaiian/other Pacific Islander (64.3%) customers were more likely to achieve an employment outcome than other racial and ethnic groups, especially multi-racial Americans (42.7%). A lower proportion of African, Native, and multi-racial American customers reached all three milestones of the VR process, compared to White customers. Hispanic/Latino customers were more likely to be determined eligible (93.6%) but less likely to achieve CIE/SE (48.7%) than non-Hispanic/Latino customers.

Table 6: VR Outcomes (PY 2021): Race/Ethnicity

|                                     | <b>N</b><br>(12,822) | <b>Eligibility</b><br>(91.6%) | <b>Participation</b><br>(82.7%) | <b>CIE/SE</b><br>(59.1%) |
|-------------------------------------|----------------------|-------------------------------|---------------------------------|--------------------------|
| White                               | 8,981                | 93.3%                         | 84.6%                           | 63.3%                    |
| African American                    | 3,169                | 88.5%                         | 77.7%                           | 47.7%                    |
| American Indian or Alaskan Native   | 135                  | 88.1%                         | 79.8%                           | 46.3%                    |
| Asian                               | 148                  | 93.9%                         | 80.6%                           | 58.0%                    |
| Native Hawaiian or Pacific Islander | 17                   | 94.1%                         | 87.5%                           | 64.3%                    |
| Multiracial                         | 322                  | 91.3%                         | 79.6%                           | 42.7%                    |
| Race Missing                        | 50                   | 0.0%                          | -                               | -                        |
| Hispanic                            | 483                  | 93.6%                         | 79.4%                           | 48.7%                    |
| No Hispanic                         | 12,339               | 91.6%                         | 82.9%                           | 59.5%                    |

### ***Age at Application***

All process and outcome rates for older customers (i.e., ages 65 and older) exceeded other age groups of customers in MRS (95.4%, 89.3%, and 87.4%, respectively). Although especially those younger than 19 years at application were more likely to be determined eligible for MRS services and receive service based on their IPE than working-age adults, they were much less

<sup>2</sup>Eligibility rate:  $\chi^2(1) = 0.05$ , no sig; Participation rate:  $\chi^2(1) = 0.14$ , no sig; CIE/SE rate:  $\chi^2(1) = 3.49$ , no sig. Due to an unequal sample size, the analyses included customers identified as male and female only.

likely to achieve successful employment outcomes than other age groups. For reference, the milestone rates for working age adults (26 - 64 years) were 90.0%, 81.1%, and 67.0%, respectively.

Table 7: VR Outcomes (PY 2021): Age at Application

|               | <b>N</b><br>(12,822) | <b>Eligibility</b><br>(91.6%) | <b>Participation</b><br>(82.7%) | <b>CIE/SE</b><br>(59.1%) |
|---------------|----------------------|-------------------------------|---------------------------------|--------------------------|
| < 19          | 2,973                | 95.2%                         | 86.8%                           | 37.7%                    |
| 19 to 25      | 1,964                | 90.6%                         | 78.9%                           | 52.3%                    |
| 26 to 44      | 2,982                | 87.8%                         | 76.7%                           | 60.0%                    |
| 45 to 54      | 1,912                | 90.3%                         | 82.2%                           | 67.2%                    |
| 55 to 64      | 2,103                | 92.8%                         | 86.2%                           | 75.1%                    |
| 65 to highest | 888                  | 95.4%                         | 89.3%                           | 87.4%                    |

### ***Students and Youth with Disabilities***

In PY 2021, 4,937 customers who exited MRS were younger than 26 years at application. Compared to the milestone rates of other working age customers, the eligibility rate (93.3%) of this group was higher, but the CIE/SE rate (43.0%) was significantly lower. The same trend was observed even within this age group, which indicates customer age at application is positively correlated with the CIE/SE rate (37.7% for those younger than 19 years old vs. 52.3% for those ages 19 to 25 years).

Relationships between individual characteristics and VR outcomes for students and youth on IPE development were consistent with that reported for the general population above. It should be noted that, however, there is a gender discrepancy in this age group (younger than 26 years); 61.8% were male and 37.6% were female. While the eligibility (93.9% male vs. 92.5% female) and participation rates (83.5% vs. 84.4%, respectively) were similar, male participants (44.2%) were slightly more likely to have a successful employment outcome than female participants (41.2%). Consistent with other age groups, White customers were more likely to have higher milestone rates (94.4%, 84.8%, 44.9%), compared to racial minorities (90.3%, 81.1%, 37.7%, respectively).

### ***Social Security Beneficiaries***

In PY 2021, 3,971 customers who exited MRS reported receiving SSI or SSDI cash benefits at the time of application. Compared to the milestone rates of their counterparts, the eligibility rate (94.7%) of this group was higher, but the participation (76.8%) and CIE/SE (52.9%) rates were significantly lower.

Table 8: VR Outcomes (PY 2021): SSI/DI

|           | <b>N</b><br>(12,822) | <b>Eligibility</b><br>(91.6%) | <b>Participation</b><br>(82.7%) | <b>CIE/SE</b><br>(59.1%) |
|-----------|----------------------|-------------------------------|---------------------------------|--------------------------|
| SSI/DI    | 3,971                | 94.7%                         | 76.8%                           | 52.9%                    |
| No SSI/DI | 8,851                | 90.3%                         | 85.5%                           | 61.7%                    |

### ***Type of Primary Impairments***

Note that several individual characteristics (e.g., type of disability, level of highest education completed, work status) are reported at IPE so this section only reviews relationships between these characteristics and employment outcomes of VR participants who exited MRS in PY 2021.

Of 9,723 VR participants who exited MRS in PY 2021, 28.2% had hearing impairments, 27.9% had mental/psychosocial disabilities, 27.0% had cognitive impairments, and 11.8% had chronic physical disabilities.

The CIE/SE rate of participants with hearing impairments exceeded those with other disabilities. Lower than 50% of participants with the following disabilities achieved CIE/SE: cognitive and mental/psychosocial disabilities. This observation indicates that there is a significant relationship between types of disabilities and VR outcomes, and further, the disability type is not the only indicator related to VR outcomes. For example, while cognitive impairments (76.8%) were more prevalent among students and youth with disabilities (25 years old and below), hearing impairments (80.3%) were more notable in those older than 45 years at application.

Table 9: VR Outcomes (PY 2021): Type of Primary Disability

|                         | Number | Percent | CIE/SE<br>(59.1%) |
|-------------------------|--------|---------|-------------------|
| Visual                  | 40     | 0.4%    | 67.5%             |
| Hearing                 | 2,743  | 28.2%   | 91.5%             |
| Deaf-blindness          | 6      | 0.1%    | 33.3%             |
| Communicative           | 166    | 1.7%    | 59.6%             |
| Orthopedic/neurological | 280    | 2.9%    | 53.6%             |
| Chronic physical        | 1,150  | 11.8%   | 52.4%             |
| Cognitive               | 2,622  | 27.0%   | 44.4%             |
| Mental/psychosocial     | 2,716  | 27.9%   | 43.8%             |

### ***Significant Disability***

Approximately two-thirds (64.7%) of the 9,723 participants who exited in PY 2021 were determined as most significantly disabled and an additional 22.2% were significantly disabled. Looking at the CIE/SE rate, however, participants with no significant disability (83.0 %) were more likely to exit MRS with an employment outcome, compared to those with most significant (51.5%) or significant (67.1%) disabilities.

Table 10: VR Outcomes (PY 2021): Significant Disability

|                             | Number | Percent | CIE/SE<br>(59.1%) |
|-----------------------------|--------|---------|-------------------|
| Not significant             | 1,274  | 13.1%   | 83.0%             |
| Significant disability      | 2,159  | 22.2%   | 67.1%             |
| Most significant disability | 6,290  | 64.7%   | 51.5%             |

### ***Highest Level of Education Completed at IPE***

With regard to the highest level of education at IPE, 43.5% of participants reported having a high school diploma or equivalency, 28.2% had less than 12 years of education and 18.5% had at least some post-secondary education. An additional 3.7% reported having a certificate of completion in special education. As displayed in the table below, level of education completed was positively correlated with employment outcomes. Participants without a high school diploma (39.1%) and with a certificate of completion (53.2%) were less likely to achieve CIE/SE than those with all other groups.

Table 11: VR Outcomes (PY 2021): Highest Level of Education Completed at IPE

|                                    | <b>Number</b> | <b>Percent</b> | <b>CIE/SE<br/>(59.1%)</b> |
|------------------------------------|---------------|----------------|---------------------------|
| W/o high school diploma            | 2,738         | 28.2%          | 39.1%                     |
| Certificate of completion          | 357           | 3.7%           | 53.2%                     |
| High school diploma or equivalency | 4,230         | 43.5%          | 63.9%                     |
| Associate degree                   | 556           | 5.7%           | 75.0%                     |
| Bachelor degree                    | 802           | 8.2%           | 80.8%                     |
| Master's degree                    | 354           | 3.6%           | 81.6%                     |
| Doctoral or higher                 | 90            | 0.9%           | 85.6%                     |
| Unknown/error                      | 596           | 6.1%           | 58.4%                     |

### ***Work Status at Plan***

Slightly less than two-thirds (61.3 %) of participants reported being unemployed at IPE. As expected, a greatly higher proportion (84.6%) of the employed at IPE achieved CIE/SE outcomes than the unemployed at IPE (43.0%). The majority (67.3%) of these retention cases had hearing impairments, followed by chronic-physical disabilities (10.9%) and mental illness (10.6%). However, the CIE/SE rates differed: 94.7% with hearing impairments (vs. 56.9% with mental illness) exited MRS with CIE.

Table 12: VR Outcomes (PY 2021): Work Status at IPE

|                  | <b>Number</b> | <b>Percent</b> | <b>CIE/SE<br/>(59.1%)</b> |
|------------------|---------------|----------------|---------------------------|
| CIE              | 3,580         | 36.8%          | 84.6%                     |
| Working – others | 180           | 1.9%           | 82.2%                     |
| Not working      | 5,963         | 61.3%          | 43.0%                     |

In summary, individual characteristics of MRS customers were related to VR process and outcome. There were no notable differences in the eligibility rate, with the average eligibility rate of 91.6%. Compared to the mean participation rate (82.7%), a somewhat lower rate was observed in African American (77.7%), those ages 26 to 44 years at application (76.7%), and SSA beneficiaries (76.8%). However, the discrepancy in the CIE/SE rate was rather large. Compared to the average of 59.1%, the following characteristics were associated with the lower CIE/SE rate: race (African, Native and Multiracial American), Hispanic, younger age (< 26), and SSA beneficiary. In addition, the highest level of education completed (e.g., less than high school diploma or special education certificate of completion) and type of impairments (e.g., mental or psychosocial, cognitive impairments) were also accounted for a lower CIE/SE rate.

## Further Investigation for Special Populations

### *Barriers to Employment*

According to the RSA-911 data, 5,315 (54.7%) participants who exited in PY 2021 reported at least one barrier to employment. In detail, 38.3% of participants met the definition of having low income, while 25.7% and 23.4% reported that they had experienced certain cultural barriers and had been unemployed for 27 or more consecutive weeks at the time of IPE development, respectively. As indicated, having any barrier was negatively related to employment outcomes, especially for a lower proportion of participants who achieved CIE/SE with the following barriers achieved: long-term unemployed (39.2%), ex-offenders (40.2%), and homeless (41.7%). Barriers with a low percentage of participants (e.g., migrant and seasonal farmworker) should be interpreted with caution.

Table 13 Barriers to Employment and VR Outcomes (PY 2021)

|                                                  | Number | Percent | CIE/SE<br>(59.1%) |
|--------------------------------------------------|--------|---------|-------------------|
| Low Income                                       | 3,726  | 38.3%   | 46.4%             |
| Long Term Unemployed                             | 2,271  | 23.4%   | 39.2%             |
| Basic Skills Deficient or Low Levels of Literacy | 2,120  | 21.8%   | 46.7%             |
| Ex-Offender                                      | 694    | 7.1%    | 40.2%             |
| English Language Learner                         | 462    | 4.8%    | 45.5%             |
| Single Parent                                    | 408    | 4.2%    | 50.0%             |
| Cultural Barriers                                | 393    | 4.0%    | 42.0%             |
| Homeless                                         | 384    | 3.9%    | 41.7%             |
| Foster Care Youth                                | 143    | 1.5%    | 46.9%             |
| Displaced Homemaker                              | 46     | 0.5%    | 54.3%             |
| Exhausting TANF Within Two Years                 | 25     | 0.3%    | 40.0%             |
| Migrant and Seasonal Farmworker                  | 8      | 0.1%    | 62.5%             |

In addition, data indicated that participants with no barrier had a higher CIE/SE rate (72.8%), compared to those with at least one barrier (47.7%). Moreover, having multiple barriers was also related to a lower CIE rate.

### *Mental Illness*

Of 9,723 participants who exited MRS in PY 2021, 2,655 (27.3%) reported having mental illness. Compared to the average MI rate (27.3%), the following participant characteristics were more related to having mental illness: African American (37.7%), ages 26-44 years at application (46.1%), SSIDI beneficiary (35.1%) and being unemployed at IPE (37.6%). For example, 37.7% of African American were diagnosed with any type of mental illness disorders (i.e., anxiety, mood, eating, personality, psychotic, and other mental disorders) as the primary or secondary cause, and this rate of 37.7% is notably higher than the average rate of 27.3%.

In addition, a higher proportion of participants with the following barriers reported having mental illness: long-term unemployment (44.1%), homeless (64.3%), criminal history (64.8%), low income (45.9%), and single parent (50.0%).

The CIE/SE rate for this target group was 42.9%, which was much lower than those without mental illness (65.1%).

Table 14: VR Outcomes of Special Populations (PY 2021): Mental Illness

|                   | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|-------------------|-----------------------------|--------------------------|
| Mental Illness    | 27.3%                       | 42.9%                    |
| No Mental Illness | 72.7%                       | 65.1%                    |

### ***Learning Disabilities (LD)***

Of PY 2021 exiters, 1,536 participants (15.8%) were identified as having learning disabilities as their primary and secondary cause of impairments. The majority of participants with LD were younger than 26 years old at application, did not have high school diploma or special education certificate at IPE, and did not have a job at IPE. Participants with autism, ADHD, and intellectual disabilities also presented similar patterns in Table 16 – Table 19. In addition, a relatively high prevalence rate of LD was shown among Native American (25.3%), multiracial (24.4%), Hispanic (30.9%), English learners (22.3%), and those with issues in the basic skills/literacy area (31.7%).

The CIE/SE rate of this group was 42.2%, which was lower than that of customers without LD (62.2%). It is noted that Native American (33.3%) and multiracial (29.8%) groups achieved CIE/SE at the lowest rate.

Table 15: VR Outcomes of Special Populations (PY 2021): Learning Disabilities

|       | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|-------|-----------------------------|--------------------------|
| LD    | 15.8%                       | 42.2%                    |
| No LD | 84.2%                       | 62.2%                    |

### ***Autism Spectrum Disorder (ASD)***

Of PY 2021 exiters with IPE-based services initiated, 1,045 (10.7%) reported having primary or secondary impairments caused by ASD. In addition to younger age and lower level of education completed, a higher percentage of participants with the following characteristics were more likely to have ASD: male (15.1% vs. 4.6% female), Asian (18.8%) or multiracial (16.7%).

The overall CIE/SE rate of participants with ASD was 54.4%, which is slightly lower than those without ASD (59.6%). Participants with ASD with the following characteristics showed a lower CIE/SE rate: African American (48.4%), younger than 19 years (44.7%), and foster care youth (46.2%).

Table 16: VR Outcomes of Special Populations (PY 2021): Autism Spectrum Disorder

|        | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|--------|-----------------------------|--------------------------|
| ASD    | 10.7%                       | 54.4%                    |
| No ASD | 89.3%                       | 59.6%                    |

***Attention-Deficit Hyperactivity Disorder (ADHD)***

Approximately 11.5% of 9,723 exiters reported having impairments caused by ADHD. Compared to the average rate, a relatively higher ADHD prevalence rate was seen among multiracial (21.4%) and Hispanic (17.0%) participants. As expected, ADHD was related to younger age (23.5%; <26 years at application), lower level of education completed (21.6%), and foster care youth (20.3%).

The overall CIE/SE rate of this group was 48.5% (60.5% of those without ADHD). Especially, a low employment rate was observed among: African American (42.8%), Hispanic (39.3%), younger than 19 years (39.0%), those without a high school diploma (36.8%), and English learners (36.5%).

Table 17: VR Outcomes of Special Populations (PY 2021): Attention-Deficit Hyperactivity Disorder

|         | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|---------|-----------------------------|--------------------------|
| ADHD    | 11.5%                       | 48.5%                    |
| No ADHD | 88.5%                       | 60.5%                    |

***Intellectual Disabilities (ID)***

Of 9,723 participants who exited MRS in PY 2021, 9.2% had primary or secondary ID. A relatively high frequency of ID appeared related to Asian (17.9%), age range of 19-25 years (18.3%), SSA beneficiary (16.5%), and special education certificate (51.5%). Also, this group was related to low level of basic skills/literacy (26.0%) and long-term unemployment (15.3%).

The CIE/SE rate of this group was 46.3%, much lower than those without ID (60.4%). It should be noted that 33.7% of young participants (< 19 years) and 34.8% of those without high school diplomas achieved CIE/SE.

Table 18: VR Outcomes of Special Populations (PY 2021): Intellectual Disabilities

|       | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|-------|-----------------------------|--------------------------|
| ID    | 9.2%                        | 46.3%                    |
| No ID | 90.8%                       | 60.4%                    |

**Students and Youth with Disabilities with LD, ASD, ADHD, or ID:** When 3,859 students and youth participants (younger than 26 years at application) were considered, the most frequent causes/sources of disabilities included LD (34.4%), ASD (22.2%), ADHD (23.5%), and ID (14.0%). Compared to the overall CIE/SE rate of 43.0% for students and youth with



disabilities, the ASD group (51.8%) showed the highest CIE/SE rate, followed by ADHD (43.5%), LD (40.6%), and ID (39.1%) groups.

***Aged (>= 65 Years)***

Of MRS VR participants who exited in PY 2021, 7.8% (n=756) were identified as 65 years and older. Of the aged customers, 52.5% reported receiving SSA benefits at application, 29.0% having at least Bachelor degree, and 79.0% working at IPE (17.5%). Their CIE/SE rate was 87.4%, which is significantly higher than their counterparts (56.7%). A relatively lower rate (66.7%) of those who had low income as a barrier achieved CIE/SE.

Table 19: VR Outcomes of Special Populations (PY 2021): Aged (>-65 Years)

|                   | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|-------------------|-----------------------------|--------------------------|
| Aged (>= 65)      | 7.8%                        | 87.4%                    |
| < 65 years at app | 92.2%                       | 56.7%                    |

***Participants with Supported Employment (SE) Goals***

Of those who exited MRS as a participant in PY 2021, 526 (5.4%) specified a SE goal in their IPE. Of them, 47.5% were between 25 and 44 years old at application. Mental/psychosocial impairments (32.9%), ID (31.9%), and ASD (15.8%) were the most frequently reported primary disabilities.

Half of these participants (50.8%) achieved CIE/SE at exit. Looking at the CIE/SE rate by disability type, 40.5% of participants with mental/psychosocial impairments (vs. 59.0% with ASD; 60.7% with ID) achieved CIE/SE.

Moreover, 48.3% (n=129) of 267 participants who exited with a successful employment outcome achieved a SE goal working in a CIE setting while 137 (51.3%) had a job meeting the requirements for CIE (i.e., integrated setting, minimum wage). The top three occupations that supported employment customers had at the exit were food preparation and serving related (25.8%), production (22.8%), and building and grounds cleaning and maintenance (22.8%) occupations, representing 71.4% of all occupations.

Table 20: VR Outcomes of Special Populations (PY 2021): Participants with Supported Employment Goals

|                        | <b>Percent</b><br>(Total N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|------------------------|-----------------------------------|--------------------------|
| Supported Emp. Goal    | 5.4%                              | 50.8%                    |
| No Supported Emp. Goal | 94.6%                             | 59.6%                    |

***Veterans***

In PY 2021, 300 (3.1%) of 9,723 exiters were identified as a veteran. Most were male (86.3%), either White (68.7%) or African American (29.0%), and a working-age adult (73.3%). Approximately two-thirds reported having hearing impairments (36.0%) or mental/psychosocial



impairments (36.0%). An additional 21.0% reported having chronic physical or orthopedic impairments. Slightly more than two-thirds completed a high school diploma/equivalency or Associate degree prior to IPE. Fifty-two percent were unemployed at IPE.

Veterans' CIE/SE rate was 59.0%, which was the same to their counterparts. Within veterans, type of primary impairments appeared as a variable associated with employment outcomes; while the highest CIE/SE rate was 92.6% (hearing impairments), that of all other disability groups was 40.1%.

Table 21: VR Outcomes of Special Populations (PY 2021): Veterans

|              | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|--------------|-----------------------------|--------------------------|
| Veterans     | 3.1%                        | 59.0%                    |
| Not Veterans | 96.9%                       | 59.1%                    |

***Type of Disabilities Using Primary Disability Cause***

In order to further investigate the association between types of disabilities and VR outcomes, Table 23 shows the CIE/SE rate by cause of the primary impairments. As highlighted below, 10 types of disability causes (e.g., physical disorder conditions not listed elsewhere (28.3%), learning disabilities (12.4%), autism (9.6%)) were reported by at least 3% of participants, representing 87.4% of all causes. Of them, participants with disabilities caused by the following resources were less likely to achieve CIE/SE: mental illness, not listed elsewhere (40.1%), depressive and other mood disorders (40.4%), learning disabilities (41.0%), ADHD (42.3%), intellectual disabilities (45.8%), and anxiety disorders (47.2%). Again, results indicate that students and youth with disabilities and those with mental disabilities were underserved in MRS.

Table 22: VR Outcomes of Special Populations (PY 2021): Primary Disability Cause

|                                             | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|---------------------------------------------|-----------------------------|--------------------------|
| Accident Injury other than TBI/SCI          | 3.5%                        | 82.5%                    |
| Alcohol Abuse or Dependence                 | 1.0%                        | 38.1%                    |
| Amputations                                 | 0.5%                        | 47.9%                    |
| Anxiety Disorders                           | 3.1%                        | 47.2%                    |
| Arthritis and Rheumatism                    | 0.6%                        | 46.4%                    |
| Asthma and Other Allergies                  | 0.2%                        | 37.5%                    |
| Attention Deficit Hyperactivity Disorder    | 5.3%                        | 42.3%                    |
| Autism                                      | 9.6%                        | 54.4%                    |
| Blood Disorders                             | 0.2%                        | 54.2%                    |
| Cancer                                      | 0.3%                        | 51.6%                    |
| Cardiac and other Circulatory               | 1.0%                        | 58.5%                    |
| Cerebral Palsy                              | 0.9%                        | 56.2%                    |
| Congenital Condition or Birth Injury        | 6.1%                        | 68.8%                    |
| Depressive and other Mood Disorders         | 8.7%                        | 40.4%                    |
| Diabetes Mellitus                           | 0.6%                        | 55.7%                    |
| Digestive                                   | 0.2%                        | 86.7%                    |
| Drug Abuse or Dependence other than alcohol | 1.6%                        | 38.6%                    |
| End-Stage Renal Other Genitourinary         | 0.1%                        | 0.0%                     |

|                                                            | <b>Percent</b><br>(N=9,723) | <b>CIE/SE</b><br>(59.1%) |
|------------------------------------------------------------|-----------------------------|--------------------------|
| Epilepsy                                                   | 0.5%                        | 49.0%                    |
| HIV and AIDS                                               | 0.1%                        | 22.2%                    |
| Immune Deficiencies excluding HIV/AIDS                     | 0.1%                        | 40.0%                    |
| Intellectual Disabilities                                  | 7.3%                        | 45.8%                    |
| Mental Illness not listed elsewhere                        | 3.1%                        | 40.1%                    |
| Multiple Sclerosis                                         | 0.3%                        | 52.0%                    |
| Muscular Dystrophy                                         | 0.1%                        | 66.7%                    |
| Parkinson's Disease and other Neurological Disorders       | 0.1%                        | 33.3%                    |
| Personality Disorders                                      | 0.7%                        | 45.3%                    |
| Physical Disorders Conditions not listed elsewhere         | 28.3%                       | 85.6%                    |
| Polio                                                      | 0.0%                        | 50.0%                    |
| Respiratory Disorders other than Cystic Fibrosis or Asthma | 0.2%                        | 63.2%                    |
| Schizophrenia and other Psychotic Disorders                | 2.3%                        | 37.6%                    |
| Specific Learning Disabilities                             | 12.4%                       | 41.0%                    |
| Spinal Cord Injury                                         | 0.3%                        | 51.5%                    |
| Stroke                                                     | 0.4%                        | 32.5%                    |
| Traumatic Brain Injury                                     | 0.7%                        | 36.9%                    |

## Bureau of Services for Blind Persons (BSBP)

### BSBP Customers at a Glance

Over the two-year period, a total of 453 (240 in PY 2020; 213 in PY 213) individuals with visual impairments exited BSBP either with or without a successful employment outcome. As indicated in the table below, 47.9% of customers who exited BSBP during PY 2021 were male. More than half (59.2%) were White with no Hispanic origin and 29.6% were African American. Regarding their ethnicity, 4.7% reported being Hispanic/Latino. Over one-fourth of customers (31.5%) were students and youth with disabilities (younger than 26 years), and 8.0% were over 65 years of age at application. In addition, 7.5% were students, and 54.5% reported receiving Social Security cash benefits at application.

Table 23: VR Customers Exited in PY 2020 & 2021 by Gender

|         | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|---------|---------------------------|----------------------------|---------------------------|----------------------------|
| Male    | 123                       | 51.3%                      | 115                       | 47.9%                      |
| Female  | 114                       | 47.5%                      | 94                        | 39.2%                      |
| Missing | 3                         | 1.3%                       | 4                         | 1.7%                       |

Table 24: VR Customers Exited in PY 2020 & 2021 by Race/Ethnicity

|                                   | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|-----------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|
| White                             | 138                       | 57.5%                      | 126                       | 59.2%                      |
| African American                  | 69                        | 28.8%                      | 63                        | 29.6%                      |
| American Indian or Alaskan Native | 2                         | 0.8%                       | 0                         | -                          |
| Asian/Pacific Islander            | 5                         | 2.1%                       | 7                         | 3.3%                       |
| Multiracial                       | 12                        | 5.0%                       | 2                         | 0.9%                       |
| Race Missing                      | 14                        | 5.8%                       | 15                        | 7.0%                       |
| Hispanic                          | 12                        | 5.0%                       | 10                        | 4.7%                       |

Table 25: VR Customers Exited in PY 2020 & 2021 by Age at Application

|               | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|---------------|---------------------------|----------------------------|---------------------------|----------------------------|
| < 19          | 52                        | 21.7%                      | 44                        | 20.7%                      |
| 19 to 25      | 26                        | 10.8%                      | 23                        | 10.8%                      |
| 26 to 44      | 66                        | 27.5%                      | 54                        | 25.4%                      |
| 45 to 54      | 50                        | 20.8%                      | 43                        | 20.2%                      |
| 55 to 64      | 23                        | 9.6%                       | 32                        | 15.0%                      |
| 65 to highest | 23                        | 9.6%                       | 17                        | 8.0%                       |

Table 26: VR Customers Exited in PY 2020 & 2021 by SSI/DI

|        | <b>PY 2020<br/>Number</b> | <b>PY 2020<br/>Percent</b> | <b>PY 2021<br/>Number</b> | <b>PY 2021<br/>Percent</b> |
|--------|---------------------------|----------------------------|---------------------------|----------------------------|
| SSI/DI | 145                       | 60.4%                      | 116                       | 54.5%                      |

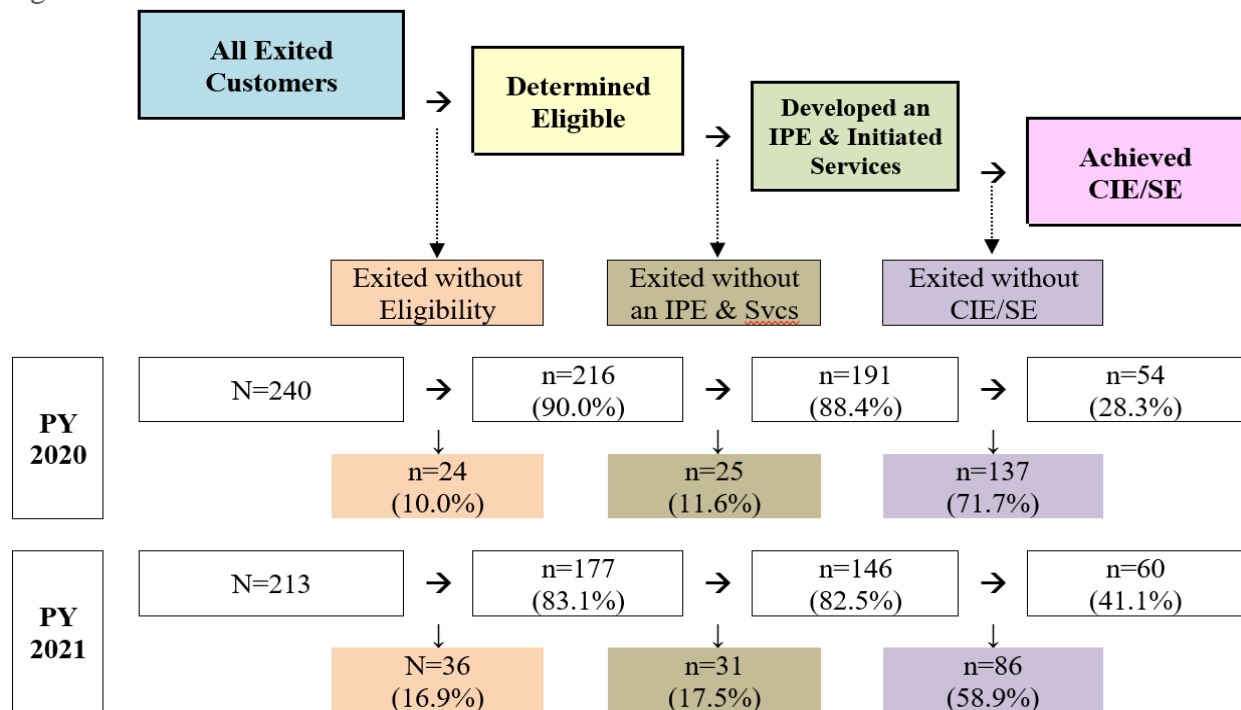
While 2021 American Community Survey (ACS)<sup>3</sup> estimates 13.9% of individuals with disabilities living in Michigan, 2.2% reported having a vision disability (*Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?*).

When compared to 2021 (ACS)<sup>4</sup>, which estimates 16.1% of African American with disabilities in Michigan, this population is not considered an un-served group in BSBP. In addition, Hispanic/Latino is not unserved in BSBP (4.7% vs. an ACS rate of 4.0% Hispanic with disabilities), either. For reference, 2021 ACS estimates 13.4% and 5.6% of African American and Hispanic, respectively, living in Michigan, regardless of the disability status. Note that no Native American customers exited BSBP in PY 2021.

## VR Process and Outcomes

Vocational Rehabilitation (VR) 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, develop an Individualized Plan for Employment (IPE) which serves as a roadmap for VR services. WIOA defines a participant as a reportable individual who has applied and been determined eligible for VR services, has an approved and signed IPE, and has begun to receive services under the IPE. A case is considered successful when a customer completes the services outlined in the IPE and secures (or retains) competitive and integrated employment or supported employment (CIE/SE) for 90 days.

Figure 2 VR Process and Outcomes



<sup>3</sup> Source: U.S. Census Bureau, 2021 ACS, Table S1810; <https://data.census.gov/>

<sup>4</sup> Source: U.S. Census Bureau, 2021 ACS, Table S1810; <https://data.census.gov/>

### How to read the figure:

Of a total of 213 VR customers who exited BSBP in PY 2021, 177 (83.1%) were determined eligible; in other words, 36 (16.9%) applicants exited before or without being determined eligible. Of the eligible customers (n=177), 82.5% initiated VR services based on their IPE (participants); the remaining 31 customers were determined eligible but exited BSBP without an IPE or services initiated, or both. In the same way, 41.1% (n=60) of participants achieved competitive and integrated employment or supported employment (CIE/SE).

As illustrated in the figure above, each VR process is a milestone toward a successful employment outcome (CIE/SE). Looking at the trends over the past two years (PY 2020 - PY 2021), the 2021 eligibility and participation rates were lower, but the CIE/SE rate was higher, compared to those of PY 2020. Note that BSBP closed more cases in PY 2020.

### Factors Related to VR Process and VR Outcomes

By examining the proportion of BSBP customers reaching each of the three VR milestones, information about potential associations between BSBP customer characteristics and VR milestones can be investigated. For example, 83.3% of 126 White customers were determined eligible for BSBP services; of those eligible customers, 81.0% developed an IPE and initiated VR services (participants), and of the participants, 45.9% achieved CIE/SE. With regard to African American customers, the second largest racial group, the CIE/SE rate (29.8%) was noticeably lower than that of White customers (45.9%).

More detailed associations between customer characteristics and VR process and outcomes were investigated using the PY 2021 data and are discussed as follows.

#### *Gender*

Historically, more men applied for BSBP services than women, and the same pattern was found among PY 2021 exiters: 54.0% males vs. 44.1% females. As shown, however, women seemed more likely to initiate VR services based on their IPE (87.7%) and achieve CIE/SE (47.9%) than men (78.1% and 34.7%, respectively). A series of Chi-square test results<sup>5</sup> indicated, however, that the mean differences between male and female customers were not statistically significant.

Table 27: VR Outcomes (PY 2021): Gender

|         | <b>Number</b><br>(213) | <b>Eligibility</b><br>(83.1 %) | <b>Participation</b><br>(82.5%) | <b>CIE/SE</b><br>(41.1%) |
|---------|------------------------|--------------------------------|---------------------------------|--------------------------|
| Male    | 115                    | 83.5%                          | 78.1%                           | 34.7%                    |
| Female  | 94                     | 86.2%                          | 87.7%                           | 47.9%                    |
| Missing | 4                      | 0.0%                           | -                               | -                        |

#### *Race/Ethnicity*

<sup>5</sup>Eligibility rate:  $\chi^2(1) = 0.289$ ,  $p =$  no sig; Participation rate:  $\chi^2(1) = 2.761$ , no sig; CIE/SE rate:  $\chi^2(1) = 2.633$ , no sig.

As indicated in the table above, White participants with no Hispanic origin (45.9%) were more likely to achieve CIE/SE than African American customers (29.8%). Though some variations were observed among other minority groups, the number of minority customers was too small (i.e., 4.2%) to make further inferences about the mean differences among races. In the meantime, a much lower proportion of Hispanic participants (28.6%) exited BSBP with CIE/SE, compared to those without Hispanic origin (41.3%).

Table 28: VR Outcomes (PY 2021): Race/Ethnicity

|                    | <b>Number</b><br>(213) | <b>Eligibility</b><br>(83.1 %) | <b>Participation</b><br>(82.5%) | <b>CIE/SE</b><br>(41.1%) |
|--------------------|------------------------|--------------------------------|---------------------------------|--------------------------|
| White              | 126                    | 83.3%                          | 81.0%                           | 45.9%                    |
| African American   | 63                     | 90.5%                          | 82.5%                           | 29.8%                    |
| Native American    | 0                      | -                              | -                               | -                        |
| Asian              | 7                      | 100.0%                         | 100.0%                          | 42.9%                    |
| Multiracial        | 2                      | 50.0%                          | 100.0%                          | 50.0%                    |
| Race Missing       | 15                     | 46.7%                          | 85.7%                           | 33.3%                    |
| No Hispanic Origin | 202                    | 82.2%                          | 83.1%                           | 41.3%                    |
| Hispanic Origin    | 10                     | 100.0%                         | 70.0%                           | 28.6%                    |
| Not Identified     | 1                      | 100.0%                         | 100.0%                          | 100.0%                   |

### ***Age at Application***

Young customers (ages younger than 26 years at application) were most likely to be determined eligible (90.9%) and participate (90.0%) but least likely to achieve an employment outcome (24.1%), when compared to other age groups. It is noted that the CIE/SE rate (48.1%) of the 45-54 group was relatively low among adult customers. Of 213 customers who exited BSBP in PY 2021, 12 were aged (older than and equal to 65 years old at application) with blindness as the primary impairments. All were determined eligible for services. The participation and CIE/SE rates were 66.7% (n=8) and 50.0% (n=4), respectively.

Table 29: VR Outcomes (PY 2021): Age at Application

|               | <b>Number</b><br>(213) | <b>Eligibility</b><br>(83.1 %) | <b>Participation</b><br>(82.5%) | <b>CIE/SE</b><br>(41.1%) |
|---------------|------------------------|--------------------------------|---------------------------------|--------------------------|
| < 19          | 44                     | 93.2%                          | 90.2%                           | 18.9%                    |
| 19 to 25      | 23                     | 87.0%                          | 90.0%                           | 33.3%                    |
| 26 to 44      | 54                     | 77.8%                          | 83.3%                           | 54.3%                    |
| 45 to 54      | 43                     | 74.4%                          | 84.4%                           | 48.1%                    |
| 55 to 64      | 32                     | 90.6%                          | 72.4%                           | 52.4%                    |
| 65 to highest | 17                     | 76.5%                          | 61.5%                           | 50.0%                    |

### ***Social Security Beneficiaries***

More than half (54.5%) of 213 customers who exited in PY 2021 reported receiving SSI or SSDI at application. All three milestone rates (i.e., 82.8%, 77.1%, 40.5%) of the SSA beneficiaries were lower than those without SSA cash benefits (i.e., 83.5%, 88.9%, 41.7%, respectively). While the magnitude of difference in the eligibility and employment rates was small, that of the participant rate was relatively big (77.1% vs. 88.9%).

Table 30: VR Outcomes (PY 2021): SSI/DI

|           | <b>Number</b><br>(n=213) | <b>Eligibility</b><br>(83.1 %) | <b>Participation</b><br>(82.5%) | <b>CIE/SE</b><br>(41.1%) |
|-----------|--------------------------|--------------------------------|---------------------------------|--------------------------|
| No SSI/DI | 97                       | 83.5%                          | 88.9%                           | 41.7%                    |
| SSI/DI    | 116                      | 82.8%                          | 77.1%                           | 40.5%                    |

Note that several individual characteristics (e.g., type of disability, level of highest education completed, work status) are reported at the time of developing an Individualized Plan for Employment (IPE). This section reviews the relationships between individual characteristics and employment outcomes of VR participants (n=146) who exited BSBP in PY 2021.

***Type of Primary Impairments***

Since BSBP is designed to serve homogeneous customers in terms of the type of disabilities, most participants (n=136; 93.2%) who exited in PY 2021 had blindness, and their CIE/SE rate was 41.2%.

Table 31: VR Outcomes (PY 2021): Type of Primary Impairments

|                           | <b>Number</b><br>(N=146) | <b>CIE/SE</b><br>(41.1%) |
|---------------------------|--------------------------|--------------------------|
| Blindness                 | 136                      | 41.2%                    |
| Other Visual Disabilities | 9                        | 33.3%                    |
| Deaf-Blindness            | 1                        | 100.0%                   |

***Significant Disability***

Compared to those with the most significant disabilities (36.4%), a higher proportion (48.3%) of those determined as significant disabled achieved CIE/SE at exit.

Table 32: VR Outcomes (PY 2021): Significant Disability

|                             | <b>Number</b><br>(N=146) | <b>CIE/SE</b><br>(41.1%) |
|-----------------------------|--------------------------|--------------------------|
| Significant Disability      | 58                       | 48.3%                    |
| Most Significant Disability | 88                       | 36.4%                    |
| Not working                 | 114                      | 30.7%                    |

***Highest Level of Education Completed at IPE***

With regard to the highest level of education completed at the time of IPE, 16.4% of participants reported having postsecondary education or training, and their CIE/SE rate (75.0%) was much higher than other education groups. As expected, level of education was positively correlated to the CIE/SE rate. It is noted, however, that 43.6% of education information was missing; thus, results should be interpreted with caution.

Table 33: VR Outcomes (PY 2021): Highest Education Level Completed at IPE

|                               | <b>Number</b><br>(N=146) | <b>CIE/SE</b><br>(41.1%) |
|-------------------------------|--------------------------|--------------------------|
| Without High School or Equiv. | 32                       | 12.5%                    |
| Special Ed Certificate        | 3                        | 33.3%                    |
| High School Diploma           | 28                       | 46.4%                    |
| GED                           | 4                        | 0.0%                     |
| AA Level                      | 3                        | 66.7%                    |
| BA Level or Equiv.            | 11                       | 63.6%                    |
| Master Level                  | 7                        | 85.7%                    |
| Doctoral or Higher            | 3                        | 100.0%                   |
| Unknown/Error                 | 55                       | 43.6%                    |

### ***Work Status at Plan***

Work status at IPE was positively related to one’s employment outcomes. While the majority of (n=114; 78.1%) of participants reported being unemployed at IPE, the employed at IPE (78.1%) were more likely to exit BSBP with CIE/SE (vs. 30.7% of the unemployed).

Table 34: VR Outcomes (PY 2021): Work Status at Plan

|                  | <b>Number</b><br>(N=146) | <b>CIE/SE</b><br>(41.1%) |
|------------------|--------------------------|--------------------------|
| CIE              | 30                       | 80.0%                    |
| Working – Others | 2                        | 50.0%                    |
| Not working      | 114                      | 30.7%                    |

### ***Barriers to Employment***

According to the RSA-911 data, 70.5% (n=103) of participants who exited in PY 2021 reported at least one barrier to employment. In detail, 52.7% reported being unemployed for 27 or more consecutive weeks at the time of IPE development, while 39.7% met the definition of having low income, and 17.8% had cultural barriers. As the table displays, participants with those three barriers were less likely to achieve employment outcomes (i.e., 31.2%, 27.6%, 23.1%, respectively), compared to the average CIE/SE rate (41.4%). It is noted that none of the participants who met the definition of an ex-offender (n=8) reported achieving CIE/SE.

In addition, data indicated that those without any barriers reported had a much higher CIE/SE rate (62.8%) than those with at least one barrier (32.0%).

Table 35: VR Outcomes (PY 2021): Barriers to Employment

|                                                      | <b>Percent</b><br>(N=146) | <b>CIE/SE</b><br>(41.1%) |
|------------------------------------------------------|---------------------------|--------------------------|
| Long-term unemployed                                 | 52.7%                     | 31.2%                    |
| Homeless, Homeless Children/Youths, or Runaway Youth | 2.1%                      | 66.7%                    |
| Ex-offender                                          | 5.5%                      | 0.0%                     |
| Low income                                           | 39.7%                     | 27.6%                    |
| Single parent                                        | 4.1%                      | 50.0%                    |
| Cultural barriers                                    | 17.8%                     | 23.1%                    |



### ***Supported Employment Participants***

In PY 2021, 10 participants specified a vocational goal in a supported employment setting on their IPE. The majority of them were female (60.0%), White (80.0%), younger than 25 years at application (60.0%), SSA beneficiaries (70.0%), and not working at IPE (90.0%). Half of them (n=5) exited BSBP with CIE/SE: one with CIE and four with SE.

### ***Primary Disability Cause***

The following table further investigates any associations between types of disabilities (broken down by primary cause of impairments) and VR outcomes. A higher CIE/SE rate was observed among participants with blindness or visual impairments caused by unknown (47.4%), physical disorders/conditions (45.5%), and congenital condition or birth injury (43.6%).

Table 36: VR Outcomes (PY 2021): Primary Disability Cause

|                                                      | <b>Percent<br/>(N=146)</b> | <b>CIE/SE<br/>(41.1%)</b> |
|------------------------------------------------------|----------------------------|---------------------------|
| Cause Unknown                                        | 13.0%                      | 47.4%                     |
| Accident /Injury (other than TBI or SCI)             | 7.5%                       | 27.3%                     |
| Congenital Condition or Birth Injury                 | 64.4%                      | 43.6%                     |
| Diabetes Mellitus                                    | 6.2%                       | 22.2%                     |
| Physical Disorders/Conditions (not listed elsewhere) | 7.5%                       | 45.5%                     |
| Stroke                                               | 0.7%                       | 0.0%                      |
| Traumatic Brain Injury (TBI)                         | 0.7%                       | 0.0%                      |

### ***Participants with Multiple Disabilities***

According to the RSA-911 data, 52 participants (35.6%) reported having secondary physical disabilities (e.g., physical, cognitive) in addition to their primary visual impairments. This group consisted of 51.9% of male, 51.9% of White and 40.4% of African American, and 84.6% of those unemployed at IPE. Approximately 30% were younger than 26 years old, and two-thirds (67.3%) were SSA beneficiaries. Results indicated that having the secondary disabilities (30.8%) was more associated with unsuccessful employment outcomes at exit (vs. 46.8% of those without multiple disabilities).

## 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. It is designed and operated within a local community by individuals with disabilities and provides an array of independent living services. The core services mandated to provide by WIOA include information and referral, individual and community systems advocacy, IL skills training, peer support, and community transition services. To promote independence and full integration into the society of individuals with disabilities, Michigan CILs provides services covering the following ten major priority areas: accessibility, assistive technology, education, employment, health care, housing, recreation, relocation, transportation, and other supports. This section presents CIL consumer demographics, services provided by CILs in Michigan, and their outcomes extracted from the FY 2020 and 2021 Michigan CIL Annual Performance Report (e.g., PA 166, Section 1086) provided by the Michigan Statewide Independent Living Council.

### Consumers Served and Individualized IL Services Provided

The table below shows the number of individuals served along with the total number of services by priority service area during FY 2020 and 2021. During FY 2021, a total of 66,040 services were provided to 7,256 CIL consumers with significant disabilities who were determined eligible to receive CIL services (excluding information and referral services) and developed the IL plan with a minimum of one goal.

Table 37: Consumers Served and Individualized IL Services Provided

|                            | <b>FY 2020<br/>Individuals<br/>Served</b> | <b>FY 2020<br/>Total<br/>Consumer<br/>Services</b> | <b>FY 2021<br/>Individuals<br/>Served</b> | <b>FY 2021<br/>Total<br/>Consumer<br/>Services</b> |
|----------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------|----------------------------------------------------|
| Accessibility              | 175                                       | 784                                                | 295                                       | 1,144                                              |
| Assistive Technology       | 914                                       | 3,392                                              | 922                                       | 4,423                                              |
| Education                  | 440                                       | 2,123                                              | 336                                       | 2,518                                              |
| Employment                 | 2,541                                     | 17,708                                             | 1,742                                     | 14,996                                             |
| Health Care                | 619                                       | 4,951                                              | 568                                       | 5,966                                              |
| Housing                    | 1,113                                     | 15,937                                             | 817                                       | 7,013                                              |
| On-Going Supports          | 1,956                                     | 19,268                                             | 1,667                                     | 15,498                                             |
| Recreation                 | 177                                       | 1,472                                              | 367                                       | 5,137                                              |
| Relocation                 | 374                                       | 5,709                                              | 358                                       | 8,831                                              |
| Transportation             | 444                                       | 2,540                                              | 184                                       | 514                                                |
| <b>Total (Duplicated)*</b> | <b>8,753</b>                              | <b>73,884</b>                                      | <b>7,256</b>                              | <b>66,040</b>                                      |

\*Note: Total duplicate indicates historical methodology for generating data that did not account for individuals receiving multiple services across priority areas

As indicated, two types of services most frequently provided during FY 2021 were on-going supports (n=15,498; 23.5% of the total 66,040 services) and employment (n=14,996; 22.7%) services. This service pattern remained similar to FY 2020. However, it should be noted that there was a great deal of decrease in housing (21.6% to 10.6%), transportation (3.4% to 0.8%)

and on-going supports (26.1% to 23.5%) services. Instead, a higher rate of recreation (2.0% to 7.8%) and relocation (7.7% to 13.4%) services was provided during FY 2021.

***CIL Consumer Demographic Information***

The Annual Performance Report includes two variables of consumer characteristics: age and type of disabilities. As displayed, 41% of the consumers with an IL plan served during FY 2021 were working-age adults (25-59 years), and an additional 29% were 60 years and older. It is noted that a much lower proportion of students and youth with disabilities (younger than 24 years; 30%) utilized CIL services, compared to FY 2020 (39%).

Table 38: CIL Consumer Demographic Information: Age

|                   | <b>FY 2020</b> | <b>FY 2021</b> |
|-------------------|----------------|----------------|
| Under 5 years old | < 1%           | < 1%           |
| Ages 5 -19        | 29%            | 15%            |
| Ages 20 - 24      | 10%            | 15%            |
| Ages 25 - 59      | 35%            | 41%            |
| Age 60 and Older  | 26%            | 29%            |
| Age Unknown       | < 1%           | < 1%           |

In terms of the type of disability, 32% of CIL consumers served in 2021 reported having cognitive, 26% multiple, 26% physical, and 10% mental/emotional disabilities. No noticeable differences in consumer’s disability types were observed over the two-year service period.

Table 39: CIL Consumer Demographic Information: Type of Disability32%

|                       | <b>FY 2020</b> | <b>FY 2021</b> |
|-----------------------|----------------|----------------|
| Cognitive             | 35%            | 32%            |
| Hearing               | 1%             | 1%             |
| Mental/Emotional      | 11%            | 10%            |
| Multiple Disabilities | 25%            | 26%            |
| Physical              | 23%            | 26%            |
| Vision                | 2%             | 2%             |
| Other                 | 3%             | 4%             |
| No Data               | < 1%           | -              |

***Goals Set and Achieved in Priority Life Areas***

CIL consumers set goals as part of their IL plan development. The goals are developed in ten major service areas, and consumers typically have multiple goals within their IL plans. Annually, consumers’ goals and the ILPs are revisited to assess goal attainment.

The following table presents the number of CIL consumers who set goals related to several significant priority areas as well as the number and percent of consumers who achieved the goals as a result of IL services. While the overall rate of goal achievement was 91%, more goals in employment and transportation were completed.

As displayed, CILs assisted 1,449 customers with their employment during FY 2021, and 1,473 (114%) completed them. Due to different data collection criteria, it should be noted that the percentage of goals achieved can exceed 100%. While a number of goals created during the designated FY is counted, for example, consumers can achieve IL goals they set in the current and previous years.

Table 40: Goals Set and Achieved in Priority Life Areas

| Priority Area        | Goals Set | N of Goals Achieved | % of Goals Achieved | Specific Goals                                                                                                                                                                                                                                                                                                           |
|----------------------|-----------|---------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accessibility        | 491       | 461                 | 94%                 | Enhanced access to goods and services in the community<br>Enhanced accessibility of home/apartment                                                                                                                                                                                                                       |
| Assistive Technology | 832       | 731                 | 88%                 | Acquired AT<br>Acquired AT Funding<br>Acquired information re: AT Options<br>Increased functional and safe use of AT<br>Repaired AT                                                                                                                                                                                      |
| Education            | 132       | 129                 | 98%                 | Acquired educational accommodation(s)<br>Completed an educational program<br>Enrolled in an educational program<br>Increased knowledge of education options<br>Self-advocated for educational accommodations                                                                                                             |
| Employment           | 1,449     | 1,473               | 102%*               | Acquired reasonable accommodation<br>Improved job status via workplace promotion<br>Increased knowledge of employment options (e.g., incentives)<br>Increased work search skills<br>Maintained employment<br>Obtained employment<br>Obtained volunteer work experience                                                   |
| Health Care          | 305       | 148                 | 49%                 | Acquired access to appropriate insurance coverage<br>Acquired appropriate health care services (e.g., med., mental)<br>Increased knowledge of healthcare options/insurance options                                                                                                                                       |
| Housing              | 274       | 181                 | 66%                 | Acquired accessible, affordable housing<br>Increased awareness of housing options<br>Increased housing search skills                                                                                                                                                                                                     |
| On-Going Supports    | 1,668     | 1,641               | 98%                 | Acquired financial supports (e.g., SSI, SSDI, food stamps)<br>Acquired PA/PASREP services<br>Acquired/increased IL skills<br>Acquired/maintained other supports (e.g., peer supports)<br>Increased awareness of community resources to maintain community-based independent living                                       |
| Recreation           | 170       | 73                  | 43%                 | Enhanced access to sports, recreation and leisure opportunities<br>Increased knowledge/skills in sports, recreation and leisure<br>Participated in sports, recreation and leisure opportunities                                                                                                                          |
| Relocation           | 388       | 331                 | 85%                 | Developed and initiated implementation of plan to move into a community setting<br>Diverted/prevented move to an institutional setting<br>Increased awareness of community living options<br>Moved from correctional facility to a community setting<br>Moved from nursing facility/care facility to a community setting |
| Transportation       | 103       | 117                 | 114%*               | Acquired access to transportation<br>Acquired financial resources for transportation<br>Acquired knowledge of transportation options<br>Acquired skills to utilize transportation                                                                                                                                        |
| Total                | 5,812     | 5,285               | 91%                 |                                                                                                                                                                                                                                                                                                                          |

\*Note: Due to different timing to collect data for goals set and achieved, the percentage of goals achieved can exceed 100%.

## Information and Referral (I&R) Services

In addition to the individualized IL services, CIL also provides individuals with disabilities and their families with Information and Referral (I&R) services designed to help navigate and link resources available in the community). During FY 2021, Michigan CILs provided 71,740 I&R services, and the top four priority areas of the I&R services most frequently provided include: employment (35.5%), on-going support (24.5%), housing (8.4%), and assistive technology (7.4%).

Table 41: Information and Referral Services

|                      | <b>FY 2020<br/>Individuals<br/>Served</b> | <b>FY 2020<br/>Total I&amp;R<br/>Services</b> | <b>FY 2021<br/>Individuals<br/>Served</b> | <b>FY 2021<br/>Total I&amp;R<br/>Services</b> |
|----------------------|-------------------------------------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------------|
| Accessibility        | 1,325                                     | 4,676                                         | 1,383                                     | 3,528                                         |
| Assistive Technology | 1,541                                     | 4,357                                         | 2,271                                     | 5,294                                         |
| Education            | 728                                       | 3,121                                         | 806                                       | 1,633                                         |
| Employment           | 4,649                                     | 23,643                                        | 4,204                                     | 25,447                                        |
| Health Care          | 1,427                                     | 3,404                                         | 1,532                                     | 2,921                                         |
| Housing              | 3,446                                     | 10,095                                        | 2,489                                     | 6,010                                         |
| On-Going Supports    | 6,201                                     | 15,836                                        | 8,169                                     | 17,555                                        |
| Recreation           | 377                                       | 1,306                                         | 384                                       | 1,669                                         |
| Relocation           | 633                                       | 3,655                                         | 639                                       | 3,621                                         |
| Transportation       | 2,130                                     | 3,707                                         | 2,026                                     | 4,062                                         |
| Total (Duplicated)   | 22,457                                    | 73,800                                        | 23,903                                    | 71,740                                        |

## Systems Change Activities

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.

Table 42: Hours of Community Services Provided by CIL/DNs

| <b>Priority Area</b> | <b>FY<br/>2020</b> | <b>FY<br/>2021</b> | <b>Sample Goals of Services</b>                                                                                           |
|----------------------|--------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------|
| Accessibility        | 18,451             | 11,293             | To increase opportunity for individuals with disabilities to participate in community decision making                     |
| Assistive Technology | 3,973              | 3,392              | To increase opportunity for individuals with disabilities to participate in community decision making                     |
| Education            | 12,415             | 8,102              | To increase community awareness and value about the educational needs of people with disabilities                         |
| Employment           | 40,915             | 31,609             | To decrease barriers to employment                                                                                        |
| Health Care          | 2,407              | 2,410              | To increase access to health care including preventative, mental health, substance abuse and dental services              |
| Housing              | 8,126              | 3,152              | To increase opportunity for individuals with disabilities to participate in community decision making                     |
| On-going Supports    | 53,421             | 44,238             | To increase availability of, and access to, coordinated supports for community living at local, state and national levels |

| <b>Priority Area</b> | <b>FY 2020</b> | <b>FY 2021</b> | <b>Sample Goals of Services</b>                                                                                                                                       |
|----------------------|----------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recreation           | 5,112          | 7,299          | To increase available community sports, recreation and leisure opportunities for people with disabilities                                                             |
| Relocation           | 3,179          | 2,349          | To increase community living options for individuals with disabilities leaving restrictive settings or at risk of institutionalization                                |
| Resource Development | 62,189         | 45,827         | To increase opportunity for individuals with disabilities to find disability resources available or develop resources, if not available, in the community             |
| Transportation       | 3,639          | 3,018          | To increase opportunity for individuals with disabilities to participate in community decision making; to increase geographic service area for transportation systems |
| Total Hours          | 231,827        | 162,688        |                                                                                                                                                                       |

# STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

## CHAPTER III STAFF SURVEY

**PROJECT EXCELLENCE**  
MICHIGAN STATE UNIVERSITY

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## CHAPTER THREE: STAFF SURVEY

As recommended in the *VR Needs Assessment Guide* published by RSA, the multi-agency Comprehensive Statewide Needs Assessment (CSNA) committee identified a need to collect quantitative and qualitative service needs assessment data from agency staff. Rehabilitation counselors are a key source of information on groups served and the availability of Community Rehabilitation Organizations (CROs) 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., Centers for Independent Living/Disability Network [CIL/DN], Michigan Works! Association [MWA], Community Mental Health [CMH]) and CROs participated in the 2023 CSNA staff survey. Agency staff shared perceived needs and relevant issues that individuals with disabilities 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 2023 staff survey, the CSNA committee members individually reviewed the staff survey instruments and then Project Excellence (PE) integrated all feedback and finalized the survey questions.

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 validly 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. 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 to rate the level of availability of services instead of rating the level of sufficiency. Culturally relevant services and services for visual impairments/blindness were not included in the survey.

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/DN, MWA, and CMH staff and CRO directors who were members of Incompass Michigan. PE sent 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 employees of their agency and to Incompass members. Data were collected over a two-month period in 2022.

## **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, a criterion was established to determine if a survey was usable for analyses. For the quantitative data, all surveys submitted were not considered as usable. Note that some surveys provided only a couple of responses, which were excluded for analyses. However, all valid open-ended comments were included for qualitative data analysis.

Compared to the previous years (e.g., 625 for 2020 CSNA, 434 for 2017 CSNA), a very low number of agency staff participated in the 2023 CSNA staff survey. A total of 81 MRS, 7 BSBP, 17 CIL/DN, 15 CRO, 53 MWA and 18 CMH employees participated, resulting in 191 total usable surveys for our analyses.

For purposes of identifying service needs for Michigan residents with disabilities, this chapter reports level of availability and sufficiency for each service item. In addition, it presents a risk rate which agency staff indicated as “unavailable or insufficient.” This report primarily focuses on the risk rate from which specific service needs can be drawn.

### **Key Findings on Perceived Service Needs across Agencies**

To calculate the percentages for the risk rate, the missing or unsure responses both in availability and sufficiency were identified and subtracted from the total number of responses. Then, the number of respondents identifying the service as unavailable or insufficient was divided by the total valid responses. For example, 154 (87.5%) indicated that career or vocational counseling services were available in their community (vs. 3.4% [n=6] unavailable). The remaining 16 (9.1%) either indicated unsure or elected to skip the question without answering. Excluding the missing or unsure answers, the adjusted unavailability rate (3.8%) was calculated [=6 / (154 +

6)]. In the same way, the adjusted insufficiency rate was 31.0%. According to the calculation strategy mentioned above, the risk rate is 8.6%, which means 13 (11.9%) of the 152 staff provided valid responses perceived career or vocational counseling services were either unavailable or insufficient in their community.

### ***Employment Services***

According to the adjusted unavailability rate, the following five employment services were perceived as most *unavailable*: self-employment/small business services (20.2%), reading or literacy skills services (15.4%), post-employment services (13.9%), supported employment services (10.8%), and job retention services (9.2%). In addition, the five highest *adjusted insufficiency rates* were found in the following services: self-employment/small business services (56.6%), on-the-job support services (45.7%), vocational training programs (43.9%), job retention services (43.8%), and lastly a 43.6% for both reading or literacy skills services, and supported employment services.

Of the employment service category, five services most frequently perceived as *unavailable or insufficient* (i.e., highest risk rate) were: self-employment/small business services (36.8%), reading or literacy skills services (22.6%), supported employment services (19.3%), post-employment services (18.9%), and job retention services (15.8%).

Table 1: Employment Services: Availability

|                                                     | <b>Available</b> | <b>Unavailability</b> | <b>Adj. Unavail.</b> |
|-----------------------------------------------------|------------------|-----------------------|----------------------|
| Career or vocational counseling services            | 87.5%            | 3.4%                  | 3.8%                 |
| Vocational assessment services                      | 81.8%            | 5.1%                  | 5.9%                 |
| Vocational training programs                        | 85.2%            | 6.3%                  | 6.8%                 |
| Reading or literacy skills services                 | 62.5%            | 11.4%                 | 15.4%                |
| Academic remediation services (Adult Ed and/or GED) | 80.1%            | 4.0%                  | 4.7%                 |
| Job search assistance                               | 89.8%            | 2.3%                  | 2.5%                 |
| Job placement services                              | 85.8%            | 5.1%                  | 5.6%                 |
| Supported employment services                       | 75.0%            | 9.1%                  | 10.8%                |
| On-the-job support services                         | 80.1%            | 6.3%                  | 7.2%                 |
| Post-employment services                            | 67.0%            | 10.8%                 | 13.9%                |
| Job retention services                              | 73.3%            | 7.4%                  | 9.2%                 |
| <i>Self-employment/small business services</i>      | <i>56.3%</i>     | <i>14.2%</i>          | <i>20.2%</i>         |
| Transition services for youth with disabilities     | 74.4%            | 4.5%                  | 5.8%                 |

Table 2: Employment Services: Sufficiency

|                                                     | <b>Sufficient</b> | <b>Insufficient</b> | <b>Adj. Insuff.</b> |
|-----------------------------------------------------|-------------------|---------------------|---------------------|
| Career or vocational counseling services            | 55.7%             | 25.0%               | 31.0%               |
| Vocational assessment services                      | 46.0%             | 29.0%               | 38.6%               |
| Vocational training programs                        | 42.0%             | 33.0%               | 43.9%               |
| Reading or literacy skills services                 | 35.2%             | 27.3%               | 43.6%               |
| Academic remediation services (Adult Ed and/or GED) | 51.1%             | 25.0%               | 32.8%               |
| Job search assistance                               | 55.1%             | 25.6%               | 31.7%               |
| Job placement services                              | 44.9%             | 31.8%               | 41.5%               |
| Supported employment services                       | 37.5%             | 29.0%               | 43.6%               |

|                                                 | <b>Sufficient</b> | <b>Insufficient</b> | <b>Adj. Insuff.</b> |
|-------------------------------------------------|-------------------|---------------------|---------------------|
| On-the-job support services                     | 39.2%             | 33.0%               | 45.7%               |
| Post-employment services                        | 40.3%             | 23.3%               | 36.6%               |
| Job retention services                          | 38.6%             | 30.1%               | 43.8%               |
| Self-employment/small business services         | 20.5%             | 26.7%               | 56.6%               |
| Transition services for youth with disabilities | 46.6%             | 26.1%               | 35.9%               |

Table 3: Employment Services: Risk Rate

|                                                     | <b>Valid Number</b> | <b>Percent</b> |
|-----------------------------------------------------|---------------------|----------------|
| Career or vocational counseling services            | 152                 | 8.6%           |
| Vocational assessment services                      | 146                 | 13.0%          |
| Vocational training programs                        | 153                 | 15.0%          |
| Reading or literacy skills services                 | 124                 | 22.6%          |
| Academic remediation services (Adult Ed and/or GED) | 141                 | 11.3%          |
| Job search assistance                               | 152                 | 9.2%           |
| Job placement services                              | 150                 | 14.0%          |
| Supported employment services                       | 135                 | 19.3%          |
| On-the-job support services                         | 141                 | 13.5%          |
| Post-employment services                            | 127                 | 18.9%          |
| Job retention services                              | 133                 | 15.8%          |
| Self-employment/small business services             | 114                 | 36.8%          |
| Transition services for youth with disabilities     | 133                 | 11.3%          |

### **General Services**

Of 10 general services, eight were identified as unavailable or insufficient, the top six services were: *affordable childcare* (76.8%), *affordable accessible housing* (76.3%), *adult day care services* (64.1%), *affordable legal services* (63.8%), *accessible non-public transportation* (56.5%) and *accessible public transportation* (54.1%). Careful interpretation is necessary for services with a low number of valid respondents (N < 106 or < 60%). For better understanding, service types with a low valid number of survey respondents (N < 106 or < 60%) are *italicized*. in the Risk Rate tables below. It is recommended that audience not overgeneralize the risk rates of the *italicized* services.

Table 4: General Services: Availability

|                                      | <b>Availability</b> | <b>Unavailability</b> | <b>Adj. Unavail.</b> |
|--------------------------------------|---------------------|-----------------------|----------------------|
| Accessible public transportation     | 55.7%               | 33.0%                 | 37.2%                |
| Accessible non-public transportation | 39.8%               | 31.8%                 | 44.4%                |
| Affordable accessible housing        | 30.7%               | 38.1%                 | 55.4%                |
| Affordable child care                | 24.4%               | 36.9%                 | 60.2%                |
| Affordable medical services          | 45.5%               | 30.1%                 | 39.8%                |
| Affordable mental health services    | 48.3%               | 31.8%                 | 39.7%                |
| Adult day care services              | 27.8%               | 29.5%                 | 51.5%                |
| Affordable legal services            | 27.8%               | 31.3%                 | 52.9%                |
| College and/or University            | 70.5%               | 14.2%                 | 16.8%                |
| Temporary disaster relief            | 21.6%               | 21.6%                 | 50.0%                |

Table 5: General Services: Sufficiency

|                                      | <b>Sufficient</b> | <b>Insufficient</b> | <b>Adj. Insuff.</b> |
|--------------------------------------|-------------------|---------------------|---------------------|
| Accessible public transportation     | 27.3%             | 29.5%               | 52.0%               |
| Accessible non-public transportation | 14.2%             | 30.1%               | 67.9%               |
| Affordable accessible housing        | 7.4%              | 25.6%               | 77.6%               |
| Affordable child care                | 7.4%              | 27.8%               | 79.0%               |
| Affordable medical services          | 21.6%             | 36.9%               | 63.1%               |
| Affordable mental health services    | 21.6%             | 34.1%               | 61.2%               |
| Adult day care services              | 8.5%              | 29.0%               | 77.3%               |
| Affordable legal services            | 9.7%              | 28.4%               | 74.6%               |
| College and/or University            | 44.9%             | 26.7%               | 37.3%               |
| Temporary disaster relief            | 11.4%             | 28.4%               | 71.4%               |

Table 6: General Services: Risk Rate

|                                      | <b>Valid Number</b> | <b>Percent</b> |
|--------------------------------------|---------------------|----------------|
| Accessible public transportation     | 146                 | 54.1%          |
| Accessible non-public transportation | 115                 | 56.5%          |
| Affordable accessible housing        | 114                 | 76.3%          |
| <i>Affordable child care</i>         | <i>99</i>           | <i>76.8%</i>   |
| Affordable medical services          | 126                 | 48.4%          |
| Affordable mental health services    | 132                 | 52.3%          |
| <i>Adult day care services</i>       | <i>92</i>           | <i>64.1%</i>   |
| <i>Affordable legal services</i>     | <i>94</i>           | <i>63.8%</i>   |
| College and/or University            | 137                 | 21.2%          |
| <i>Temporary disaster relief</i>     | <i>71</i>           | <i>54.9%</i>   |

### ***Independent Living Services***

The top five independent living services indicated as unavailable or insufficient were: assistance with finding affordable and accessible housing (41.2%), *locating recreation programs* (30.2%), *assistance to move out of a nursing home or group home to the community* (27.9%), assistance with accessing transportation (27.4%), and *help with community, work and home access to buildings/facilities* (21.2%).

Table 7: Independent Living Services: Availability

|                                                                         | <b>Availability</b> | <b>Unavailability</b> | <b>Adj. Unavail.</b> |
|-------------------------------------------------------------------------|---------------------|-----------------------|----------------------|
| Disability advocacy and/or referral to resources                        | 76.7%               | 4.0%                  | 4.9%                 |
| Advocacy assistance                                                     | 72.2%               | 5.1%                  | 6.6%                 |
| Independent living skills training                                      | 69.9%               | 6.3%                  | 8.2%                 |
| Connecting to other people with disabilities                            | 60.2%               | 6.8%                  | 10.2%                |
| Assistance to move out of a nursing home or group home to the community | 34.1%               | 10.2%                 | 23.1%                |
| Supports to transition from school to adult life                        | 67.6%               | 5.7%                  | 7.8%                 |
| Assistance with accessing benefits                                      | 70.5%               | 5.7%                  | 7.5%                 |
| Assistance with accessing transportation                                | 65.3%               | 11.9%                 | 15.4%                |
| Assistance with locating recreation programs                            | 46.6%               | 13.1%                 | 21.9%                |

|                                                                    | Availability | Unavailability | Adj. Unavail. |
|--------------------------------------------------------------------|--------------|----------------|---------------|
| Assistance with find affordable and accessible housing             | 59.1%        | 15.3%          | 20.6%         |
| Help with community, work, and home access to buildings/facilities | 51.7%        | 10.8%          | 17.3%         |

Table 8: Independent Living Services: Sufficiency

|                                                                         | Sufficient | Insufficient | Adj. Insuff. |
|-------------------------------------------------------------------------|------------|--------------|--------------|
| Disability advocacy and/or referral to resources                        | 46.6%      | 24.4%        | 34.4%        |
| Advocacy assistance                                                     | 44.3%      | 22.2%        | 33.3%        |
| Independent living skills training                                      | 38.1%      | 25.6%        | 40.2%        |
| Connecting to other people with disabilities                            | 31.3%      | 26.1%        | 45.5%        |
| Assistance to move out of a nursing home or group home to the community | 18.8%      | 21.0%        | 52.9%        |
| Supports to transition from school to adult life                        | 33.0%      | 29.0%        | 46.8%        |
| Assistance with accessing benefits                                      | 41.5%      | 25.0%        | 37.6%        |
| Assistance with accessing transportation                                | 29.0%      | 27.3%        | 48.5%        |
| Assistance with locating recreation programs                            | 21.6%      | 25.0%        | 53.7%        |
| Assistance with find affordable and accessible housing                  | 15.3%      | 26.7%        | 63.5%        |
| Help with community, work, and home access to buildings/facilities      | 24.4%      | 25.6%        | 51.1%        |

Table 9: Independent Living Services: Risk Rate

|                                                                         | Valid Number | Percent |
|-------------------------------------------------------------------------|--------------|---------|
| Disability advocacy and/or referral to resources                        | 130          | 8.5%    |
| Advocacy assistance                                                     | 124          | 11.3%   |
| Independent living skills training                                      | 123          | 13.8%   |
| Connecting to other people with disabilities                            | 110          | 15.5%   |
| Assistance to move out of a nursing home or group home to the community | 68           | 27.9%   |
| Supports to transition from school to adult life                        | 118          | 14.4%   |
| Assistance with accessing benefits                                      | 120          | 10.0%   |
| Assistance with accessing transportation                                | 124          | 27.4%   |
| Assistance with locating recreation programs                            | 96           | 30.2%   |
| Assistance with find affordable and accessible housing                  | 114          | 41.2%   |
| Help with community, work, and home access to buildings/facilities      | 99           | 21.2%   |

### Other Services

Agency staff were also asked to indicate their perceived availability and sufficiency on culturally relevant services, rehabilitation technology services, and services for individuals with blindness. The top three services that all staff members perceived as needed were related to technology relevant services: training in assistive technology use on the job (52.3%), *repair services for wheelchair and other accommodations* (51.1%), and *assistive technology evaluations* (44.0%). Other services with more than 35% of risk rate were: English as a second language education programs (38.4%), *adapted daily living skills training* (37.0%), and assistive technology support services (36.7%), and language translators (35.9%).



Table 10: Other Services: Availability

|                                                         | <b>Available</b> | <b>Unavailable</b> | <b>Adj. Unavail.</b> |
|---------------------------------------------------------|------------------|--------------------|----------------------|
| Language translators                                    | 47.2%            | 25.6%              | 35.2%                |
| English as a second language education programs         | 46.6%            | 24.4%              | 34.4%                |
| Sign language interpreters                              | 51.1%            | 17.6%              | 25.6%                |
| Assistive technology support services                   | 46.6%            | 23.9%              | 33.9%                |
| Assistive technology evaluations                        | 34.1%            | 24.4%              | 41.7%                |
| Training in assistive technology use on the job         | 33.0%            | 32.4%              | 49.6%                |
| Repair services for wheelchair and other accommodations | 28.4%            | 25.0%              | 46.8%                |
| Low vision clinics and services                         | 34.1%            | 14.8%              | 30.2%                |
| Orientation and mobility training                       | 32.4%            | 15.9%              | 32.9%                |
| Adapted daily living skills training                    | 32.4%            | 17.0%              | 34.5%                |

Table 11: Other Services: Sufficiency

|                                                         | <b>Sufficient</b> | <b>Insufficient</b> | <b>Adj. Insuff.</b> |
|---------------------------------------------------------|-------------------|---------------------|---------------------|
| Language translators                                    | 20.5%             | 25.1%               | 55.1%               |
| English as a second language education programs         | 17.1%             | 24.0%               | 58.3%               |
| Sign language interpreters                              | 29.6%             | 0.7%                | 2.4%                |
| Assistive technology support services                   | 29.0%             | 29.5%               | 50.5%               |
| Assistive technology evaluations                        | 25.0%             | 25.0%               | 50.0%               |
| Training in assistive technology use on the job         | 17.0%             | 36.9%               | 68.4%               |
| Repair services for wheelchair and other accommodations | 17.6%             | 27.8%               | 61.3%               |
| Low vision clinics and services                         | 24.4%             | 20.5%               | 45.6%               |
| Orientation and mobility training                       | 23.3%             | 19.9%               | 46.1%               |
| Adapted daily living skills training                    | 22.7%             | 18.2%               | 44.4%               |

Table 12: Other Services: Risk Rate

|                                                                | <b>Valid Number</b> | <b>Percent</b> |
|----------------------------------------------------------------|---------------------|----------------|
| Language translators                                           | 117                 | 35.9%          |
| English as a second language education programs                | 112                 | 38.4%          |
| Sign language interpreters                                     | 110                 | 31.8%          |
| Assistive technology support services                          | 120                 | 36.7%          |
| <i>Assistive technology evaluations</i>                        | <i>100</i>          | <i>44.0%</i>   |
| Training in assistive technology use on the job                | 109                 | 52.3%          |
| <i>Repair services for wheelchair and other accommodations</i> | <i>90</i>           | <i>51.1%</i>   |
| <i>Low vision clinics and services</i>                         | <i>80</i>           | <i>31.3%</i>   |
| <i>Orientation and mobility training</i>                       | <i>81</i>           | <i>34.6%</i>   |
| <i>Adapted daily living skills training</i>                    | <i>81</i>           | <i>37.0%</i>   |

### ***Mental Health Services***

CMH staff members were specifically asked to rate whether the eight core services for those with mental illness were available and/or sufficient in their service area. As displayed, survey respondents (Total N=18) perceived community inpatient services (41.2%), assertive community

treatment (33.3%), and daytime supports and services (26.7%) for individuals with mental health as relatively less available or sufficient.

Table 13: Mental Health Services: Risk Rate

|                                     | <b>Valid Number</b> | <b>Percent</b> |
|-------------------------------------|---------------------|----------------|
| Community Inpatient Services        | 17                  | 41.2%          |
| Crisis Services                     | 16                  | 12.5%          |
| Outpatient Services                 | 17                  | 5.9%           |
| Assertive Community Treatment (ACT) | 12                  | 33.3%          |
| Case Management                     | 16                  | 6.3%           |
| Supports for Living                 | 16                  | 18.8%          |
| Daytime Supports and Services       | 15                  | 26.7%          |
| Substance Use Services              | 13                  | 15.4%          |

### **Summary**

Despite notable within-category variations, the following table shows the average indicators of each category. It appeared that agency staff perceived employment and IL services were more available with lower risk rates, compared to other two categories. While the category of other services shows the lowest average valid number of survey respondents (i.e., a high unsure or skipped answers), the highest risk rate was found in the category of general services (56.8%).

Table 14: Average Availability by Services

|                     | <b>Availability</b> | <b>Unavailability</b> | <b>Adj. Unavail.</b> |
|---------------------|---------------------|-----------------------|----------------------|
| Employment Services | 76.8%               | 6.9%                  | 8.6%                 |
| General Services    | 39.2%               | 29.8%                 | 44.8%                |
| IL Services         | 61.3%               | 8.6%                  | 13.0%                |
| Other Services      | 38.6%               | 22.1%                 | 36.5%                |
| All Services        | 55.7%               | 16.0%                 | 24.3%                |

Table 15: Average Sufficiency by Services

|                     | <b>Sufficient</b> | <b>Insufficient</b> | <b>Adj. Insuff.</b> |
|---------------------|-------------------|---------------------|---------------------|
| Employment Services | 42.5%             | 28.1%               | 40.4%               |
| General Services    | 17.4%             | 29.7%               | 66.1%               |
| IL Services         | 31.3%             | 25.3%               | 46.1%               |
| Other Services      | 22.6%             | 22.8%               | 48.2%               |
| All Services        | 29.5%             | 26.5%               | 49.5%               |

Table 16: Average Risk Rate by Services

|                     | <b>Valid Number</b> | <b>Percent</b> |
|---------------------|---------------------|----------------|
| Employment Services | 139                 | 16.1%          |
| General Services    | 113                 | 56.8%          |
| IL Services         | 111                 | 20.1%          |
| Other Services      | 100                 | 39.3%          |
| All Services        | 117                 | 31.6%          |

In summary, listed below are services with a high risk rate (>50.0%). Note that services with a low valid number of survey respondents (N < 106 or < 60%) are *italicized*. Consistent with the



results above, service agency staff perceived that IWD would need and benefit from provision of a variety of general services.

- *General - Affordable childcare (76.8%)*
- *General - Affordable accessible housing (76.3%)*
- *General - Adult day care services (64.1%)*
- *General - Affordable legal services (63.8%)*
- *General - Accessible non-public transportation (56.5%)*
- *General - Temporary disaster relief (54.9%)*
- *General - Accessible public transportation (54.1%)*
- *General - Affordable mental health services (52.3%)*
- *Other - Training in assistive technology (52.3%)*
- *Other - Repair services for wheelchair and other accommodations (51.1%)*

### **Key Findings in Community Rehabilitation Organizations (CROs)**

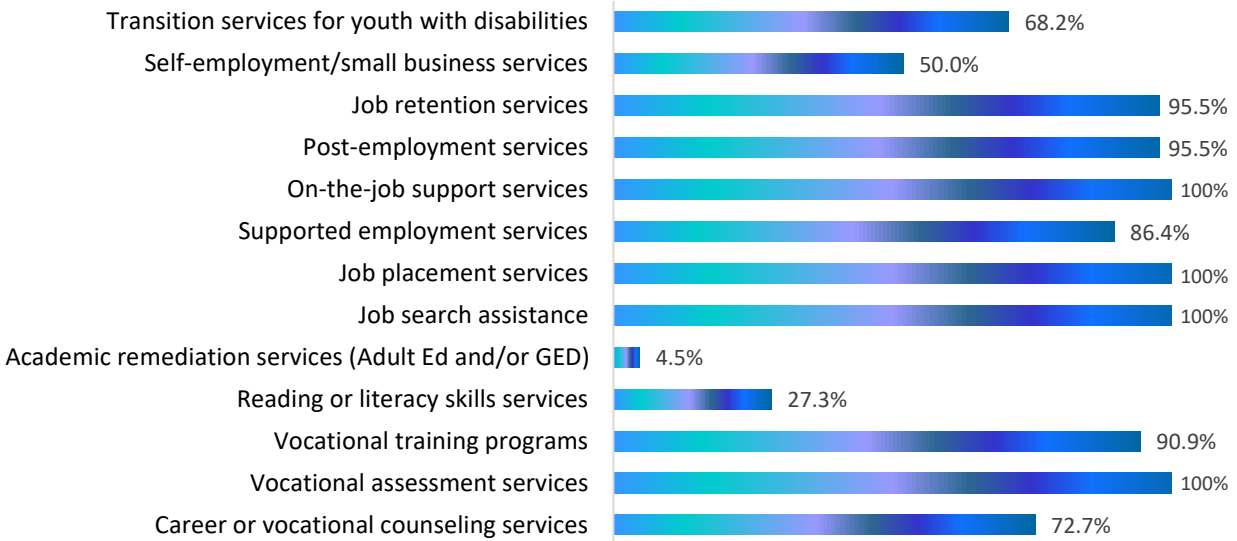
Of 55 Incompass-Michigan members (an organization for community rehabilitation service agencies in Michigan) invited to complete the CSNA survey, 15 participated in the survey. The data missing in the majority of the surveys were organization specific questions. Therefore, it is difficult to accurately 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, job search assistance, on-the- job supports, vocational assessment, job retention, post-employment, vocational training, and supported employment services. Over half of CROs also provide career or vocational counseling and transition services.

In addition to employment services, the CROs reported providing cultural, assistive technology and blind services. The cultural services they reported included sign language interpreters (31.8%), language translators (22.7%) and English as a second language education programs (13.6%). The assistive technology services the CROs reported include the following: training in assistive technology use on the job (31.8%), assistive technology support services and evaluations (22.7%) and repair services for wheelchair and other accommodations (9.1%). The blind services were related to adapted daily living skills training (27.3%), orientation and mobility training (18.2%) and low vision clinics and services (13.6%).

Figure 1: Services Provided by the CROs



***Service Needs for Individuals with Disabilities***

The CROs were asked to rate a list of 13 employment services to determine if respondents felt the services were available or unavailable. The top three unavailable employment services were: self-employment/small business (37.5%), post-employment services (21.4%), and reading or literacy skills services (14.3%).

Table 17: Service Needs for Individuals with Disabilities

|                                                     | Valid Number | Percent of Unavailability |
|-----------------------------------------------------|--------------|---------------------------|
| Career or vocational counseling services            | 13           | 0.0%                      |
| Vocational assessment services                      | 12           | 0.0%                      |
| Vocational training programs                        | 12           | 0.0%                      |
| Reading or literacy skills services                 | 7            | 14.3%                     |
| Academic remediation services (Adult Ed and/or GED) | 9            | 11.1%                     |
| Job search assistance                               | 13           | 0.0%                      |
| Job placement services                              | 13           | 0.0%                      |
| Supported employment services                       | 14           | 7.1%                      |
| On-the-job support services                         | 14           | 7.1%                      |
| Post-employment services                            | 14           | 21.4%                     |
| Job retention services                              | 13           | 7.7%                      |
| Self-employment/small business services             | 8            | 37.5%                     |
| Transition services for youth with disabilities     | 12           | 8.3%                      |

Compared to employment services, the respondents appeared to less aware of other types of services in terms of the availability in their service areas. Excluding services with a small valid number of participants (i.e., < 7.5), most IL services were considered less available. Among them, many CRO indicated the following IL services as unavailable: relocation from institutions to community-based living (81.8%), connecting to other people with disabilities (75.0%), and assistance with accessing benefits (72.7%). Similarly, CRO directors also indicated a high need

of general services for individuals with disabilities, especially, non-public (75.0%) or public (70.0%) transportation, and mental health services (60.0%).

Table 18: IL Services

|                                                                 | <b>Valid Number</b> | <b>Percent of Unavailability</b> |
|-----------------------------------------------------------------|---------------------|----------------------------------|
| Independent living skills training                              | 13                  | 61.5%                            |
| Assistance with finding affordable accessible housing           | 11                  | 63.6%                            |
| Assistance with accessing benefits                              | 11                  | 72.7%                            |
| Assistance with accessing transportation                        | 8                   | 62.5%                            |
| Connecting to other people with disabilities                    | 8                   | 75.0%                            |
| Advocacy assistance                                             | 8                   | 50.0%                            |
| Relocation from institutions to community-based living          | 11                  | 81.8%                            |
| <i>Disability advocacy and referral</i>                         | 7                   | 100.0%                           |
| <i>Assistance with locating recreation programs</i>             | 7                   | 71.4%                            |
| <i>School to work transition</i>                                | 3                   | 100.0%                           |
| <i>Community, work, and home access to buildings/facilities</i> | 5                   | 80.0%                            |

Table 19: General Services

|                                      | <b>Valid Number</b> | <b>Percent of Unavailability</b> |
|--------------------------------------|---------------------|----------------------------------|
| Accessible public transportation     | 10                  | 70.0%                            |
| Accessible non-public transportation | 8                   | 75.0%                            |
| <i>Affordable accessible housing</i> | 3                   | 100.0%                           |
| <i>Affordable child care</i>         | 3                   | 100.0%                           |
| Affordable medical services          | 10                  | 50.0%                            |
| Affordable mental health services    | 10                  | 60.0%                            |
| <i>Adult day care services</i>       | 7                   | 57.1%                            |
| <i>Affordable legal services</i>     | 6                   | 66.7%                            |
| College and/or University            | 10                  | 50.0%                            |
| <i>Temporary disaster relief</i>     | 2                   | 100.0%                           |

Other services the CROs were asked to rate were in the categories of cultural, assistive technology, and blind services. All services for those with blindness were rated high as unavailable: low vision clinics and services (62.5%), and orientation and mobility training (57.1%). In addition, the findings implied need for English as a second language education programs (50.0%) and assistive technology support services (50.0%) for those with disabilities.

Table 20: Cultural Services

|                                                 | <b>Valid Number</b> | <b>Percent of Unavailability</b> |
|-------------------------------------------------|---------------------|----------------------------------|
| Language translators                            | 11                  | 27.3%                            |
| English as a second language education programs | 8                   | 50.0%                            |
| Sign language interpreters                      | 12                  | 16.7%                            |

Table 21: Services for Blind Persons

|                                          | Valid Number | Percent of Unavailability |
|------------------------------------------|--------------|---------------------------|
| Low vision clinics and services          | 8            | 62.5%                     |
| <i>Orientation and mobility training</i> | 7            | 57.1%                     |
| Adapted daily living skills training     | 8            | 50.0%                     |

Table 22: Rehabilitation Tech Services

|                                                                | Valid Number | Percent of Unavailability |
|----------------------------------------------------------------|--------------|---------------------------|
| Assistive technology support services                          | 8            | 50.0%                     |
| Assistive technology evaluations                               | 9            | 44.4%                     |
| Training in assistive technology use on the job                | 9            | 44.4%                     |
| <i>Repair services for wheelchair and other accommodations</i> | 7            | 71.4%                     |

Ten CRO directors also provided several underserved groups and discussed their needs, issues, or challenges. At first, five respondents raised issues for individuals with developmental or intellectual disabilities. For successful employment outcomes, this population would need a variety of training (e.g., *self-advocacy, skill building training, IL skills*). Day programs specifically suggested as an effective strategy for those with severe disabilities who cannot work. Four survey participants talked about general needs (e.g., *affordable housing, transportation, employment*) of individuals with disabilities as a group. Two CRO directors saw benefits planning services necessary and effective.

Students and youth with disabilities were mentioned by four participants, especially stressing an importance of providing quality transition programs through interagency collaboration with adult service agencies (e.g., *include adult agencies into graduation strategies*). In relation to Covid-19, a person suggested to provide trauma therapies (e.g., *art therapy, yoga and mindfulness*) and supports to youth with disabilities. Individuals with mental illness was another group stated by four people. Lack of employment and emergency services and other general needs (e.g., *affordable housing, access to health care*) was primarily discussed. Again, one person suggested benefit planning counseling as an effective strategy for those with employment goals. In addition to the four groups mentioned, concerns about deaf population, those with mobility barriers, people in poverty and refugees with disabilities were provided. Despite different groups, their needs (e.g., *lack of services/training, housing, transportation*) were somewhat similar to those aforementioned.

### Key Findings from Qualitative Data

Agency staff were asked to provide a maximum of three groups of individuals with disabilities they perceived as not receiving the services they need, their service needs, and any strategies or service delivery methods found to be effective. Using a total of 180 comments provided by 82 agency staff who participated in the survey and provided any comments to the open-ended questions, this section reports the qualitative analysis results regarding populations of Michigan residents with disabilities who they believed to be unserved or underserved. Also presented are challenges or issues the staff members encountered in the service of such groups and strategies to

improve vocational rehabilitation and independent living outcomes. Each comment was analyzed by two independent reviewers who discussed, identified, and consented on 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 further understand each theme, example comments were added, *in verbatim*, with the affiliation of the staff who provided the comment identified in parenthesis.

## **Cultural Minorities**

A total of 37 comments identified cultural minorities (e.g., people of color, immigrants, refugees, non-native English speakers) as an underserved group in Michigan. Subgroups included African Americans, Native Americans, Hispanics, and people of Middle Eastern descent. Qualitative analysis of the survey revealed five common issues or needs relevant to these cultural minority populations.

### ***Lack of Culturally Sensitive Services***

A number of survey respondents identified culture-specific needs and issues for individuals speaking in other languages than English, migrants, refugees, etc. The main themes include: consumers' limited access to services due to language barriers, need to have documents in different languages, need for hiring bilingual staff, and lack of translators/interpreters in the service area. The following quotes exemplify this theme:

- *... those who are referred to Michigan Works programs not only have difficulty reading their paperwork, but we lack interpreter services in our area (WDA)*
- *Unable to speak with transition student families who only speak Spanish (MRS)*
- *Not enough Case Managers/Clinicians that speak the language of need (CMH)*
- *Provide more translators for migrants in our area (WDA)*
- *Lack of bilingual staff and services (DN)*

### ***Distrust of Government Agencies***

In continuation of the previous theme, agency staff also saw lack of trust of governmental agencies observed among the immigrants and refugees as a culprit for their limited access to the state/federal human service programs and a challenge in building trust with customers. Examples are as follows:

- *We have been trying to work with the cultural center, but too much distrust of government still exists, especially because staff do not speak Spanish (MRS)*
- *Population not comfortable seeking gov't services (MRS)*
- *Lack of trust of government (MRS)*
- *Building trust (MRS)*

In addition, a few of staff perceived their immigrant status (e.g., *work status, visa status, citizenship*) as a barrier to having a job.

### ***Lack of Resources***

The number of staff respondents indicated that the primary reason for limited access to services and even employment outcome was related to lack of resources (among individuals with disabilities/their family or in the service agencies), such as transportation (public or non-public), affordable housing, medical/mental health care, and day-care. This theme was addressed for all cultural minorities with disabilities, including African American, Hispanics, and immigrants/refugees. Examples of comments that capture these subthemes are as follows:

- *Do not have access due to transportation (MRS); No access to public transportation (WDA)*
- *Affordable housing (MRS); Housing segregation (DN)*
- *Assistance with daycare (MRS)*
- *Health care (MRS); Insurance (CMH); Addiction and substance abuse (WDA); Mental health (WDA)*

### ***Lack of Awareness of Services and Outreach/Marketing/Funding***

A couple of staff indicated that most of this target population was not aware of services available in their community (e.g., *Little to no information in their communities*) and tendency to remain in their own cultural community (e.g., *Do not come to MRS, tend to stay within culture*). In the same aspect, staff discussed some challenges they experienced at the agency level in reaching out and providing quality services to cultural minorities: lack of marketing and outreach, lack of budget/funding, and lack of programs. A couple of staff stated that their program did not serve all racial groups (e.g., *Primarily serving Caucasian*). Comments reflected need for better marketing and outreach efforts done at the agency level (e.g., *Where we can connect with the Hispanic population*). In addition, a couple of staff raised lack of funding (e.g., *NOT ENOUGH RESOURCE DOLLARS; access to funding*) for programs/services designated for this target population.

### ***Culturally Incompetent Staff***

Three respondents pointed out issues related public attitudes (including agency staff, employers; e.g., *stigma*) toward a specific cultural groups (e.g., African American, ethnic minorities) and lack of knowledge about each culture (e.g., *Cultural differences about disability identity ... staff with rigid views of independence based on White culture/norms*), which implies for extension of staff training on multiculturalism.

### ***Others***

Two respondents indicated additional need of cultural minorities, especially for those residing in rural areas/reservations (e.g., *Remote Locations; Office located far away from people of color*). One staff mentioned lack of jobs available for this target group as a barrier.

Strategies to address the aforementioned issues include provision of culturally sensitive services (e.g., documents in different languages, extended interpreter/translator services, hiring bilingual

staff), more targeted services and programs (e.g., *in-person counseling, crisis counseling, funding for services*), strategies to improved access (e.g., *Open transportation routes outside of metro Detroit*), interagency collaboration, and outreach. Specific comments that capture these themes follows:

- *Forms written in Spanish* (WDA)
- *More and better interpreter services* (WDA)
- *Google translate, seeking other employees to facilitate communication, etc.* (DN)
- *Utilizing school staff who are dual-language speakers* (English/Spanish) (MRS)
- *In the process of hiring a rehabilitation coordinator to service this population* (DN)
- *Small group meetings and one on ones with parent and touring of services areas* (DN)
- *Hiring someone from this population to bring that gap down* (MRS)
- *Possible dial-in numbers for services explanation in their own languages and distribute the numbers* (WDA)
- *In-person counseling with VR counselor* (MRS)
- *Connecting to resources during crisis situations* (CMH)
- *Increase programming and funding aimed at target groups* (DN)
- *Open transportation routes outside of metro Detroit (smaller cities)* (WDA)
- *Paying the Hispanic-American Council to provide this service and travel costs* (MRS)
- *Outreach MI Works partnerships and referral sources* (MRS)

### **Individuals with Mental Illness**

A total of 30 comments indicated that individuals with mental health issues (e.g., anxiety) were underserved in Michigan. Qualitative analysis of the survey responses identified four primary issues or needs relevant to this target population.

#### ***Lack of or Inadequate Access to Mental Health Services***

A number of survey respondents endorsed a significant lack of access to affordable and quality CMH services (e.g., hospital beds & hospital staff, general mental health services or treatments, case management, support group) in their service area. The following are staff comments in reference to this theme:

- *We have had a string of things happen in our community and some were suffering from mental illness. Services are either unavailable or there is such a wait list, it isn't helpful for those suffering right now.* (WDA)
- *Lack of free and effective mental health treatment* (MRS)
- *Accessing services... complication on getting benefits* (DN)
- *Not enough beds and or staff to cover beds* (CMH)
- *Case management* (DN)

#### ***Lack of Resources***

Consistent to other un/underserved groups, several survey respondents mentioned lack of resources (e.g., affordable housing, accessible transportation) for Michigan residents with mental illness. This should be considered a systemic issue (e.g., a barrier to access to mental health services) as well as an issue at the individual level (e.g., limited community integration). Examples of the actual comments are as follows:

- *Lack of access to... housing, and accessible transportation* (MRS)
- *Affordable Housing Options are very limited in the service area.* (CMH)
- *Accessible Transportation* (CMH)
- *Transportation for treatment and/or work* (CMH)
- *We have worked with shelters and CMH providers, however coordinating housing/tx/transportation almost never pans out to be able to get someone to a job.* (MRS)
- *We assist with MIBRIDGES but time consuming.* (WDA)

### ***Public Attitude and Lack of Knowledge***

As widely known, lack of awareness, perception, and a fear of people with mental illness can create stigma, and public stigma acts a barrier to many aspects of their lives. For example, employers' limited knowledge about mental illness and negative attitudes will be directly related to their employment or retention outcomes. Furthermore, a respondent mentioned there was insufficient training available for agency staff who are not able to handle certain difficult situations. This implies a lack of knowledge and training for staff would be an area to be improved in working with this population. Comments on this theme are as follows:

- *Stigma, lack of awareness and understanding* (MRS)
- *Insufficient training of staff to handle these situations* (CMH)
- *Employers do not understand condition, how to safety plan/respond, will not consider individual for employment or will not retain employee after an episode.* (MRS)

### ***Specific Aspects of Individuals with Mental Illness***

Four participants mentioned some issues related to individuals with mental illness, specifically in terms of help seeking behaviors, disability disclosure, and disability symptoms, which might also come from public and self-stigma about mental illness. Comments on this theme are as follows:

- *Customer refusal to seek and receive necessary treatment* (MRS)
- *Often goes undiagnosed or treated* (WDA)
- *They do not readily come forward for help* (MRS)
- *Has problems with nervousness and tearfulness* (MRS)

### ***Others***

Two staff members pointed out lack of “*funding*” in relation to lack of services or programs for the target population. A staff member answered with “*no place for them to work*” (WDA) as a need for this target group.



Listed below are several effective strategies and recommendations addressed by staff members. At first, several agency staff reported that individuals with mental illness benefit most from extended services or training (e.g., *more training; trainings, presentations to identify persons in need; implement support groups strictly for psychiatric disabilities*). To provide individuals with mental illness with extended services or training, three staff pointed out issues of funding (e.g., *increase programming and funding aimed at target groups; increased funding*) and staffing (e.g., *more case managers*).

In addition to direct services or training related to mental illness, several respondents suggested strategies to improve one's basic need, such as transportation and affordable housing, and they are as follows:

- *Applying for all available options and diligent follow through by both the individual and CMH staff (CMH)*
- *We look for alternative crisis placements or crisis plans and wait for a bed to become available. (CMH)*
- *More community housing programs (CMH)*
- *Board representation (CMH staff and consumer) on Local Transportation Agency (CMH)*
- *Affordable transportation and more of it (CMH)*
- *I would have to change the transportation model to find something effective. (MRS)*
- *Reliable community transportation service programs, car repair programs (CMH)*

The issue of limited resources available for the target population can be partially resolved through partnerships or collaboration with experts from other agencies and business personnel (e.g., CMH, local charities, clinicians, employers, advocates). Below are relevant comments.

- *Referrals to local charities*
- *Reaching out through CMH and other mental health providers*
- *Need more dialogue with employers about hiring individuals with disabilities and having an interactive accommodation process*
- *Connections with clinicians*
- *Requirement for customers to follow mental health recommendations when working with MRS*
- *Attempt to partner with advocate*

In addition, a MRS staff suggested creating *campaigns to address stigma associated with mental illness* and more jobs targeting to this group of individuals.

### **Students and Transition Youth with Disabilities**

Thirty comments presented needs or challenges of students and transition youth of disabilities. Under the umbrella of this age group (younger than 26 years), some respondents also provided additional challenges in combination of other characteristics or situations, such as race/ethnicity (e.g., African American students), socioeconomic status (e.g., students in poverty), specific types of disabilities (e.g., young adults with intellectual disabilities), geographic location (e.g., living in rural areas or Detroit), etc. Although three primary themes emerged, the respondents were

more likely to provide multiple issues for this target population, which makes sense considering their developmental stage. Overall, the following comment provided by a Michigan Works! staff might summarize the areas of transition services: *They need everything, access to affordable housing, access to scholarships/funding for college or any post-secondary training, access to affordable health care and mental health treatment including medication management, access to recreational activities, possible child care, possible access to appropriate disability services.*

### ***Lack of or Limited Access to Transition Services***

This theme consists of comments suggesting there is limited access to transition services, such as accessible mental health services and employment services for student and youth populations with disability. While several staff pointed out lack of transportation, a couple of people saw having driver's training/license as essential for this population. Examples of comments that capture this theme are the following:

- *Appears that there isn't sufficient information provided to them and their families regarding employment services available at transition and in early adulthood (CMH)*
- *Lack of accessible mental health services (WDA)*
- *Availability of mental health counseling resources that they qualify (not severe enough/lack of providers) (MRS)*
- *Busses are not sufficient and affordable housing is being addressed and is in great need. (WDA)*
- *Driver's Training as essential need to acquire employment after trade training (MRS)*
- *Lack of driver's license (MRS)*

### ***Issues Related to Students/Youth/Family***

This theme consists of comments related to lack of motivation, knowledge (e.g., services, contact people), skills (e.g., IL skills, social skills), and behavioral patterns (e.g., absence of sessions) of students and transition youth with disabilities. Several agency staff members also provided difficulties in working with this population, such as engagement, breaking a pattern of poor choices, and helping some students to obtain educational degree. Examples of comments that capture this theme are the following:

- *Lack of motivation by population, overzealous parents (MRS)*
- *Emotional dysregulation, lack of monitoring (CMH)*
- *Independent Living Skills (MRS)*
- *Interpersonal Communication Skills (MRS)*
- *Not being able to access services because they miss the threshold for services by a point or two (CMH)*
- *Lack of knowledge with who to contact if they are struggling on the job, and need support (MRS)*
- *Difficult to break pattern of poor choices - want a dollar now rather put in effort for ten dollars tomorrow (MRS)*
- *Helping them to obtain GED or HS Diploma (MRS)*
- *Continuing treatment when circumstances change (WDA)*

- *Engagement (MRS)*

### ***Lack of Resources***

As observed in other groups, this theme captures systemic issues, such as lack of affordable housing and housing assistance, lack of transportation, lack of access to resources (e.g., *Lost, not connected to resources*), no affordable childcare, etc.

### ***Others***

A staff member indicated unmet need of having counseling services offered in the evening for students living in a dorm. One respondent perceived there was still limited access to students in his/her service area, and a WDA staff saw transferring from school to assisted living as a challenge. At last, one staff addressed an issue of paperwork for the MRS services as a challenge for this population.

On the question of recommendations and effective strategies, several respondents emphasized the need of developing and providing a variety services and programs (e.g., *help pay for driver's training; financial coaching; Contractual Therapy Services; Personal case management*) to this population. A WDA staff also echoed the need stating that “*Hard population to assist. Need some great people and access to great services.*”

Another common theme recommended was interagency collaboration for this group of individuals. The following comments capture this theme:

- *CMH employment coordinator has increased presence at local ISD to educate stakeholders*
- *Developing stronger relationships with the local school district and collaborating on programming, which includes sharing successes (MRS)*
- *Partnering with local organizations, following up with those groups and the individuals (WDA)*
- *Schools, churches and agencies (MRS)*

Other suggestions included in-person attendance at meetings (e.g., IEP meetings) for their engagement, early involvement in transition services (e.g., *interventions at a young age*), and reduction of MRS paperwork.

### **Homeless and Low Income Individuals/Families**

Fifteen comments identified individuals or families who experience homelessness or live in poverty as a un/underserved population. In actuality, most of the comments were related to basic needs of living, such as affordable housing, temporary housing than shelters, food, transportation, affordable health care, etc. Lack of resources for this target group was a representative theme. Exemplary comments are as follows:

- *Rent assistance (DN)*
- *Need affordable housing (MRS)*

- *Temporary housing other than shelter, specifically for those with mental illness (CMH)*
- *Beds available in shelters. What do we do when they say there is no room in the inn? (WDA)*
- *How to provide immediate need of food for TODAY or at least the week (WDA)*
- *Available and affordable public transportation (WDA)*
- *Accessing medical care... (MRS)*

A couple of the respondents discussed some difficulties in working with homeless and low income individuals: difficulties in following-through with them due to lack of motivation (e.g., *attending appts, follow through, lack of role models/motivation*) or trust (e.g., *no show for appointments/ lack of trust*). A CMH staff mentioned a unique challenge the homeless should face (e.g., *access to where to get documentation to prove who they are*).

For affordable housing for this population, respondents provided the following recommendations:

- *Short-term housing at hotels/motels with wrap around services while working to place them into transition housing (CMH)*
- *Affordable housing for those who are falling between the cracks or organizations to assist with paying for the difference between what the customer can afford and the house rent/payment for certain time period (MRS)*
- *Emergency vouchers from area motels (WDA)*

In addition, staff suggested more resources, flexible schedules, and collaboration with other agencies. The following quotes exemplify these strategies:

- *Food boxes prepared for both cooking families and those who do not have the ability to prepare hot food (WDA)*
- *Flexible schedule for appointments (CMH)*
- *Regain our relationship with our CIL again. It's a huge gap not having the ability to authorize for their services. (MRS)*

### **Individuals with Intellectual and Developmental Disabilities**

Thirteen comments identified individuals with intellectual and developmental disabilities (IDD), including autism, as an underserved population in Michigan. Qualitative analysis of the survey responses revealed three primary themes for this target population.

#### ***Lack of Programs/Services***

A number of agency staff indicated that individuals with IDD might benefit from a variety of services and programs covering all aspects of life (e.g., educational services, customized employment program, social coaching, day program, recreational program). Detailed comments are listed below:

- *Lack of day programs, recreational programs, also supported employment (DN)*
- *No access to educational services, tutoring if not part of public education system (WDA)*

- *No available customized employment programs available (MRS)*
- *Need on-going job coaching/supports on the job (MRS)*
- *Social coaching supports (MRS)*
- *Material read to student and hands on learning (MRS)*

### ***Lack of Support and Knowledge***

Other staff pointed out public attitudes, misunderstanding, and inappropriate support toward individuals with IDD. The following comments reflect this theme.

- *People often don't take the time to help them be as successful as they can be. Pushed to the side. (DN)*
- *Underestimation of skills, overstimulating environments, lack of appropriate support (DN)*
- *Needs space and understanding (MRS)*

### ***Issues at an Individual Level***

A few survey respondents provided difficulties or challenges frequently presented by individuals with IDD (e.g., *socialization, social skills training*), which implies need of additional social skill training. A staff specifically a common issue observed among those with ADHD (e.g., *staying focused and understanding material that is read*).

### ***Others***

As observed in other groups, need for employment and affordable housing was considered an area to be improved.

The following training or education programs were recommended as effective strategies in addressing needs of the IDD community:

- *Material and tests are read and 1:1 training in lab (MRS)*
- *Gave student highlight areas in book as it its read, talk about material as it is read (MRS)*
- *Social skills group (MRS)*
- *Individualized tutoring – difficult with one tutor across two counties (WDA)*

The respondents also provided some advices when working with individuals with IDD, such as “*Be patient, understanding and work with them to identify their goals and need for independence,*” and “*Give space and be open about struggles.*”

### **Returning Citizens**

Nine comments were related to issues of returning citizens with disabilities. Respondents used different labels to identify this population, such as the previously incarcerated, ex-felon, or returning citizens. While the primarily emerged theme was basic physiological need to live in the community, other respondents also discussed sociological issues such as stigma and need at the agency level (e.g., outreach).

### ***Basic Need to Reintegrate into Society***

Comments in this category indicates basic need to live in a community as a citizen, such as housing, employment, transportation and additional financial aid. A few respondents specifically provided concerns about employment. In addition to job search and placement, they would need help with additional barriers, especially employers' attitudes.

- *Locating affordable housing that meets their housing mandates (CMH)*
- *Barriers to employment, housing and re-integration into society (MRS)*
- *Finding job opportunities that are within restrictions but accept someone with charges (MRS)*
- *Felony friendly employers (MRS)*
- *Employment/transportation (MRS)*
- *Even minimal financial aid to get by while getting VR assistance (MRS)*

In addition, a MRS staff commented “*substantial outreach in past, no referrals,*” which indicates need for more outreach and quality interagency collaboration with correctional facilities. Stigma was also raised as a barrier for their adjustment. Two MRS survey respondents provided challenges at a personal level: “*Staying out of trouble*” and “*Difficult to break pattern of poor choices.*”

Quality interagency collaboration, active engagement of employers, and expansion of support programs (e.g., criminal expungement program, in-person counseling) were identified as strategies for this population. Below are the actual comments:

- *Engaging and developing relationships with employers and discussing the benefits of working with this population. Also, coordinating with agencies that do well in this area (MRS)*
- *Referring to local community action agency (MRS)*
- *Expand access to criminal expungement and support business to hire returning citizens (MRS)*
- *In person counseling/public transportation (MRS)*

### **People with Disabilities as a Group**

Seven respondents provided common challenges and needs of individuals with disabilities as a group: affordable housing, transportation (e.g., *Transportation is not readily available for people in rural counties. Uber is limited if at all.*), and lack of training and resources. While a WDA saw poor reading comprehension skills as a barrier, a CMH staff raised an issue of access to services: *The hoops and time frames they need to go thru to access any services or found eligible.* The following suggestions were provided:

- *Support Uber/Lyft drivers to increase transportation options*
- *Busing but not sufficient, affordable housing is being addressed and in great need.*
- *Mandates on true service plans or rehabilitation plans*

## **Individuals with Deafness or Hearing Impairments**

Six respondents identified individuals who are deaf or have hearing impairments as an underserved group. The common need included lack of ASL interpreters (e.g., *Interpreters are hard to hire, limited staff who know these resources, limited staff who know ASL*) and lack of resources for aids. In addition, need for outreach/marketing (e.g., *They may not be aware of us [MRS]; Population not seeking services*) and additional staff training about this population (e.g., *counselors do not know Deaf culture*) was presented.

Consistent to the needs or issues addressed, all recommendations were related to hiring ASL interpreters (e.g., *Hire people from those populations to build that bridge*), training current staff about deaf culture and ASL (e.g., *Train current staff in ASL; Provide training in this culture*), and obtaining more vendors (e.g., *obtain more vendors skilled in this area*).

## **Older Adults with Disabilities**

Six respondents presented needs for the aged with disabilities. Barriers covers somewhat wide range of need in living in the community, such as, home services, transportation, and facilities. One comment specifically pointed out unique need for computer literacy training for this population (e.g., *Lack of computer proficiency which limits access to resources which required online application and navigation*). In addition, two respondents reported limited services available for the aged with disabilities: *Programs outside CMH closed (CMH); Council on Aging does not provide short term care 4 hour minimums (WDA)*.

Respondents provided the following strategies and recommendations for the aged population:

- *Lower age from 62 to 55 (WDA)*
- *Link individuals with CMH when possible (WDA)*
- *Hire caregivers who only spend 1 hour or two each day visiting and checking on seniors (WDA)*

## **Individuals with Blindness or Visual Impairments**

Four agency staff members, not from BSBP, identified individuals with blindness or visual impairments as an underserved population. In addition to commonly mentioned needs (e.g., *employment, lack of local resources*), the following comments representing unique needs for this population are noted: “... *not enough BSBP staff to serve different regions. Not enough CIL/DN staff trained in low vision/blindness skills*” (DN), “*lack of resources/training/education for consumers and staff*” (CMH), and “*recently diagnosed, low vision but not blind need help with IL skills and maintaining mobility*” (MRS). Recommendations included provision of information and referrals and one-on-one interventions, usage of electronic devices for communications, and further interagency collaboration.

## **Veterans with Disabilities**

Four respondents identified veterans with disabilities as an underserved population. While limited access to affordable housing and quality health care emerged as the unmet needs for this population, a few staff highlighted an issue related to Veterans Affairs (VA) services: “*for those that don’t meet the vets thresholds, but cant access other services because they should be getting them thru vet services*” (CMH) and “*VA not accommodating and will not allow certain providers to participate*” (CMH). Seeking for funding to provide more and better services and connecting them to VA were recommended.

## **Geographic Location**

Three respondents provided comments regarding individuals with disabilities residing in rural communities. As widely known, lack of public transportation (e.g., *no public transportation*) and limited resources or services (e.g., *limited access to resources, increased awareness of independent living services and options*) have been long-standing problems/unmet needs.

Respondents recommended some strategies for improvement, such as provision and expansion of currently available service options (e.g., *virtual services, mobile services, transportation services; expand public and private transportation options*) and outreach to local agencies/community groups.

## **Individuals with Other Types of Disabilities**

Six respondents mentioned needs or challenges of individuals with specific type of disabilities. Other than the commonly raised themes (e.g., transportation, affordable and accessible housing), a MRS staff provided a comment for those with epilepsy (i.e., *employers do not understand condition, how to safety plan/respond, will not consider individual for employment or will not retain employee after an episode*). The same staff recommended to have more dialogue with employers about hiring individuals with disabilities and having an interactive accommodation process. Regarding a barrier of those with invisible disabilities (i.e., *general public doesn’t recognize these types of disabilities so don’t offer accommodations*), it was suggested that service staff teach them how to advocate for themselves. For affordable and accessible housing, constructing more accessible units in low-income projects was recommended by a DN staff.

## **Other Groups**

Below are a list of needs or challenges of specific groups mentioned by a couple of staff members, followed by recommendations or effective strategies in a different level of bullet point.

- LGBTQ+: “*Awareness and willingness to educate/adapt*” (DN); “*acceptance*” (MRS)
  - *Being inclusive, open and vulnerable in your communications* (DN)
  - *Staffing* (MRS)
- Parents or caregivers of individuals with disabilities: “*No resources, places to start to learn and understand, and lack of knowledge*” (DN); “*after caring for a loved one, having a work gap/employment gap from staying with loved one for displaced caregivers*” (WDA); “*Limited affordable childcare options for single parents*” (WDA)



- *Connecting people to DHHS and other assistance, helping them network and share providers when possible (WDA)*
- *Special readiness training for those re-entering the workforce after caregiving for a loved one who don't want to work with similar constituency after loved one's death (WDA)*
- *Support groups, outreach, resource sharing, one on one peer support (DN)*
- Individuals eligible for supported employment or uninterested in competitive integrated employment: *“Long term supports are not readily available in most of our district”(MRS); “There aren't the work shop options any longer so people sitting at home.” (MRS)*
  - *Continue to work with CMH to understand the need (MRS)*
  - *Skill building programs or volunteering or community activities. (MRS)*
- Individuals who newly acquired disabilities due to Covid-19: *“Many newly disabled individuals that are not yet connected with the disability community.” (DN)*

# STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

## **CHAPTER IV** **KEY INFORMANT INTERVIEW**

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## CHAPTER FOUR: KEY INFORMANT INTERVIEW

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, a committee meeting was held in which the committee members were asked to nominate potential key informants. In addition to a total of 80 key informants initially nominated, seven more professionals or service agencies 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 sent a couple of follow-up emails. As a result, a total of 52 key informants were interviewed between September 20, 2022 and December 2, 2022 for the 2023 CSNA project.

The key informants represent a wide variety of state service agencies (e.g., Michigan Rehabilitation Services (MRS), Bureau of Services for Blind Persons (BSBP), Behavioral Health and Developmental Disabilities Administration (BHDDA), Department of Corrections (DOC), Department of Transportation (DOT), Veterans Affairs (VA)), community rehabilitation programs (e.g., Center for Independent Living / Disability Networks (CIL/DN), Community Mental Health (CMH), New Horizons, Peckham), professional organizations (e.g., Michigan Rehabilitation Association (MRA), Michigan Transition Service Association (MTSA), Incompass-MI), as well as a variety of disability advocacy groups (e.g., Michigan Disability Rights Coalition (MDRC), the ARC, Michigan Family Voices), and research projects and institutes (e.g., Statewide Autism Resource & Training Project).

Each Zoom interview lasted on an average of 45 minutes and covered the following questions:

1. What are the emerging populations of people with disabilities in Michigan?
2. What populations are not being served in Michigan or are not getting the level/amount of service warranted?
3. What issues or barriers have you encountered in your efforts to provide services?
4. What strategies have proven to be effective in serving those populations?
5. Are the needs that you have described particularly acute in certain areas, or do they exist across the state?
6. What are the future trends in terms of service needs for people with disabilities in Michigan?

In addition to the seven 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, expert opinions about future trends in service needs for Michigan residents with disabilities were separately reported at the end of this chapter.

## **Findings**

### **Unserved or Underserved Populations**

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; and (3) sharing strategies and recommendations that are direct responses to the identified needs.

#### **1. Individuals with Mental Illness and/or Substance Abuse Disorders**

A total of 21 key informants identified individuals with mental illness, including those with co-occurring substance abuse, as an un/underserved population.

#### ***Issues/Unmet Needs: Individuals with Mental Illness and/or Substance Abuse Disorders:***

**LACK OF MENTAL HEALTH SERVICES.** Seven of the twenty-one informants who routinely work with this population reported that the lack of mental health services continue to present challenges. Reasons for this lack stem from geographic concerns, lack of community supports, lack of highly qualified providers, decreasing supply of mental health professionals, managed care preventing access to long-term treatment (i.e., inadequate treatment), and co-morbidity concerns related to mental illness and/or substance abuse disorders. One key informant reported that based on the present system, they are only able to serve those with the greatest needs, implying that those less severe, yet present mental health concerns may not receive timely treatment.

**NEGATIVE ATTITUDES TOWARD INDIVIDUALS WITH MENTAL ILLNESS.** A significant number of key informants continued to report that individuals with mental illness and/or substance abuse disorders find it difficult to obtain employment due to stigma and negative attitudes by employers. One key informant highlighted the continuing need to break the barrier of just the negative view that is associated with mental illness. Other key informants reported that many individuals with mental illness and substance abuse are reluctant to seek treatment because of the stigma associated with this disability.

**LACK OF PSYCHOEDUCATIONAL SERVICES.** Key informants reported that there is a lack of services available for minority populations, such as Hispanic and Native American members of the community. This informant explained that many people are reluctant to seek help from people outside their immediate community, resulting in reduced access and participation in much needed services. One key informant reported that there was a distinct lack of mentoring services for individuals with anxiety disorders. Another key informant reported a lack of programs that would help those diagnosed with mental illness better understand the meaning of employment and provide assistance in navigating the disability benefits systems. One key informant reported that some individuals with mental illness tend to fall through the cracks because they are considered too high functioning and are unable to access rehabilitation services. Another informant reported that some support agencies continue to experience high staff turnover resulting in the agencies inability to deliver much needed psychoeducation services. This was reported as a direct result of the COVID-19 pandemic by a number of key informants.

**LACK OF HEALTH CARE SERVICES.** Many key informants reported challenges that persons with mental illness have with accessing medical or health services. One key informant reported that individuals are unable to easily access primary care because many physicians do not accept government insurance. Another key informant reported that many individuals with mental illness or substance abuse are unable to access health care services because of a shortage of primary care providers, and that individuals with more than one disability does not want to focus on both.

**LACK OF PERSONAL ADVOCACY.** The concern regarding inability to properly articulate personal needs and desires continue to be reported by key informants. One key informant reported that persons with mental illness still have concerns with how to approach employers to disclose their disability and request accommodations, when needed. One key informant reported that there continues to be a lack of self-confidence among those with mental illness and co-occurring disabilities that could be mitigated by increasing services that help agency and personal advocacy. Another key informant reported that clients of mental health support services often lack a sense of community involvement, which in turn reduces their social interactions and willingness to seek help or assistance when needed.

**ISSUES CONCERNING STAFF AND PROVIDERS.** A number of key informants expressed concerns about high staff turnover and a lack of training across agencies, which negatively impacts the quality of services provided to people with mental illness and/or substance abuse disorders. Multiple key informants described that staff or providers do not have the proper training or background to work with or support people with mental illness, especially non-English speaking clients and refugees/immigrants. One key informant reported that many schools have plenty of funding that they are unable to spend on serving linguistic minorities, however, don't have enough providers that can provide services. Several key informants reported that their agency was experiencing unprecedented staffing shortages which could have an impact on timely service delivery.

**DISCONNECT BETWEEN POLICY AND SERVICE DELIVERY.** Key informants expressed concerns regarding specific policies implemented by public agencies that negatively

affect consumers who would benefit from services however do not meet clearly diagnosable criteria. For example, individuals who experience trauma or crisis in the family or community that negatively impacts their mental health. Additional concerns expressed by a key informant were that students within the post-secondary settings were not fully accessing available MRS services, and recently due to changes in BSBP service delivery priorities, 1<sup>st</sup> and 2<sup>nd</sup> year students at 4-year universities no longer will have access to VR services until their junior and senior year. One key informant reported that not all student who would be eligible for special education and related transition or career development services are being identified, and in order to meet agency mission and goal need to work harder on re-engaging those youth who have left school. Another key informant reports that some individuals with autism are unable to access community mental health services because their IQ is too high.

**OTHER ISSUES.** Other issues discussed by the key informants regarding the needs of those with mental illness and/or substance use disorder include lack of support after finishing school, repeated periods of homelessness, lack of mental health services due to the COVID-19 pandemic, lack of funding to increase services, lack of transportation services for rural populations, and lack of educational programs for business to better understand disability and accommodation.

### ***Strategies and Recommendations: Individuals with Mental Illness and/or Substance Abuse Disorders***

**COLLABORATE WITH COMMUNITY PARTNERS.** Collaboration with various agencies in the community was repeatedly identified as a successful strategy for better serving individuals with mental illness and/or substance abuse disorders. Examples of these partnerships include schools and colleges, employers, and health network agencies. One key informant stressed the importance of having linked networks of mental health services available for consumers while moving through various support services. Another informant highlighted the importance for consumers to be connected with agencies who specialize in the treatment of mental health or substance abuse when the need arises. Other informants reported that it was found to be very useful to routinely visit local school districts and conduct periodic visits with students receiving transition services to aid in future job placement.

**DEVELOP STRONGER WORKING ALLIANCES.** Key informants stressed the importance of continuing to develop working alliances, especially with agencies that specialize in supporting or helping marginalized populations. One key informants further described how they intend to expand their relationship with MRS and begin conducting outreach in consumer communities to improve VR coordination and service delivery. Another key informant recommended to have more caregiver-to-caregiver communication and support systems that facilitate building trust with consumers and those who provide direct support in their daily lives. Lastly, several key informants highlighted the strategy of expanding alliances with community leaders which in turn allows the agency to better understand the goals and interests of community.

**ADDRESS CLIENT-SPECIFIC CONCERNS AND NEEDS.** Key informants discussed the value of including client-specific concerns and needs and how integral this is to their success.

One key informant reported that they have positive experiences by reducing paperwork burdens and have increased their focus on being hospitable, flexible, and user-friendly to maximize client access and participation. Several key informants reported the importance of directly involving the client in the decision making and goal setting process, highlighting the principle of client autonomy, and also being sensitive to cultural differences and client expectations. Other key informants stressed the importance of having staff who can speak the language of those individuals who are being served.

**EXPAND FUNDING.** Several key informants reported that increases in funding for vocational and mental health services would allow them to improve and expand much needed services, that include transportation, vocational supports and coordination, and interpreters or bi/multilingual counselors. Doing more with less was also reported by one key informant, stating that due to the recent pandemic and the aging population, the demand for mental health services has outpaced the supply of qualified providers.

**PROVIDE ONE-ON-ONE JOB COACHING.** Key informants continued to report that job coaching supports for people with mental illness and/or substance abuse disorders have been helpful for maintaining employment. In addition to traditional one-on-one job coaching and on-site support one key informant reported that they are involving supervisors in the job coaching process, turn[ing] our supervisors more into [job] coaches moving away from the more traditional organizational structure and getting more employees involved in the job development process. One key informant stressed the importance of having support coaches available for those individuals with the most significant disabilities.

**EXPAND SUCCESSFUL PROGRAMS.** Key informants recommended expanding successful programs to help people with mental illness and/or substance abuse disorders. Specifically, expanding the reach of current mental health and vocational related services into rural areas, poverty stricken communities, and to those who have discontinued their education or dropped out of high school. One key informant reported that it is the intention of MRS to expand services and make themselves known to communities who are less represented in the general population or have a fear of government. Another key informant reported that they have seen an increase in positive treatment outcomes for clients with substance use disorder by expanding access to peer support specialists and recovery coaches.

**USE TECHNOLOGY AND INNOVATION TO EXPAND AGENCY INITIATIVES AND SERVICES.** Several key informants highlighted the intention to implement and/or expand technology to aid in service delivery efforts. A number of key informants reported that the use of videoconferencing and learning management software has allowed them to reach increasing numbers of clients. One key informant reported that the use of technology allows them additional ways to build working alliances with employers, stay in contact with clients, and community partners, and build bridges between vendors and implementers. One key informant highlighted that technology used in education should match that in the workplace to the greatest extent possible and how the use of QR codes have been hugely beneficial for those who are visually impaired. Other key informants reported how technology has aided individuals with disabilities in rural communities to access mental health services virtually, as opposed to in-person, continue



to receive psychoeducational services when unable to travel, and coordinate transportation needs by using basic smartphone applications.

**IMPLEMENT NEW STRATEGIES FOR SERVING DIVERSE POPULATIONS.**

Twelve key informants stressed the increasing focus on serving diverse populations with mental illness and/or substance abuse disorders in Michigan. Several key informants reported that they have expanded services that target non-English residents and culturally diverse populations, including Asian-Americans, African-Americans, and Hispanic populations where cultural views regarding disability or fear of government may produce disincentives to seek mental health or job placement services. Other key informants reported that they have found success in hiring staff who are capable of building and establishing community networks within diverse communities, are able to speak the clients’ language and are culturally competent. Another key informant reported that by implementing local resources (e.g., the Michigan Alliance for Families) at each ISD to assist linguistic minority students and their families with navigating various support services within the public school system, which would have otherwise remained unknown and likely unused.

| <b>Issues/Unmet Needs of Individuals with Mental Illness and/or Substance Abuse Disorders</b>                                                                                                                                                                                                                                                                                                                                   | <b>Strategies &amp; Recommendations For Individuals with Mental Illness and/or Substance Abuse Disorders</b>                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Lack of Mental Health Services</li> <li>• Negative Attitudes Toward People with Mental Illness</li> <li>• Lack of Psychoeducation Services</li> <li>• Lack of Health Care Services</li> <li>• Lack of Personal Advocacy</li> <li>• Issues Concerning Staff and Providers (e.g., lack of expertise, high turnover)</li> <li>• Disconnect between Policy and Service Delivery</li> </ul> | <ul style="list-style-type: none"> <li>• Collaborate with Community Partners</li> <li>• Develop Stronger Working Alliances</li> <li>• Address Client-Specific Concerns and Needs</li> <li>• Expand Funding</li> <li>• Provide One-on-one Job Coaching</li> <li>• Expand Successful Programs</li> <li>• Use Technology and Innovation to Expand Agency Initiatives and Services</li> <li>• Implement New Strategies for Serving Diverse Populations</li> </ul> |

**2. Cultural Minorities**

Nineteen key informants identified individuals with disabilities from different cultural minorities (including ethnic, religious, or linguistic minorities) as an un/underserved population.

*Issues/Unmet Needs: Cultural Minorities*

**LANGUAGE BARRIERS.** A language barrier was identified as an issue by many key informants. This theme represents a combined communication issue of minority consumers not speaking or having minimum understanding of English language and agency staff or counselors not speaking or understanding other languages than English, such as Spanish. Several key informants indicated lack of bilingual counselors/staff, which would hinder consumers with disabilities from active engagement, building trust, receiving appropriate services, and eventually achieving outcomes. In another scenario, having a translator while working with customers,

specifically those with mental illness, often makes it difficult to connect with the therapist and accept supports. Another aspect of the language barrier is related to the agency marketing documents not being accessible to individuals with disabilities and their family who do not understand English. A key informant highlighted the need for agencies to prepare for the information in different languages (e.g., Spanish, Arabic).

**DIFFICULTY IN ACCESSING SERVICES.** Limited accessibility to services was identified as a barrier observed in the cultural minority populations. The difficulties are often associated with lack of marketing and outreach strategies at the agency level. A key informant described that some agencies do not know where to go to reach out and engage with some minority groups. Also, a couple of key informant raised a need for agencies to develop marketing plans specifically targeting to cultural minority groups. In addition, issues associated with limited accessibility were discussed at the consumer level. For example, people from cultural minorities tend to hesitate to request help/services due to their cultural beliefs (e.g., family responsibility rather than society or government) and lack of trust about the government agencies from their past experiences. In addition, fear of the government was also described as a frequently observed barrier, specifically detailing citizenship status being a barrier to access services from government agencies.

**LACK OF CULTURALLY SENSITIVE SERVICES.** Culturally sensitive services refers to services being respectful and responsive to the cultural and linguistic needs of all individuals. Key informants indicated that traditional service models would not work for individuals from cultural minority populations, which would consequently impact the quality of services and outcomes. Specifically, a couple of key informants raised a need to understand the intersectionality of culture diversity and disability. For example, staff should have pre-knowledge about the Hispanic culture (e.g., ways of communication, cultural norms) in order to access potential customers, not just about the language. Another key informant pointed out an issue of equity in the service process to the culturally minority groups. Similarly, a couple of key informants reported that the majority of agency staff do not know about the background cultural information of Native and Arab Americans, which indicates the need for quality staff training.

### ***Strategies and/or Recommendations: Cultural Minorities***

**PROVIDE STAFF TRAINING AND HIRE BILINGUAL STAFF.** Consistent to the needs assessment, many key informants recommended to provide staff training on multiculturalism and social justices and to hire staff from diverse cultural backgrounds who can speak other languages besides English. A key informant mentioned the need to include training contents about how to effectively reach out to and work with potential customers from culturally diverse groups. In addition, a key informant suggested to hire staff who can not only speaks the specific language (e.g., Hispanic, Arab) but also represent their own culture so that customers can feel comfortable communicating with them and receiving appropriate services. A key informant stressed an importance for a culturally competent professional to create spaces to have more frank and honest conversations regarding the aspects or impacts of race/ethnicity and culture.

**ENGAGE IN OUTREACH.** This suggestion includes comments such as more engaging and reaching out to other agencies, community organizations, and others. Several key informants indicated that being in contact with other agencies in the community and having inter-agency agreements have been strategies that have worked, and they look forward to continuing developing. Others recommended increasing local partnerships and inter-agency agreements. A key informant recommended bringing the Michigan Diversity Council for partnership and guidance.

**PROVIDE CULTURALLY SENSITIVE SERVICES.** Several informants discussed how small changes in the service delivery system would increase accessibility to services for cultural minorities. For example, a key informant suggested modifying and extending the service hours, including weekends or evenings; that would help reach out to more minority customers who work during typical business hours. Sharing successful stories they observed during the Covid era, other key informants recommended to continuously utilize a hybrid mode (online and in-person) in providing services, which would enable minority consumers to access services more.

**EMPOWER CULTURAL MINORITIES.** Several key informants shared their experiences and the need to empower customers from culturally minority populations by providing self-determination/advocacy training so that they can advocate for themselves and take ownership of their decision-making and actions. A key informant specifically suggested the training programs led by people of color to expand their communication and engagement. Continuously, it would reflect how the service agency treats individuals from these cultural backgrounds and show that they are welcome and valued within the community.

In relation to advocacy and outreach specifically focused on Native American communities, one informant cited positive impacts in the tribal community with having a regular VR presence on reservations. This informant also offered the following recommendations specific to advocacy and outreach with Native American communities: ensure the needs of Native American communities are being represented on state councils; provide supports to staff so they can have adequate time to develop relationships with tribal members; reduce social distance by being mindful about professional attire and communication styles; demonstrate genuineness and a willingness to learn about the culture.

**CONDUCT NEEDS ASSESSMENTS.** A few key informants recommended to conduct needs assessments to identify their needs and barriers they experience and engage them into the process. A key informant specifically pointed out a focus group as a beneficial method.

| <b>Issues/Unmet Needs of Cultural Minorities</b>                                                                                                                   | <b>Strategies &amp; Recommendations for Cultural Minorities</b>                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Language Barriers</li> <li>• Difficulty in Accessing Services</li> <li>• Lack of Culturally Sensitive Services</li> </ul> | <ul style="list-style-type: none"> <li>• Provide Staff Training and Hire Bilingual Staff</li> <li>• Engage in Outreach</li> <li>• Provide Culturally Sensitive Services</li> <li>• Empower Cultural Minorities</li> <li>• Conduct Needs Assessments</li> </ul> |

### **3. Individuals with Intellectual and Developmental Disabilities**

Thirteen key informants identified individuals with intellectual and developmental disabilities (IDD), including autism, as an un/underserved population.

#### ***Issues/Unmet Needs: Individuals with IDD***

**INADEQUATE SUPPORT AND RESOURCES.** Multiple key informants described inadequate support and resources for those with IDD. The areas where more support to be needed include job training, job coaching, assessment, travel training, community living support, and access to adult services. In addition, several key informants emphasized the need for development and utilization of customized employment with more flexible work schedules (outside of 9am-5pm), self-employment, and supported employment. These initiatives of expanding job options may help expand and improve job prospects for the population. Two key informants specifically noted securing enough funding for these services as a priority.

One key informant reported that those with high-functioning ASD have not received as enough services and support as they desired due to their relatively high cognitive ability. Similarly, funding for those clients has not been allocated as equally well as for other types of disabilities. Moreover, this type of barrier might become prominent when clients live in areas where services are underutilized or under-implemented. For example, a key informant mentioned that one of her clients did not get independent living skill training because there was not a worker that could come to the place where the client was living.

**BEING UNDEREMPLOYED OR UNDERPAID.** Several key informants reported grim employment outcomes, including underemployment and underpayment, of individuals with IDD. Especially, a key informant shared the experience that a young man with high-functioning ASD ended up downgrading to a part-time job even though he was offered a full-time job because the employment benefits were not comparable to his job position.

**TIME-CONSUMING SERVICE PROVISION PROCESSES.** A couple of key informants reported time-consuming screening procedures as a potential issue for individuals' access to services in a timely manner. For example, an informant mentioned that for the services that require prompt response and interventions such as individualized placement and support, the delayed service provisions might be critical to deterring individuals' job placement. Another informant explained the shortcoming of the VR case closure policy; when cases are closed, it is difficult to return to the services even if the need arises.

**LACK OF OUTREACH.** Reaching out to students with IDD was reported as an issue because not many of them and their parents are aware of how the VR services provision can be started. Specifically, a key informant mentioned that students in a transition period are not taking advantage of the services at their best because they might not be adjusted to the shift in service provision from entitlement to eligibility when they exit the school. Besides, individuals and their family members are not familiar with service application procedures and specifications that vary by service providers. Another informant discussed extra support needs for those who turn 26 years old; most of them, they are not knowledgeable about continuous disability service options

and resources to be sought. In the same context, the third informant stressed an importance of early involvement which requires the need of outreach as early as possible to get them on the right service track and help them adjust to the service/resource provisions.

**LACK OF INDEPENDENT LIVING SKILLS.** Several key informants talked about challenges in independent living of this disability group, including housing, money management, the state ID/driver's license, transportation, grocery shopping, health care, etc. One informant specifically shared the concern for poor IL skills students and youth with IDD, which indicates the need for quality skill training before exiting the school system. In addition, the key informant also noted that the services and resources students receive vary depending on the school districts and counties where they are residing in. Another informant from the agency who is working closely with those with IDD shared the experience with a consumer who did not manage to perform in his daily life well after his caregivers passed away. To address that, the informant stressed the role of community living support (CLS) workers.

**NEGATIVE ATTITUDES OR MISUNDERSTANDING TOWARD INDIVIDUALS WITH DISABILITIES.** A key informant reported the existence of misunderstanding toward the population with ASD. In fact, even the first responders are not educated well enough on the defining characteristics of ASD. For example, some people may misattribute the lack of responsiveness of those with ASD to non-compliant attitudes. Part of the reason has to do with a dearth of educational materials written in plain language for the general population and the first responders. Another myth that we may want to dispel is that individuals with developmental disabilities cannot work in competitive and integrated settings; indeed, there are many real-life cases where they can be successfully employed in a competitive and integrated job environment.

**LACK OF QUALIFIED PROFESSIONALS.** A key informant discussed the lack of qualified professionals, including psychiatrists, therapists, job coaches, and community living support workers to support those with IDD.

### ***Strategies and Recommendations: Individuals with IDD***

**PROMOTE INTERAGENCY COLLABORATION.** Interagency collaboration and continuous communication were recognized by a number of informants as a way to better support individuals with IDD. The key elements to these successful relationships include interagency agreements, transparency, regular check-ins, and sharing good resources (e.g., well-working models). For example, the MI Alliance for Families informant shared real-life experience in collaboration with other agencies including Arc-Michigan, Michigan Developmental Disabilities Council, and Disability Rights in Michigan for serving individuals with IDD. Another informant also shared the positive experience of partnering with TransCen, a non-profit organization for serving youth and young adults with disabilities in providing professional training and family engagement education. While there have been informants who had a positive experience in building partnerships with other agencies, the third informant pointed out a reality where some agencies are just passing the cases as they are left open instead of actively being involved in them.

**DO COMMUNITY OUTREACH.** Community outreach initiatives are reported as one of the useful strategies to serve individuals better. For example, the informant from the MTSA mentioned that visiting schools to meet students with IDD may help build connections with them and other related stakeholders (e.g., teachers, schools, and parents). In fact, not all agencies implement an active outreach but wait until clients reach out to them. Another informant highlighted the importance of follow-up and rapid service provisions after the agency made a contact with potential consumers.

**DEVELOP AND IMPLEMENT EFFECTIVE SERVICES.** Developing and implementing effective services were discussed by several informants. Examples of effective services include executive functioning skill training, time management training, social skill training, and work-based learning programs. To develop such skill training programs, identifying individuals' needs is crucial, and one of the informants from the Michigan Statewide Independent Living Council suggested using a focus group as a way to identify the needs of a specific group of students. In addition to developing unique and yet-established programs, employing existing beneficial programs should be equally emphasized. For example, the informant from the WDA-Dept. of Talent and Economic Development/Talent Investment Agency indicated the necessity of providing clients with benefits counseling as a way of overcoming the hesitancy of gaining employment due to the benefit cliff.

Often, the skills to navigate fixed routes are not taught until the end of post-secondary education and thus, many are not knowledgeable about how to navigate transportation systems. Also, the training for travel planning got less prioritized due to a lack of funding and staff that provide such services. To address such problems, one informant from Smart Bus suggested microtransit system (i.e., transit fits between private and public transportation) as a means of providing more flexible transportation services, particularly for those residing in small/rural areas.

**SECURE MORE FUNDING.** Several informants mentioned the lack of funding for hiring qualified staff or providing good services to consumers. One informant shared her experience of addressing the issue of the funding that fell short via seeking additional financial resources. For example, the agency was able to find a grant from the community foundation and this allowed them to hire a participant coordinator who can fill in unaddressed needs in community outreach for those with disabilities.

**EDUCATE INDIVIDUALS WITH IDD AND THEIR FAMILIES.** Educating individuals and their families were discussed as a good strategy to support those with IDD. The content may cover; (a) transitioning to adulthood; (b) supported decision-making; (c) person-centered planning; (d) access to community resources. Another informant shared her agency experience in a social skill training group, called '*social coaching*'. It has served as a self-help group where individuals discuss their daily lives and have fun together while having psychoeducational content.

**EDUCATE SERVICE PROVIDERS.** Informants recognized the need for educating service providers specifically about the changes that have been made through Workforce Innovation and Opportunity Act (WIOA; e.g., Pre-Employment Transition Services; 2014).



Transforming those changes in the practices of service providers is crucial to deliver the most up-to-date and effective services to those with IDD in a transition period.

| Issues/Unmet Needs of Individuals with IDD                                                                                                                                                                                                                                                                                                                                                                        | Strategies & Recommendations for Individuals with IDD                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Inadequate Support and Resources</li> <li>• Being underemployed or Underpaid</li> <li>• Time-Consuming Service Provision Processes</li> <li>• Lack of Outreach (Esp. Students)</li> <li>• Lack of Independent Living Skills</li> <li>• Negative Attitudes or Misunderstanding Toward Individuals With Disabilities</li> <li>• Lack of Qualified Professionals</li> </ul> | <ul style="list-style-type: none"> <li>• Promote Interagency Collaboration.</li> <li>• Do Community Outreach.</li> <li>• Develop And Implement Effective Services.</li> <li>• Secure More Funding.</li> <li>• Educate Individuals With IDD And Their Families.</li> <li>• Educate Service Providers</li> </ul> |

#### **4. Students and Youth with Disabilities**

Twelve key informants identified students and youth with disabilities as an un/underserved population.

##### ***Issues/Unmet Needs: Students and Youth with Disabilities***

**INADEQUATE SERVICES/TRAINING PROGRAMS.** Considering the developmental stage, most students and youth with disabilities need comprehensive employment services starting from career education (e.g., career exploration, assessment), to skills training (e.g., social skills, independent living skills, self-advocacy, community integration), and to direct job related services (e.g., job readiness training, job placement, on the job supports). Many key informants expressed concerns about inadequate transition services or skills training programs for students and youth with disabilities in high school and post-secondary settings. As the pandemic changed service delivery system, training computer skills and using technology became more important. In addition, a couple of key informants indicated lack of benefits counseling, considered effective, for students and youth with disabilities and their parents.

**NEED TO IMPROVE PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS).** Early involvement in transition services has been recognized as an effective strategy to successful transition outcomes. Multiple key informants expressed concerns about limited employment exposure and training opportunities for younger students with disabilities (14-17 years old), noting that transition curriculum generally focuses on relatively older youth (18-25 years old). Many of secondary students with disabilities, their parents, and teachers are not aware of the option of Pre-ETS, which indicates the need of more outreach and marketing efforts. Furthermore, several field practitioners shared the current status of the Pre-ETS customers referred to MRS or BSBP and suggested some improvement. It was reported that many Pre-ETS customers remained in the system without receiving services or just repeatedly receiving the same type of services (e.g., job exploration). In addition, most students who completed Pre-ETS did not open a VR case which means disconnection to the employment agency.

**LIMITED ACCESS TO SERVICES.** Several issues contributing to limited access to services were discussed. Mingled with other factors (e.g., cultural minorities, poverty), several key informants provided inadequate accommodations (e.g., one-on-one supports, inaccessible materials and technology, limited transportation) as the primary reasons for the limited access. This can be also related to lack of knowledge about services available in the community and lack of skills to navigate through VR services. As certain groups of people (e.g., families living in the metropolitan areas, those in poverty) would need a different level of services (e.g., wraparound services, extended follow-up services), key informants raised the need for an individualized approach and expansive services for those individuals.

A couple of key informants identified two subgroups of students with disabilities that have less access to appropriate services and programming: students on a diploma track with a high functioning level and students with disabilities in a foster family who do not know about the disability community and services available. In addition, two key informants mentioned two subgroups in the college level who experience difficulties to access employment services as a result of policy changes: community college students (due to WIOA required 15% of the state budget for Pre-ETS) and Junior and Senior college students with visual impairments (due to the BSBP policy supporting only first two years of college education).

**DIFFICULTY NAVIGATING MULTIPLE SYSTEMS.** It is not new to have comments regarding the challenges that this target population and their families face when navigating multiple systems. Multiple key informants indicated that the general public and even agency staff are easily confused about how to navigate different referral processes and the appropriateness of a referral to one agency over another. Thus, it is needed to teach them about who does what, especially when responsibilities or services overlap between agencies. Key informants further explained that this confusion leads to miscommunication among agencies and creates service gaps to consumers. A couple of key informants stressed the need for continuous education as many of students, youth and their parents do not know about differences between entitlement- and eligibility-based services and which local/state agencies provide employment related services.

**SERVICE DISCREPANCIES.** Service discrepancies often refer to the gap in service quality between consumer perception and experiences. However, it also means discrepancies in terms of the availability and quality of transition services from region-to-region. Three key informants reported inconsistent services, resources, and policies (e.g., ISDs, public schools, adult agencies) and raised the need for cohesion. This issue was repeatedly discussed when talking about geographic implications. For example, the metropolitan areas often show lack of home schooling as an option and a high proportion of students with a lower level of basic skills (e.g., reading, math) while students and youth with disabilities residing in rural areas are less likely to have knowledge about service agencies and access to governmental service programs.

**INADEQUATE STAFFING.** Regarding agency staff or service providers, several key informants identified a high staff turnover as a critical challenge observed across different position classifications (e.g., administrator, VR counselors) and agencies (e.g., MRS, CRO, ISD). In addition to lack of staff working with this population, a couple of key informants reported difficulties to find, hire, and sustain competent staff, saying that they have never seen



this in their whole professional life. In terms of its impacts, a key informant specifically stated: while a high staff turnover rate is related to direct quality of services to customers, the administrator turnover would result in the need of re-establishment of the relationships between agencies. In addition, a couple of key informant questioned competency of the current professional staff. A key informant expressed concerns about MRS staff not having sufficient knowledge and skills about specific disabilities (e.g., autism). Another key informant reported that teachers do not have time and knowledge to do some required work (e.g., transition assessment).

**LACK OF INTERAGENCY COLLABORATION.** Informants indicated the need for stronger working relationships between agencies and organizations with a particular focus on improved communications and collaborations. As known, Covid-19 created a new work setting and service delivery system. Several key informants stressed the need to go back and re-establish the partnerships between schools/ISDs and MRS; especially, they considered MRS staff being present in the school highly effective. A key informant also mentioned the need of collaboration between MRS and correctional facilities for adjudicated youth with disabilities.

### ***Strategies and Recommendations: Students and Youth with Disabilities***

**DEVELOP AND PROVIDE INNOVATIVE TRANSITION SERVICES OR TRAINING PROGRAMS.** In regards to inadequate transition services available, a number of key informants recommended developing and providing more transition services to students and youth with disabilities, including: assessment, skill training (e.g., social skills, independent living skills, self-advocacy, community integration), and job related services (e.g., resume building, work preparation). Multiple key informants echoed the effectiveness of the following transition services or programs provided in different settings (e.g., schools, VR, CROs): comprehensive skill assessment, Project Search, summer youth work program, customized employment pilot, remote internship, early skill development program, Keep Empowerment Yourself (KEY) program, etc. A couple of key informants also discussed our tasks to create innovative transition services embracing advanced technology and effective delivery strategies (e.g., remote internship) for the existing services (e.g., Pre-ETS).

**IMPROVE INTERAGENCY COLLABORATIONS.** Many key informants who discussed discontinuation of interagency collaboration due to Covid-19 suggested re-establishment of partnerships and collaboration between agencies, especially MRS and ISDs. Sharing resources and information among agencies was another common theme. Examples of their suggestions included: MRS staff being present in the secondary & postsecondary school and building relationships with key personnel, cash match programs between MRS and ISDs to be continued, and successful programs to be shared thru MTSA. In addition, a key informant recommended to provide pre-ETS in the juvenile justice program so that transition youth can benefit before their release to community.

**PROVIDE PROFESSIONAL DEVELOPMENT TRAINING AND QUALITY SUPERVISION TO STAFF.** Several key informants addressed the need to provide on-going, in-service training and suitable supervision to the professionals who directly work with students and youth with disabilities. The suggested content areas for staff training and supervision included:

assessment of personal bias, strategies to overcome generational gaps, counseling skills to engage students in the VR process, provision of quality employment related services (e.g., training, job coach), other relevant subjects (e.g., diversity/multiculturalism, social justice), etc.

**EDUCATE AND SUPPORT STAKEHOLDERS.** Multiple key informants highlighted providing education, support and training on a variety of disability-related topics to stakeholders with little to no knowledge about disabilities (e.g., parents/families/guidance, school teachers, employers, agency partners) as a successful strategy. A couple of key informants emphasized to educate parents or families (including foster families) with students and youth with disabilities about the local services available, especially benefits counseling, as well as differences between schools and adult service agencies. Securing more fund for family education/training and more collaboration with Michigan Alliance for Family were specifically suggested. For employers, an employer informant reported the Windmills as an effective material. The following contents areas should be covered: attitudes toward people with disabilities, knowledge about disabilities, disability exposure, reasonable accommodation, etc.

**BETTER ENGAGE STUDENTS AND YOUTH USING AN INDIVIDUALIZED APPROACH.** In working with this target population, three key informants stressed an importance of individual need-based or person-centered approach, which will have students and youth with disabilities be engaged in the service process as well as increase transition outcomes. In terms of better engagement, a key informant suggested to introduce and implement a specific training program: Comparison, Awareness, Acceptance, Validation, Empowerment (CAAVE), a research-based, interactive training that builds a shared understanding of mental health and increases skills for leaders, managers, and teams<sup>1</sup>.

**FOCUS ON COMMUNITY OUTREACH.** A few key informants shared the following outreach strategies: using technology and social media; exchanging information about resources; and developing a transition professional learning community platform (e.g., newsletters, listserv). In relation to community outreach, it was stressed to develop the materials using different languages (e.g., Spanish, Arabic) and distribute them in the high-density areas of the target populations.

**IMPROVE SYSTEMIC ISSUES.** Three key informants who discussed an issue of service discrepancies raised the need for uniformity of services for students and youth with disabilities across regions and districts. In addition, other key informants discussed for improvement with delay time for paperwork, and MRS policy to apply for services based on the current address (for postsecondary students who reside in a dormitory).

| <b>Issues/Unmet Needs of Students and Youth with Disabilities</b>                                                                                                 | <b>Strategies &amp; Recommendations for Students and Youth with Disabilities</b>                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Inadequate Services/Training Programs</li> <li>• Need to Improve Pre-Employment Transition Services (Pre-ETS)</li> </ul> | <ul style="list-style-type: none"> <li>• Develop And Provide Innovative Transition Services Or Training Programs</li> <li>• Improve Interagency Collaborations</li> </ul> |

<sup>1</sup> Resource: YMCA San Diego from <https://www.ymcasd.org/youth-and-young-adult-development/caave>

| <b>Issues/Unmet Needs of Students and Youth with Disabilities</b>                                                                                                                                       | <b>Strategies &amp; Recommendations for Students and Youth with Disabilities</b>                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Difficulty Navigating Multiple Systems</li> <li>• Service Discrepancies</li> <li>• Inadequate Staffing</li> <li>• Lack of Interagency Collaboration</li> </ul> | <ul style="list-style-type: none"> <li>• Provide Professional Development Training And Quality Supervision To Staff</li> <li>• Educate and Support Stakeholders</li> <li>• Better Engage Students and Youth Using an Individualized Approach</li> <li>• Focus On Community Outreach</li> <li>• Improve Systemic Issues</li> </ul> |

**5. Returning Citizens**

Six key informants identified returning citizens (post-incarceration) with disabilities as an un/underserved population.

*Issues/Unmet Needs: Returning Citizens*

**UNAVAILABILITY OR LACK OF HOUSING.** Five key informants reported that the unavailability or lack of housing for people in this population is a central barrier. This becomes more critical in the job search process, as we know that the housing issue makes it difficult for employers to maintain contact with a prospective employee. In reality, however, key informants unanimously cited difficulties with securing housing that subsequently contributes to myriad basic needs not being met. Public attitudes toward returning citizens are also accounted for this theme; with few landlords accepting applications from individuals with legal histories, limitations on housing options are further compounded.

**SOCIAL BARRIERS TOWARD PEOPLE WITH LEGAL HISTORIES.** As mentioned above, most key informants identified negative attitudes toward people with legal histories as a significant barrier to their successful transitioning back into the community. This can be also one of the primary reasons for a high recidivism. In regard to finding a job, three key informants shared their experience with employers who had bias, stigma, and fear due to their legal histories, which hampered their employment outcomes. It becomes more challenging if the legal history is related to a violent or sexual offense. Furthermore, a couple of key informants pointed out limited knowledge and counseling skills of VR professionals and their own bias and fear toward this population as an area to be improved in providing quality services.

**LACK OF SERVICES AND RESOURCES.** Due to limited and lack of education and work experience, returning citizens often struggle with developing personal capital and limited access to resources or services. In the same context, a couple of key informants expressed concerns about an overall lack of services and resources for returning citizens as well as their lack of knowledge about services and resources available in the community. Residing in a rural area makes it worse, especially in terms of limited job opening, employment related services (e.g., assessment about interests/transferrable skills, job coach), and public transportation. This population primarily needs employment services but additional basic support services to live based on the individual needs should not be overlooked.

In relation to the lack of services and support, two relevant issues were raised: lack of funding for this target group, especially those with trauma or mental health issues and interagency collaboration. As mentioned above, this target group need comprehensive supports in addition to the designated services (e.g., training, job related services), securing more fund is necessary. Prior to the Covid era, a couple of key informants reported having more and better collaboration between MRS and the Department of Correction and urged to go back to the previous partnerships, especially for the adjudicated youth. Key informants raised the need to get returning citizens engaged in the services and assigned to a contact person before discharge and fasten waiting time via better partnership among the agencies.

**DIFFICULTY FOLLOWING-THROUGH.** Multiple key informants raised a common challenge encountered when working with this population: difficulty following through after coming back to the community, which indicates the need for more contact, individualized approach, and staff training. Possible reasons can be: unemployment (difficulty finding/maintaining a job), poverty, physical and mental health issues (e.g., PTSD) that are not diagnosed and well managed, limited social supports, lack of soft skills, and challenges with changing unhealthy habits. Lack of personal capital was also considered contributing to difficulties with rapid engagement needed to reduce recidivism.

### *Strategies and Recommendations: Returning Citizens*

**PROVIDE INDIVIDUALIZED SERVICES FOCUSING ON INDIVIDUAL NEEDS AND STRENGTHS.** Several key informants emphasized an importance of individualized approach in providing services based on their unique needs and strengths. In addition to providing assessments and skill-based training tailored to the needs of individuals, key informants suggested to focus on breaking societal barriers (negative attitudes or labeling) and equipping individuals for employment. Further, counselors should act as a successful advocate for those who were involved in the criminal justice system and provide individualized support.

**TRAIN PROFESSIONALS.** In continuation to the prior suggestion of individualized services, a couple of key informants recommended further staff training when serving this target population. For example, some staff would benefit from sensitivity training to deal with their own attitudes and fear about this population and knowledge training about mental illness, substance abuse disorders, and other disability-related barriers. One key informant recommended to train them on how to tailor service strategies for rural, urban and metropolitan areas, specifically, teaching about the unique challenges and resources available in each setting. In addition, one key informant shared an official way to expunge one's criminal records in the state of Michigan. While counselors/staff need to know about the policies, service agencies need to establish the internal policies in terms of decision of the support and the range of cost sharing.

**COLLABORATE AND PROMOTE PARTNERSHIPS WITH OTHER AGENCIES.** To achieve better outcomes of the target population, two key informants recommended to more collaborate with other agencies. For example, collaboration with the Department of Corrections would help returning citizens reintegrate into the communities, especially workforce, by streamlining the information to expedite eligibility determination and overall VR processes and

better follow-through. An earlier engagement with educational institutions would facilitate access to employment service agencies for adjudicated youth with disabilities. Covid-19 interrupted the process but one key informant shared its effectiveness and urged to go back to the partnerships. One benefit of collaboration is to leverage community resources for the target population. In the same context, a key informant suggested to continue collaboration between MRS and West Michigan Literacy and Michigan Works, as well.

**DEVELOP PARTNERSHIPS WITH EMPLOYERS AND EDUCATE THEM.** Working closely with businesses has helped key informants better meet the needs of returning citizens. Key informants indicated that MRS’ Windmill training was helpful and effective and recommended to further develop partnerships with employers for the target population; most of all, building trust is critical. In addition, it was suggested to provide appropriate education to employers regarding the capabilities and potential of the target group along with disability related and other relevant information (e.g., subsidized employment, the Work Opportunity Tax Credit).

| <b>Issues/Unmet Needs of Returning Citizens</b>                                                                                                                                                                                       | <b>Strategies &amp; Recommendations for Returning Citizens</b>                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Unavailability or Lack Of Housing</li> <li>• Social Barriers Toward People with Legal Histories</li> <li>• Lack of Services and Resources</li> <li>• Difficulty Following-Through</li> </ul> | <ul style="list-style-type: none"> <li>• Provide Individualized Services Focusing on Individual Needs and Strengths</li> <li>• Train Professionals</li> <li>• Collaborate and Promote Partnerships with Other Agencies</li> <li>• Develop Partnerships with Employers and Educate Them</li> </ul> |

## **6. Homeless Population with Disabilities**

Four key informants identified homeless population with disabilities as an un/underserved population.

### ***Issues/Unmet Needs: Homeless Population with Disabilities***

**LACK OF AFFORDABLE AND ACCESSIBLE HOUSING.** All four key informants expressed concerns about ongoing issues with affordable and accessible housing, namely a lack of availability. A couple of them also indicated a need for more temporary / transitional housing, and community living support systems to help with managing activities of daily living. In addition to lack of shelters/beds, one key informant raised an issue of inaccessible facilities for the wheelchair users and service dogs.

**LACK OF SERVICES AND FUNDING.** Key informants shared several challenges that contribute to unavailable wraparound services for this population. One of the challenges is lack of funding for basic needs (e.g., beds, food, medical services); *winter is more challenging*. Two key informants discussed a discrepancy in services and funding available across the state of Michigan (e.g., Ann Arbor vs. Detroit). As well-known, an absence of the stable address limits

the service agency’s (e.g., MRS, BSBP) ability to adequately serve the needs of the population. Also, long waitlists for subsidized housing assistance and shelters was raised as another challenge. A key informant specifically reported the need of additional and innovative support/agency policies for homeless youth run away from a foster family.

**A NEED TO CONSIDER ON INTERSECTIONALITY.** Two key informants talked about the homeless population who would need more services and support, using the concept of intersectionality: racial disparity within the homeless group, those with criminal background, veterans, those with mental disorders (specifically, those with schizophrenia), and LGBTQs. An informant cited issues with un- and underdiagnoses for those with potential mental disorders and social prejudice/discrimination toward to LGBTQs as an on-going challenge.

***Strategies and Recommendations: Homeless Population with Disabilities***

**PROVIDE WRAPAROUND SERVICES.** Informants cited strategies that contributed to successful wraparound services, including case management, individualized housing plans, employment supports, shelter diversion, basic needs assistance (e.g., food with EBT), family support, and health related care. Key informants recommended to provide more housing options by building more accessible facilities and affordable houses/apartments, issuing more vouchers based on one’s income, and utilizing housing trust funds. A key informant specifically stated that the Shelter Diversion pilot has been an effective program designed to immediately intervene and support homeless individuals, rather than having them enter a shelter or stay homeless.

**TRAIN SERVICE STAFF.** As having a stable home address is crucial for successful employment, VR counselors and staff should better understand this population and sub-groups (e.g., veterans, those with mental illness, returning citizens, run away youth, LGBTQs) and their needs, local services available and skills to utilize the services. Specially a key informant emphasized that they should be trained to know about all programs (e.g., Diversion), some essential laws/policies (e.g., real estate protecting law), and collaborate with other local agencies and partners for this target population.

**COLLABORATE WITH OTHER AGENCIES.** With regard to limited services and fund available, a couple of key informants saw well organized interagency collaboration as a key to success. Key informant discussed successful strategies that included partnerships with local landlords, subsidized housing programs, and public and nonprofit agencies, such as Michigan Works, Housing and Urban Development, Homeless Veterans' Reintegration Program, HDR (Lansing), MICA (Ann Arbor), family support agencies, etc.

| <b>Issues/Unmet Needs of Homeless Population</b>                                                                                                                                         | <b>Strategies &amp; Recommendations for Homeless Population</b>                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Lack of Affordable and Accessible Housing</li> <li>• Lack of Services and Funding</li> <li>• A Need to Consider on Intersectionality</li> </ul> | <ul style="list-style-type: none"> <li>• Provide Wraparound Services</li> <li>• Train Service Staff</li> <li>• Collaborate with Other Agencies</li> </ul> |



## **7. Individuals with Blindness/Visual Impairments**

Four key informants identified individuals with blindness/visual impairments as an un/underserved population.

### ***Individuals with Blindness/Visual Impairments: Issues and Unmet Needs***

**INADEQUATE SERVICES AND SUPPORT.** Inadequate support for those with visual impairment/blindness has been reported by a couple of informants. Specifically, the informant from BSBP reported the issue of inaccessible services and resources for the aging population with visual loss that might have hindered the population from receiving early intervention and exacerbated the conditions. In addition, not all assistive technology and software are readily accessible.

Also, several informants mentioned the struggles to get interpreters for people with deaf-blind for a couple of reasons. First, there is a dearth of interpreters who can serve those with deaf-blindness. Indeed, there are only 1-2 interpreters across Michigan and thus, seeking these interpreters when the need arises may not be as feasible as desired. Second, the policies of some agencies for not paying interpreters when the clients do not show up may have made it harder to secure the resources of interpreters.

**LACK OF ACCESSIBILITY.** Informants from BSBP-Training centers reported the lack of available resources for those with visual impairments/blindness such as braille books, audio files of documents, and large prints. Relatedly, another informant noted the dearth of psychological assessment that is specifically designed for those with visual impairments/blindness. In fact, most of the assessments are normed and validated for people with vision and even with the accessible types of assessments, fewer professionals can administer them. Also, another informant mentioned that accessibility can become an issue when the manufacturer of the assistive devices builds new features and updates them. Thus, having an alternative as a backup plan is recommended.

**LIMITED TRANSPORTATION.** A couple of informants brought up the issue of transportation for those with visual impairments/blindness. Especially in rural areas, work options are drastically dropped when individuals do not have transportation for commuting. Moreover, some of the useful strategies that can be accepted by other individuals for addressing transportation issues (i.e., using a bike to commute) may not still be feasible for those with visual impairments/blindness.

### ***Individuals with Blindness/Visual Impairments: Strategies and Recommendations***

**PROVIDE USEFUL RESOURCES.** Useful resources for those with visual impairments/blindness were discussed by several key informants. For example, early training for assistive technology literacy may be needed for adjustment and expansion of technology usage. Besides, advocating clients' affordability of such technologies should be needed to address its highly tied prices and unbillable equipment through insurance companies. Other examples of

useful resources for those with visual impairments/blindness include braille resources and transportation.

| <b>Issues/Unmet Needs of Individuals with Blindness/Visual Impairments</b>                                                                             | <b>Strategies &amp; Recommendations For Individuals with Blindness/Visual Impairments</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Inadequate Services and Support</li> <li>• Lack of Accessibility</li> <li>• Limited Transportation</li> </ul> | <ul style="list-style-type: none"> <li>• Provide Useful Resources</li> </ul>              |

## 8. Veterans with Disabilities

Four key informants identified veterans with disabilities as an un/underserved population.

### *Veterans with Disabilities: Issues and Unmet Needs*

**NEED FOR MOBILITY SERVICES.** A key informant identified restrictive and poorly designed mobility services for veterans with disabilities as an area to be improved. For example, veterans can use a van for transport, but no care attendants are allowed to ride with them. Although a number of vans are prepared for veterans, there are often no drivers to operate them.

**LACK OF CULTURAL COMPETENCIES.** An informant discussed the need for counselors’ cultural competence for serving different subgroups of veterans, including transgender, younger, and aged veterans. The key informant described how unique support each group and each individual needs; for example, for aged veterans, technology familiarity and accessibility become an issue, especially with the impact of COVID-19. Understanding the needs of each group, customizing services based on one’s needs and having culturally sensitive competent staff are related to service delivery process and outcomes of veterans.

**COMORBIDITY WITH OTHER DISABILITIES.** On the top of the diagnosed disabilities, some veterans may suffer from comorbidity, either diagnosed or undiagnosed, such as respiratory, substance abuse, and psychiatric disabilities. An informant discussed that it is likely to see more veterans with respiratory disabilities due to the recent enactment of the PACT Act (2022) that aims to expand VR health care and benefits for veterans exposed to burn pits and other toxic substances during their services. Also, there would be many veterans with comorbid but psychiatric disabilities, such as adjustment disorder, major depressive disorder, and post-traumatic stress disorder (PTSD). It is important to ensure that they are appropriately assessed, diagnosed, and treated with regular visits with their health care team consisting of medical doctors, counselors, and employment specialists should be highlighted.

### *Veterans with Disabilities: Strategies and Recommendations*

**ENGAGE MULTIPLE PARTNERS.** A key informant cited engagement with multiple partners to address mobility challenges for veterans. For example, veteran agencies might work with public transit agencies that work around underutilized van operations. The flexibility and



open-mindedness of veteran agencies are critical to developing partnerships and collaboration with other agencies.

**ADDRESS CLIENT-SPECIFIC CONCERNS AND NEEDS.** Providing customized support should be key to better-serving veterans given the fact that they often have unique concerns and needs. For example, veterans with psychiatric disabilities who lack insight into how severe their conditions are may need regular contact with an interdisciplinary healthcare team to ease the adjustment to their disabilities as well as manage their health status. Another example can be that aging veterans may need to set goals for re-employment and receive additional training to get a job.

**COMMUNICATE WITH VETERANS.** A key informant highlighted the importance of candid communication with veterans about their perceived barriers and needs. Specifically, the informant mentioned extra care and attention should be directed toward those who circulated the services multiple times without meaningful and successful outcomes. Although communication may better begin with a counselor’s initiative, veteran clients’ autonomy and their informed choices should be foremost respected.

**PROVIDE CAREER COUNSELING.** For those veterans who (re)enter the labor market, counselors should ensure that they pursue feasible and realistic occupations considering multiple life aspects such as health conditions, finances, and education level. This type of conversation can take place in career counseling and guidance. For some veterans, readjustment of goals or further planning for vocational training and education can be suggested.

| <b>Issues/Unmet Needs of Veterans with Disabilities</b>                                                                                                                | <b>Strategies &amp; Recommendations for Veterans with Disabilities</b>                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Need for Mobility Services</li> <li>• Lack of Cultural Competencies</li> <li>• Comorbidity with Other Disabilities</li> </ul> | <ul style="list-style-type: none"> <li>• Engage Multiple Partners</li> <li>• Address Client-Specific Concerns and Needs</li> <li>• Communicate with Veterans</li> <li>• Provide Career Counseling</li> </ul> |

**9. Individuals with Physical Disabilities**

Three key informants identified individuals with physical disabilities and disabilities in general, including multiple disabilities, as un/underserved population.

***Individuals with Physical Disabilities: Issues/Unmet Needs.***

**LIMITED SERVICE PROVIDERS AND RESOURCES.** Limited number of service providers and resources was identified by key informants as a continuing concern, especially for persons with multiple disabilities who reside in rural communities. One key informant reported that transportation, benefits counseling, and housing support services remain difficult for individuals with physical disabilities to access in rural areas.

One key informant reported the extreme shortage of supportive housing environments (i.e., shelters) for individuals who have disabilities, many of which are not accessible or allow service animals into the housing unit(s). Key informants reported that various needs of individuals with multiple disabilities (e.g., Deaf, hearing impaired, vision impairment with other disabilities) are not being addressed adequately when they exist in combination with other co-occurring conditions.

One key informant shared that many rural areas don't have the infrastructure or vendors available to serve the demand for disability support services such as, housing, independent skills training, and peer support groups. This key informant further stated that staffing levels in some rural regions are extremely low, and when you have to drive three or four hours to provide services to one person, that has serious implications on service provisions.

**LACK OF PUBLIC AWARENESS AND ACCEPTANCE.** Key informants identified lack of public awareness and acceptance as a barrier for individuals with multiple disabilities and/or general disabilities, reporting that attitudinal barriers continue to impact both the individual's educational and employment opportunities and that while disability rights policy is strong as ever, these individuals still remain marginalized in their community.

### ***Individuals with Physical Disabilities: Strategies and Recommendations***

**COLLABORATE WITH COMMUNITY PARTNERS.** Continuing to develop collaborative partnerships within the communities they serve was a theme that key informants stressed was important for working with individuals with multiple disabilities. One key informant reported that their efforts to bridge connections with other agencies has been a successful strategy. The informant reported that contracting with interpreter services and improving existing relationships with local school districts where students with multiple disabilities are involved in transition programs have help to contribute to more positive employment outcomes. Key informants continued to stress the importance of developing and maintaining strong working relationships with state agencies, school districts, community providers, and advocacy groups.

**DEVELOP MORE PROGRAMS.** One key informant reported that they have developed more programs for individuals with general/multiple disabilities that combine important employment-related topics such as benefits counseling, networking, and Ticket-to-Work informational sessions with the goal of reducing disincentives to work while increasing knowledge of existing employment support programs. Another key informant reported that the continued expansion of disability advocacy programs has allowed them to reach more individuals and business within their community to promote the hiring of persons with disabilities. This includes newer initiatives where agency staff members are working with teachers who have students with multiple disabilities in class to develop programs that connect students with community resources and support services outside of school.

**USE ASSISTIVE TECHNOLOGY.** A key informant reported that providing students with assistive technology and the training to use it allows their agency to reach more clients with physical disabilities. The key informant reported that being able to provide services remotely

helps to more frequently connect families, students, and service providers even in the more remote service areas. One key informant reported that they have begun to use virtual training sessions, including those focusing on independent living, skills of blindness, and workplace readiness to assist clients with multiple disabilities and/or general disabilities maximize their independence.

| <b>Issues/Unmet Needs of Individuals with Physical Disabilities</b>                                                                            | <b>Strategies &amp; Recommendations for Individuals with Physical Disabilities</b>                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Limited Service Providers and Resources</li> <li>• Lack of Public Awareness and Acceptance</li> </ul> | <ul style="list-style-type: none"> <li>• Collaborate with Community Partners</li> <li>• Provide More Training to Consumers</li> <li>• Develop More Programs</li> <li>• Use Assistive Technology</li> </ul> |

### **10. Individuals with Deafness and Hearing Impairments**

Three key informants identified Deaf individuals and individuals with hearing impairment as an un/underserved population.

#### ***Individuals with Deafness and Hearing Impairments: Issues/Unmet Needs.***

**INADEQUATELY SKILLED / TRAINED STAFF.** All three informants reported the increased need for qualified staff and providers. One key informant reported a need for interpreters for both students and adults as they transition out of school and into the workplace, and another informant expressed the need to train staff to work with these populations. For example, one informant reported that developments in technology have expanded the opportunities for providing VR services, however, both clients and the agencies providing support need to be up to date on assistive technology and the tools that meet the needs of Deaf clients and those who have hearing impairments.

**LIMITED ADVOCACY AND OUTREACH.** Informants suggested there needs to be stronger advocacy for Deaf / hearing impairment issues. One informant expressed the need for staff to be culturally competent when working with Deaf and hearing impaired populations. It was also expressed that they have recently begun employing staff that belongs to the [Deaf] community which has been very helpful for both clients and the organization. Informants also reiterated the need for increased advocacy and outreach. One informant stated that they do not believe the Deaf population is receiving the number of services that are warranted.

**RELUCTANCE TO ACCESS RESOURCES.** One informant reported that there remains a lack of presence of Deaf and hearing impaired clients compared to other populations served, which may imply the need for increase outreach efforts as well as the evaluation of current accessibility standards in order to reduce barriers and increase access for those interested in receiving services.

#### ***Individual with Deafness and Hearing Impairments: Strategies and Recommendations***

### COLLABORATE WITH OTHER AGENCIES AND EXPAND SUPPORT SERVICES.

One key informant reported that collaborations with Michigan Rehabilitation Services (MRS) has resulted in having an onsite rehabilitation counselor who assist with the successful delivery of programming for students attending the Michigan Career and Technical Institute (MCTI). This key informant also stated that they have brought many health care and related support services (e.g., counseling) on campus which has had a positive impact on clients tending more closely to their overall health related needs.

**PROVIDE SPECIALIZED STAFF TRAINING.** Implementing specific initiatives to recruit staff with specific training and or professional experience in working with Deaf and hearing impaired populations was a common theme among two of the key informants. One informant also reported how staff training on Deaf culture and developing support groups for clients have improved overall service delivery to this population.

| <b>Issues/Unmet Needs of Deafness and Hearing Impairments</b>                                                                                                           | <b>Strategies &amp; Recommendations for Deafness and Hearing Impairments</b>                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Inadequately Skilled / Trained Staff</li><li>• Limited Advocacy and Outreach</li><li>• Reluctance to Access Resources</li></ul> | <ul style="list-style-type: none"><li>• Collaborate with Other Agencies and Expand Support Services</li><li>• Provide Specialized Staff Training</li></ul> |

### Geographical Implications

When evaluating the unmet needs of individuals with disabilities, it is crucial to consider the geographic implications to ensure fair and equal access to services. Several key informants highlighted the significance of geographic factors, such as resource availability, transportation, and access to technology, in meeting the needs of individuals with disabilities across different areas. Rural regions often encounter difficulties due to limited infrastructure, service providers, businesses, and resources. Conversely, urban areas present challenges related to issues like poverty, low education/literacy rates, and inequality. Nevertheless, both rural and urban areas face long-standing barriers concerning healthcare and transportation accessibility. Although limited internet connectivity and restricted technology access have traditionally posed primary challenges in rural areas, the Covid-19 pandemic reshaped the work landscape, allowing remote work to become a prevalent option. This unexpected shift resulted in the expansion and improvement of internet connectivity in rural areas.

### Future Trends

A total of twenty-five key informants shared insights on various future trends grouped into four primary themes: technology, education & training, collaboration, and other trends (e.g., individualized services, inclusion & social justice).

#### Technology

The majority of key informants expressed positive views on technological advancements and emphasized the importance of prioritizing their use to improve access to services, provide remote support, and create employment opportunities for individuals with disabilities. Examples

included artificial intelligence, assistive technology, automated vehicles, smartphone apps, and GPS systems designed to promote independent living and community integration for individuals with disabilities. The COVID-19 pandemic has also increased technology exposure for people in general, even in rural areas, opening up more options for counseling services such as tele-counseling and remote case management based on personal preferences

### **Education and Training**

Key informants provided insights on future trends in education and training for individuals with disabilities. Inclusive education was highlighted as a crucial aspect, emphasizing the use of technology and appropriate staff training to create supportive and inclusive environments in general education classrooms (e.g., Universal Design for Learning). Another frequently mentioned theme was the "60 by 30" plan, which aims to increase the percentage of working-age adults with a skill certificate or college degree to 60% by 2030. Aligned with this initiative, individuals with disabilities should have access to post-secondary education and training, with efforts made to explore different career options and provide encouragement. It is worth noting that the Workforce Innovation and Opportunity Act (WIOA) also prioritizes credential attainment and measurable skill gains, making individuals with disabilities no exception

In addition to education, key informants emphasized the importance of continuous training for individuals with disabilities to be effective in areas such as benefits counseling, advocacy, self-determination skills, social-communication skills, health and wellness, and technology. They highlighted the need for a credentialed workforce, leading to the development of short-duration certificate programs, vocational training, and postsecondary education opportunities

### **Partnerships and Collaborations**

Given the challenges posed by limited funds, resources, and professionals, many key informants identified partnerships and collaborations as essential future needs and trends in serving individuals with disabilities. Efforts should be made at both administrative and practitioner levels to develop Memorandums of Understanding (MOUs) among agencies and expand networks at the local level. The desired outcomes include employment opportunities and community-based services. Key informants emphasized the need to prioritize employment for individuals with disabilities, providing training on navigating employer systems, teaching emotional regulation and social skills, and fostering partnerships with businesses. Moreover, there was a call for expanding community-based services to cater to the specific needs of individuals with disabilities, including employment support and capacity building.

### **Other Future Trends**

As aforementioned, comprehensive support is crucial for the success of individuals with disabilities in the community. Key informants stressed that core services should remain consistent in the future, with professionals assessing basic needs and barriers (e.g., housing, transportation, accommodations) and streamlining the service delivery process to improve outcomes. They also highlighted the importance of inclusion, intersectionality, and cultural

sensitivity in service provision, calling for more discussions on race intersectionality, increased cultural sensitivity, and counselor training focused on awareness and inclusivity

# STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

## **CHAPTER V** **CONSUMER SURVEY**

**PROJECT EXCELLENCE**  
MICHIGAN STATE UNIVERSITY

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## CHAPTER FIVE: CONSUMER SURVEY FINDINGS

In order to identify unserved or underserved groups and their unmet needs of individuals with disabilities (IWDs) residing in Michigan, a variety of stakeholders (e.g., service agency staff, key informants) were surveyed or interviewed. In addition, the 2023 Comprehensive Statewide Needs Assessment (CSNA) project provided IWDs 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 members or friends in relation to their service needs.

### Methods

#### Survey Instruments

The survey for IWDs consists of the following four sections: (1) survey participants' information (e.g., race/ethnicity, type of disabilities, employment status), (2) their involvement with a state agency in the previous 3 years (e.g., MRS, BSBP, CIL/DN, CMH), (3) the perceived level of service availability (e.g., employment, general services) in their community, and (4) comments in relation to unmet service needs and challenges of IWDs. However, the family/friend survey 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 IWDs.

In order to collect the needs assessment data and relevant issues of students and youth with disabilities, as stipulated in Workforce Innovation and Opportunity Act (WIOA), both consumer and family/friend surveys included a section specifically targeted for the junior high or high school students with disabilities. 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 the services. In addition, the survey assessed the level of interest in 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 members or friends, MRS/PE staff developed a recruitment poster showing two survey participation options: an online survey and a phone interview. The poster was mailed to the primary service agencies (e.g., MRS, BSBP, CIL/DN) responsible for the CSNA, several agencies that provide services to IWDs (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 several partner websites (e.g., SILC), as well as the Project Excellence (PE) website.

Using the *Qualtrics Survey Software*, the data was collected from October 2022 to February 2023. The current report reflects two datasets pulled from *Qualtrics* on March 7, 2023.

## Survey Participants and Data Cleaning Process

As of March 7, 2023, a total of 105 IWDs and 71 family members or friends had participated in the survey and answered at least one of the service availability or need questions. Of those, six IWDs and 16 family members or friends completed the questions designated for the secondary school students. The secondary school student data were separately analyzed and presented at the end of this chapter.

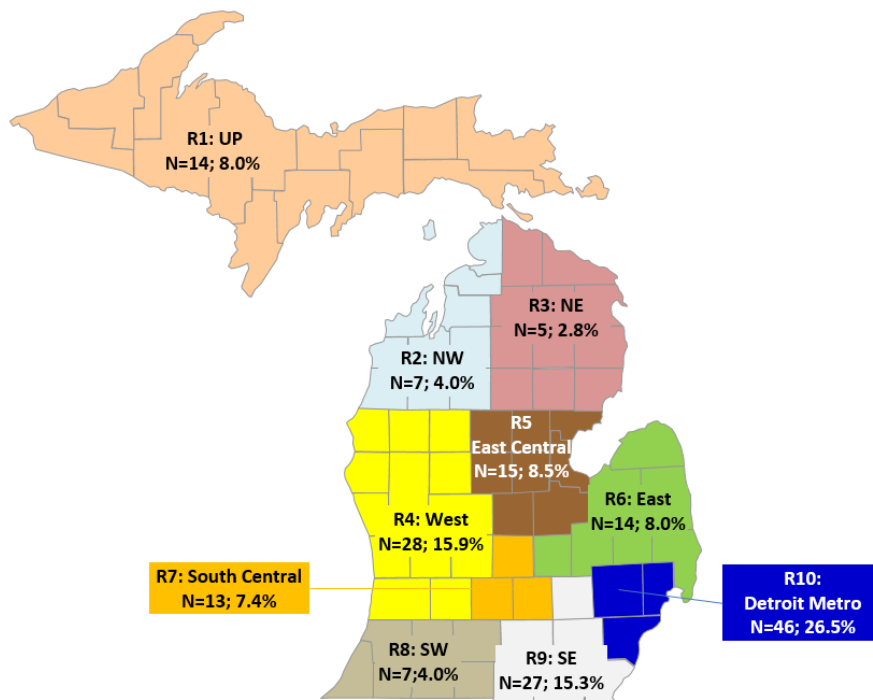
## Consumer Survey Findings

### Participants

#### *Geographic Distribution*

The figure presents the geographic distribution of all 176 survey participants (i.e., IWDs, family/friends) by the Michigan Prosperity Region.

Figure 1: Geographic Distribution of Survey Participants



As shown in the table below, however, the distribution of survey respondents was not similar to that of MI population. That is, there was lower representation of Region 10: Detroit Metro (26.1% vs. 39.2%) but more of Region 1: Upper Peninsula (8.0% vs. 3.0%) and Region 9: Southeast (15.3% vs. 10.2%), compared to the 2020 population distribution<sup>1</sup>.

<sup>1</sup> Source: Michigan Department of Technology, Management & Budget. Retrieved from [https://www.milmi.org/docs/publications/Census/Prosperity\\_Region\\_change\\_2010\\_2020.xlsx](https://www.milmi.org/docs/publications/Census/Prosperity_Region_change_2010_2020.xlsx)

Table 1: 2020 Michigan Population by Prosperity Region

|                           | <b>Number</b> | <b>Percent</b> |
|---------------------------|---------------|----------------|
| Region 1: Upper Peninsula | 301,608       | 3.0%           |
| Region 2: Northwest       | 310,802       | 3.1%           |
| Region 3: Northeast       | 202,552       | 2.0%           |
| Region 4: West            | 1,626,731     | 16.1%          |
| Region 5: East Central    | 554,873       | 5.5%           |
| Region 6: East            | 848,648       | 8.4%           |
| Region 7: South Central   | 473,203       | 4.7%           |
| Region 8: Southwest       | 783,273       | 7.8%           |
| Region 9: Southeast       | 1,026,468     | 10.2%          |
| Region 10: Detroit Metro  | 3,949,173     | 39.2%          |

Table 2: 2023 CSNA Participants Distribution by Prosperity Region

|                           | <b>Number</b> | <b>Percent</b> |
|---------------------------|---------------|----------------|
| Region 1: Upper Peninsula | 14            | 8.0%           |
| Region 2: Northwest       | 7             | 4.0%           |
| Region 3: Northeast       | 5             | 2.8%           |
| Region 4: West            | 28            | 15.9%          |
| Region 5: East Central    | 15            | 8.5%           |
| Region 6: East            | 14            | 8.0%           |
| Region 7: South Central   | 13            | 7.4%           |
| Region 8: Southwest       | 7             | 4.0%           |
| Region 9: Southeast       | 27            | 15.3%          |
| Region 10: Detroit Metro  | 46            | 26.1%          |

### *Characteristics of Participants*

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

Of the 105 consumer survey respondents (i.e., IWDs), 67.6% were female and the majority were either White (70.5%) or African American (16.2%). Forty percent of participants were aged between 41 and 64 years, and 22.9% reported being younger than 26 years old. Representing 61.8% of the survey respondents, the top five disability categories most frequently reported were: psychiatric disability (15.2%), multiple disabilities (13.3%), chronic illness (11.4%), autism spectrum disorder (11.4%), and neurological impairment (10.5%).

Table 3: Characteristics of Survey Participants (IWD): Gender

|         | <b>Number</b> | <b>Percent</b> |
|---------|---------------|----------------|
| Male    | 29            | 27.6           |
| Female  | 71            | 67.6           |
| Other   | 4             | 3.8            |
| Missing | 1             | 1.0            |

Table 4: Characteristics of Survey Participants (IWD): Race/Ethnicity

|                                      | <b>Number</b> | <b>Percent</b> |
|--------------------------------------|---------------|----------------|
| African-American                     | 17            | 16.2           |
| Latino/Hispanic                      | 3             | 2.9            |
| White/                               | 74            | 70.5           |
| Asian, Native, Middle Eastern, Other | 4             | 3.8            |
| Multiracial                          | 5             | 4.8            |
| Missing                              | 2             | 1.9            |

Table 5: Characteristics of Survey Participants (IWD): Age

|         | <b>Number</b> | <b>Percent</b> |
|---------|---------------|----------------|
| <= 25   | 24            | 22.9           |
| 26 - 40 | 25            | 23.8           |
| 41 - 64 | 42            | 40.0           |
| >= 65   | 12            | 11.4           |
| Missing | 2             | 1.9            |

Table 6: Characteristics of Survey Participants (IWD): Type of Disabilities

|                          | <b>Number</b> | <b>Percent</b> |
|--------------------------|---------------|----------------|
| Blind/legally blind      | 2             | 1.9            |
| Other visual impairment  | 3             | 2.9            |
| Deaf or hard of hearing  | 10            | 9.5            |
| Communicative impairment | 0             | 0              |
| Orthopedic impairment    | 9             | 8.6            |
| Neurological impairment  | 11            | 10.5           |
| Chronic illness          | 12            | 11.4           |
| Learning disability      | 6             | 5.7            |
| Psychiatric disability   | 16            | 15.2           |
| Intellectual disability  | 1             | 1.0            |
| Traumatic brain injury   | 1             | 1.0            |
| Autism spectrum disorder | 12            | 11.4           |
| Spinal cord injury       | 7             | 6.7            |
| Multiple disabilities    | 14            | 13.3           |
| Other                    | 0             | 0              |
| Missing                  | 1             | 1.0            |

***Employment Status and Relevant Information***

As indicated in the following table, 50 respondents indicated they had a full-time (20.0%), part-time (25.7%), or temporary/seasonal (1.9%) job while 27.6% reported currently being unemployed but looking for work. Four respondents (3.8%) checked “other” to the question about their current employment status, and the majority \ provided reasons they are not currently working, such as retirement, severe disability, and involvement in volunteer work or school (i.e., students).

Table 7: Employment Status (N=105)

|           | <b>Number</b> | <b>Percent</b> |
|-----------|---------------|----------------|
| Full-time | 21            | 20.0           |

|                                  | <b>Number</b> | <b>Percent</b> |
|----------------------------------|---------------|----------------|
| Part-time                        | 27            | 25.7           |
| Temporary/Seasonal work          | 2             | 1.9            |
| Unemployed, looking for work     | 29            | 27.6           |
| Unemployed, not looking for work | 21            | 20.0           |
| Other                            | 4             | 3.8            |
| Missing                          | 1             | 1.0            |

Of those who are currently working and provided job-related information, approximately 40% reported working more than 36 hours, while 48% were working 11-35 hours per week.

Table 8: Hours Worked Per Week (N=50)

|             | <b>Number</b> | <b>Percent</b> |
|-------------|---------------|----------------|
| 1-10 hours  | 6             | 12.0           |
| 11-20 hours | 10            | 20.0           |
| 21-35 hours | 14            | 28.0           |
| 36-40 hours | 15            | 30.0           |
| 41 + hours  | 5             | 10.0           |

With regard to hourly wage, 52% of the employed individuals reported making between \$12.00 and \$21.99 and 36% more than \$22 per hour. Only 12% indicated their hourly wage was less than \$12.00.

Table 9: Hourly Wage (N=50)

|                   | <b>Number</b> | <b>Percent</b> |
|-------------------|---------------|----------------|
| Less than \$8.50  | 2             | 4.0            |
| \$8.51 - \$11.99  | 4             | 8.0            |
| \$12.00 - \$21.99 | 26            | 52.0           |
| \$22.00 or more   | 18            | 36.0           |

### ***Participants' Relationship or Role to IWDs (Family/Friend Survey)***

Participants were asked about their role or relationship with IWDs in the survey. While 24 (33.8%) of 71 respondents reported one role, the rest indicated multiple roles, for example, a family member and an advocate. The biggest number of participants (n=52) identified themselves as a family member, followed by an advocate (n=38), a guardian (n=26), a friend (n=15) and a school administrator/teacher (n=8) of IWDs.

### **Previous Agency Involvement & Level of Satisfaction**

A relatively high proportion of the respondents indicated in the past three years they had received services from Michigan Rehabilitation Services, Michigan Works!, and/or Community Mental Health. When asked about how well their needs were met, a very low proportion (< 8%) of service recipients with disabilities marked "not at all." However, the dissatisfaction rates of the family/friend survey were slightly higher, ranging from 9.9% to 15.5%. The family/friend survey showed higher dissatisfaction, but due to the smaller number of respondents, careful interpretation is necessary.

Table 10: Previous Agency Involvement and Level of Statistician: IWDs (N=105)

|                                                             | <b>Receiver Number</b> | <b>Receiver Percent</b> | <b>Needs Not Met</b> |
|-------------------------------------------------------------|------------------------|-------------------------|----------------------|
| Michigan Rehabilitation Services (MRS)                      | 64                     | 61.0%                   | 7.6%                 |
| Bureau of Svcs for Blind Persons (BSBP)                     | 2                      | 1.9%                    | 3.8%                 |
| Center for Independent Living / Disability Network (CIL/DN) | 14                     | 13.3%                   | 7.6%                 |
| Michigan Works (MWA)                                        | 23                     | 21.9%                   | 5.7%                 |
| Community Rehabilitation Organizations                      | 7                      | 6.7%                    | 3.8%                 |
| Community Mental Health (CMH)                               | 21                     | 20.0%                   | 5.7%                 |

Table 11: Previous Agency Involvement and Level of Statistician: Family/Friend (N=71)

|                                                             | <b>Receiver Number</b> | <b>Receiver Percent</b> | <b>Needs Not Met</b> |
|-------------------------------------------------------------|------------------------|-------------------------|----------------------|
| Michigan Rehabilitation Services (MRS)                      | 26                     | 36.6%                   | 15.5%                |
| Bureau of Svcs for Blind Persons (BSBP)                     | 2                      | 2.8%                    | 12.7%                |
| Center for Independent Living / Disability Network (CIL/DN) | 7                      | 9.9%                    | 14.1%                |
| Michigan Works (MWA)                                        | 4                      | 5.6%                    | 9.9%                 |
| Community Rehabilitation Organizations                      | 7                      | 9.9%                    | 11.3%                |
| Community Mental Health (CMH)                               | 24                     | 33.8%                   | 14.1%                |

### Perceived Level of Service Needs for IWDs

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 I do not know.

The perceived level of service availability is presented for each stakeholder group (i.e., IWDs, Friends/Family [F/F]) and compared between two groups. Results are presented below in a table format which includes the number of participants who responded to the question, the percentages of people who marked 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, 90 IWDs elected to answer an employment question related to the availability of career or vocational counseling services in their community. Of those that responded, 37.8% (n=34) answered they did not know whether the services were available, and 2.2% (n=2) perceived the career or vocational counseling services as unavailable in their community. It can be interpreted the rest of the respondents (n=54; 60.0%) perceived the career or vocational counseling services were available for IWDs in their local community. Due to the high “unknown” rate, the adjusted rate of unavailability was computed [ $2 / (54+2) * 100 = 3.6\%$ ], which means 3.6% of the respondents who marked either “available” or “unavailable” perceived the specific service was not available in their residential area.

It should be noted the availability questions were not asked to secondary students (i.e., IWD=6; F/F=16); therefore, this section reports the responses of 154 individuals (i.e., IWD=99; F/F=55) who did not identify themselves or the target of their responses as a secondary student. It is worth noting the high rate of responses to “I don’t know” would indicate the marketing or education of available services designed for IWDs should be a priority.

**Employment Services**

As indicated in the following table, a high proportion (>50%) of both IWD and F/F groups indicated they did not know about whether the following services were available in their community: basic reading instruction (63.5% IWD; 54.9% F/F), follow-up support (51.7% IWD; 60.8% F/F), help keeping a job (49.5% IWD; 64.0% F/F), self-employment (70.1% IWD; 65.3% F/F), and help with the transition from high school to work (60.7% IWD; 54.9% F/F). When the services with a high rate (>50%) of “I don’t know” were excluded for further consideration, the following employment services were seen as unavailable: vocational assessment (F/F), job training (F/F), help looking for work (F/F), help getting a job (F/F), long-term on-the-job help (F/F), and short-term on-the-job help (F/F). Overall, it appeared that IWDs were more knowledgeable about employment services available in their community than their family or friends.

Table 12: Employment Services: Valid Number of IWD and Family/Friend

|                                                              | <b>IWD</b> | <b>Friend/Family</b> |
|--------------------------------------------------------------|------------|----------------------|
| Career or vocational counseling                              | 90         | 52                   |
| Vocational assessment                                        | 89         | 53                   |
| Job training programs                                        | 92         | 51                   |
| Basic reading instruction                                    | 85         | 51                   |
| Help with completing a GED or other degree after high school | 87         | 52                   |
| Help looking for work                                        | 91         | 52                   |
| Help getting a job                                           | 91         | 52                   |
| Long-term on-the-job help                                    | 90         | 50                   |
| Short-term on-the-job help                                   | 90         | 51                   |
| Follow-up support                                            | 89         | 51                   |
| Help keeping a job                                           | 91         | 50                   |
| Self-employment services                                     | 87         | 49                   |
| Help with the transition from high school to work            | 89         | 51                   |

Table 13: Employment Services: I Don't Know

|                                                              | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------|------------|----------------------|
| Career or vocational counseling                              | 37.8%      | 36.5%                |
| Vocational assessment                                        | 39.3%      | 39.6%                |
| Job training programs                                        | 48.9%      | 41.2%                |
| Basic reading instruction                                    | 63.5%      | 54.9%                |
| Help with completing a GED or other degree after high school | 62.1%      | 46.2%                |
| Help looking for work                                        | 27.5%      | 34.6%                |
| Help getting a job                                           | 31.9%      | 36.5%                |
| Long-term on-the-job help                                    | 48.9%      | 32.0%                |
| Short-term on-the-job help                                   | 47.8%      | 41.2%                |



|                                                   | <b>IWD</b> | <b>Family/Friend</b> |
|---------------------------------------------------|------------|----------------------|
| Follow-up support                                 | 51.7%      | 60.8%                |
| Help keeping a job                                | 49.5%      | 64.0%                |
| Self-employment services                          | 70.1%      | 65.3%                |
| Help with the transition from high school to work | 60.7%      | 54.9%                |

Table 14: Employment Services: Unavailability

|                                                              | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------|------------|----------------------|
| Career or vocational counseling                              | 2.2%       | 17.3%                |
| Vocational assessment                                        | 5.6%       | 22.6%                |
| Job training programs                                        | 2.2%       | 21.6%                |
| Basic reading instruction                                    | 3.5%       | 11.8%                |
| Help with completing a GED or other degree after high school | 2.3%       | 11.5%                |
| Help looking for work                                        | 3.3%       | 21.2%                |
| Help getting a job                                           | 5.5%       | 19.2%                |
| Long-term on-the-job help                                    | 8.9%       | 22.0%                |
| Short-term on-the-job help                                   | 5.6%       | 19.6%                |
| Follow-up support                                            | 6.7%       | 21.6%                |
| Help keeping a job                                           | 8.8%       | 20.0%                |
| Self-employment services                                     | 5.7%       | 22.4%                |
| Help with the transition from high school to work            | 5.6%       | 15.7%                |

Table 15: Employment Services: Adjusted Rate of Unavailability\*

|                                                              | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------|------------|----------------------|
| Career or vocational counseling                              | 3.6%       | 27.3%                |
| Vocational assessment                                        | 9.3%       | <b>37.5%</b>         |
| Job training programs                                        | 4.3%       | <b>36.7%</b>         |
| Basic reading instruction                                    | 9.7%       | 26.1%                |
| Help with completing a GED or other degree after high school | 6.1%       | 21.4%                |
| Help looking for work                                        | 4.5%       | <b>32.4%</b>         |
| Help getting a job                                           | 8.1%       | <b>30.3%</b>         |
| Long-term on-the-job help                                    | 17.4%      | <b>32.4%</b>         |
| Short-term on-the-job help                                   | 10.6%      | <b>33.3%</b>         |
| Follow-up support                                            | 14.0%      | 55.0%                |
| Help keeping a job                                           | 17.4%      | 55.6%                |
| Self-employment services                                     | 19.2%      | 64.7%                |
| Help with the transition from high school to work            | 14.3%      | 34.8%                |

\*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***

As the table below depicts, a higher unknown rate was found in services such as assistance to move out of a nursing home or group home to the community (71.1% IWD; 62.3% F/F) and help with community, work, and home access to buildings/facilities (58.2% IWD; 57.7% F/F). When those services were excluded, a relatively higher percent of survey participants (>30%) saw the following services as unavailable in their community: support to develop my skills to live independently (F/F), connecting to other IWDs (F/F), supports to transition from school to adult



life (F/F), assistance with accessing transportation (F/F), assistance with locating recreation programs (F/F), and assistance with finding affordable and accessible housing (F/F).

Table 16: Independent Living Services: Valid Number of IWD and Family/Friend

|                                                                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------------------------------------------------------|------------|----------------------|
| Disability information and/or referral to resources                               | 89         | 53                   |
| Help standing up for my rights and/or the rights of individuals with disabilities | 90         | 53                   |
| Support to develop my skills to live independently                                | 93         | 52                   |
| Connecting to other individuals with disabilities                                 | 94         | 52                   |
| Assistance to move out of a nursing home or group home to the community           | 90         | 53                   |
| Supports to transition from school to adult life                                  | 91         | 53                   |
| Assistance with accessing benefits                                                | 92         | 53                   |
| Assistance with accessing transportation                                          | 91         | 53                   |
| Assistance with locating recreation programs                                      | 92         | 53                   |
| Assistance with find affordable and accessible housing                            | 92         | 52                   |
| Help with community, work, and home access to buildings/facilities                | 91         | 52                   |

Table 17: Independent Living Services: I Don't Know

|                                                                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------------------------------------------------------|------------|----------------------|
| Disability information and/or referral to resources                               | 44.9%      | 34.0%                |
| Help standing up for my rights and/or the rights of individuals with disabilities | 46.7%      | 37.7%                |
| Support to develop my skills to live independently                                | 48.4%      | 34.6%                |
| Connecting to other individuals with disabilities                                 | 48.9%      | 42.3%                |
| Assistance to move out of a nursing home or group home to the community           | 71.1%      | 62.3%                |
| Supports to transition from school to adult life                                  | 44.9%      | 34.0%                |
| Assistance with accessing benefits                                                | 46.7%      | 37.7%                |
| Assistance with accessing transportation                                          | 48.4%      | 34.6%                |
| Assistance with locating recreation programs                                      | 48.9%      | 42.3%                |
| Assistance with find affordable and accessible housing                            | 71.1%      | 62.3%                |
| Help with community, work, and home access to buildings/facilities                | 44.9%      | 34.0%                |

Table 18: Independent Living Services: Unavailability

|                                                                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------------------------------------------------------|------------|----------------------|
| Disability information and/or referral to resources                               | 6.7%       | 15.1%                |
| Help standing up for my rights and/or the rights of individuals with disabilities | 8.9%       | 15.1%                |
| Support to develop my skills to live independently                                | 10.8%      | 26.9%                |
| Connecting to other individuals with disabilities                                 | 11.7%      | 23.1%                |
| Assistance to move out of a nursing home or group home to the community           | 7.8%       | 20.8%                |
| Supports to transition from school to adult life                                  | 7.7%       | 26.4%                |
| Assistance with accessing benefits                                                | 10.9%      | 17.0%                |
| Assistance with accessing transportation                                          | 11.0%      | 18.9%                |

|                                                                    | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------------|------------|----------------------|
| Assistance with locating recreation programs                       | 9.8%       | 18.9%                |
| Assistance with find affordable and accessible housing             | 15.2%      | 25.0%                |
| Help with community, work, and home access to buildings/facilities | 13.2%      | 17.3%                |

Table 19: Independent Living Services: Adjusted Rate of Unavailability\*

|                                                                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------------------------------------------------------|------------|----------------------|
| Disability information and/or referral to resources                               | 12.2%      | 22.9%                |
| Help standing up for my rights and/or the rights of individuals with disabilities | 16.7%      | 24.2%                |
| Support to develop my skills to live independently                                | 20.8%      | <b>41.2%</b>         |
| Connecting to other individuals with disabilities                                 | 22.9%      | <b>40.0%</b>         |
| Assistance to move out of a nursing home or group home to the community           | 26.9%      | 55.0%                |
| Supports to transition from school to adult life                                  | 21.2%      | <b>43.8%</b>         |
| Assistance with accessing benefits                                                | 21.7%      | 26.5%                |
| Assistance with accessing transportation                                          | 22.7%      | <b>31.3%</b>         |
| Assistance with locating recreation programs                                      | 30.0%      | <b>35.7%</b>         |
| Assistance with find affordable and accessible housing                            | 38.9%      | <b>48.1%</b>         |
| Help with community, work, and home access to buildings/facilities                | 31.6%      | 40.9%                |

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

### **General Services**

More than 50% of both IWD and F/F groups reported being unsure of availability of the following services in their community: affordable child-care (76.7% IWD; 59.6% F/F), affordable legal services (63.0% IWD; 62.7% F/F), and temporary disaster relief (71.4% IWD; 74.5% F/F). Excluding those services, the following general services were considered unavailable: accessible non-public transportation (IWD & F/F), affordable accessible housing (F/F), and adult day care services (F/F). Different from employment services, IWDs were less likely to know about service availability of general services, compared to their family or friends.

Table 20: General Services: Valid Number of IWD and Family/Friend

|                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------|------------|----------------------|
| Accessible public transportation  | 91         | 52                   |
| Accessible non-public transport.  | 91         | 52                   |
| Affordable accessible housing     | 93         | 51                   |
| Affordable child-care             | 90         | 52                   |
| Affordable medical services       | 92         | 52                   |
| Affordable mental health services | 90         | 52                   |
| Adult day care services           | 91         | 52                   |
| Affordable legal services         | 92         | 51                   |
| College and/or university         | 91         | 51                   |
| Temporary disaster relief         | 91         | 51                   |

Table 21: General Services: I Don't Know

|                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------|------------|----------------------|
| Accessible public transportation  | 29.7%      | 13.5%                |
| Accessible non-public transport.  | 48.4%      | 38.5%                |
| Affordable accessible housing     | 50.5%      | 43.1%                |
| Affordable child-care             | 76.7%      | 59.6%                |
| Affordable medical services       | 39.1%      | 32.7%                |
| Affordable mental health services | 43.3%      | 28.8%                |
| Adult day care services           | 68.1%      | 42.3%                |
| Affordable legal services         | 63.0%      | 62.7%                |
| College and/or university         | 49.5%      | 43.1%                |
| Temporary disaster relief         | 71.4%      | 74.5%                |

Table 22: General Services: Unavailability

|                                   | <b>IWD</b> | <b>Family/Friend</b> |
|-----------------------------------|------------|----------------------|
| Accessible public transportation  | 9.9%       | 17.3%                |
| Accessible non-public transport.  | 17.6%      | 38.5%                |
| Affordable accessible housing     | 20.4%      | 29.4%                |
| Affordable child-care             | 10.0%      | 28.8%                |
| Affordable medical services       | 13.0%      | 17.3%                |
| Affordable mental health services | 14.4%      | 23.1%                |
| Adult day care services           | 9.9%       | 34.6%                |
| Affordable legal services         | 12.0%      | 27.5%                |
| College and/or university         | 8.8%       | 15.7%                |
| Temporary disaster relief         | 9.9%       | 15.7%                |

Table 23: General Services: Adjusted Rate of Unavailability\*

|                                   | <b>IWD</b>   | <b>Family/Friend</b> |
|-----------------------------------|--------------|----------------------|
| Accessible public transportation  | 14.1%        | 20.0%                |
| Accessible non-public transport.  | <b>34.0%</b> | <b>62.5%</b>         |
| Affordable accessible housing     | 41.3%        | <b>51.7%</b>         |
| Affordable child-care             | 42.9%        | 71.4%                |
| Affordable medical services       | 21.4%        | 25.7%                |
| Affordable mental health services | 25.5%        | 32.4%                |
| Adult day care services           | 31.0%        | <b>60.0%</b>         |
| Affordable legal services         | 32.4%        | 73.7%                |
| College and/or university         | 17.4%        | 27.6%                |
| Temporary disaster relief         | 34.6%        | 61.5%                |

\*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 IWDs (e.g., services for those with blindness or low vision, culturally relevant services, rehabilitation technology services), low vision clinics and services, orientation and mobility training, and adapted living skill training were all rated high by both IWDs and F/F. Compared to other types of services, a much higher proportion of survey respondents marked "I don't know" for all services in this section (>50%). It is assumed that a

larger number of participants elected not to answer these questions because specific target populations tend to need and utilize these other services (e.g., services for blind persons, services for immigrants/refugees).

Table 24: Other Services: Valid Number of IWD and Family/Friend

|                                                                    | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------------|------------|----------------------|
| Low vision clinics and services                                    | 89         | 50                   |
| Orientation and mobility training                                  | 89         | 50                   |
| Adapted daily living skills training                               | 90         | 50                   |
| Assistive technology support services (help with existing devices) | 92         | 52                   |
| Assistive technology evaluations (help identify technology needs)  | 91         | 51                   |
| Training in assistive technology use on the job                    | 92         | 52                   |
| Repair services for wheelchair and other accommodations            | 89         | 52                   |
| Language translators                                               | 90         | 52                   |
| English as a second language education programs                    | 91         | 52                   |
| Sign language interpreters                                         | 90         | 52                   |

Table 25: Other Services: I Don't Know

|                                                                    | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------------|------------|----------------------|
| Low vision clinics and services                                    | 77.5%      | 78.0%                |
| Orientation and mobility training                                  | 76.4%      | 78.0%                |
| Adapted daily living skills training                               | 72.2%      | 76.0%                |
| Assistive technology support services (help with existing devices) | 55.4%      | 65.4%                |
| Assistive technology evaluations (help identify technology needs)  | 53.8%      | 70.6%                |
| Training in assistive technology use on the job                    | 60.9%      | 69.2%                |
| Repair services for wheelchair and other accommodations            | 69.7%      | 63.5%                |
| Language translators                                               | 63.3%      | 61.5%                |
| English as a second language education programs                    | 62.6%      | 65.4%                |
| Sign language interpreters                                         | 57.8%      | 57.7%                |

Table 26: Other Services: Unavailability

|                                                                    | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------------|------------|----------------------|
| Low vision clinics and services                                    | 5.6%       | 10.0%                |
| Orientation and mobility training                                  | 6.7%       | 12.0%                |
| Adapted daily living skills training                               | 6.7%       | 14.0%                |
| Assistive technology support services (help with existing devices) | 7.6%       | 25.0%                |
| Assistive technology evaluations (help identify technology needs)  | 7.7%       | 25.5%                |
| Training in assistive technology use on the job                    | 5.4%       | 25.0%                |
| Repair services for wheelchair and other accommodations            | 3.4%       | 19.2%                |
| Language translators                                               | 4.4%       | 11.5%                |
| English as a second language education programs                    | 3.3%       | 15.4%                |
| Sign language interpreters                                         | 5.6%       | 15.4%                |

Table 27: Other Services: Adjusted Rate of Unavailability\*

|                                      | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------|------------|----------------------|
| Low vision clinics and services      | 25.0%      | 45.5%                |
| Orientation and mobility training    | 28.6%      | 54.5%                |
| Adapted daily living skills training | 24.0%      | 58.3%                |

|                                                                    | <b>IWD</b> | <b>Family/Friend</b> |
|--------------------------------------------------------------------|------------|----------------------|
| Assistive technology support services (help with existing devices) | 17.1%      | 72.2%                |
| Assistive technology evaluations (help identify technology needs)  | 16.7%      | 86.7%                |
| Training in assistive technology use on the job                    | 13.9%      | 81.3%                |
| Repair services for wheelchair and other accommodations            | 11.1%      | 52.6%                |
| Language translators                                               | 12.1%      | 30.0%                |
| English as a second language education programs                    | 8.8%       | 44.4%                |
| Sign language interpreters                                         | 13.2%      | 36.4%                |

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

Overall, high unavailability rates were observed in general services such as non-public transportation (e.g., cabs, rental cars), affordable accessible housing, and adult day care services, followed by independent living services, including support to develop independent living skills, connecting to other individuals with disabilities, supports to transition from school to adult life, assistance with accessing transportation, assistance with locating recreational programs, and assistance with finding affordable and accessible housing. Also, the services for specific subgroups of IWDs (e.g., services for those with blindness or low vision, culturally relevant services, rehabilitation technology services) appeared to be less acknowledged in both groups of IWDs and F/F.

### **Secondary School Students with Disabilities**

In order to identify service needs and relevant issues of students and youth 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 22 participants answered those questions (i.e., 6 consumers and 16 family members/friends). The survey participants were asked to provide their employment and postsecondary education goals after graduating from high school and level of interest or needs for pre-employment transition services or activities, per the five categories specified in WIOA. Due to the small sample number of participants, a careful interpretation is necessary.

#### ***Employment and Postsecondary Education Goals***

Regarding employment and postsecondary education goals, all respondents provided multiple answers (e.g., have a part-time job and have volunteer work). When IWD and F/F survey respondents were considered *together* (N=22), almost 36.4% indicated their goal was to have a full-time job, and 31.8% a part-time job. In addition, approximately one-third (31.8%) expressed an interest in having a job but indicated they would need additional support to find and/or keep a job.

In regard to education goals answered by all 22 survey respondents, the three most frequent responses were two-year community college (31.8%), four-year college/university (31.8%), and vocational technical school (13.6%). No one indicated they were not interested in further education or didn’t know yet after high school graduation.

The tables below separately display the percentage of respondents who endorsed employment and postsecondary education goals for each group. For example, 66.7% of 6 IWDs reported their employment goal is to have a full-time job. As only six IWDs responded, a number of respondents, not percentage, was provided, which reflects a need of careful interpretation.

Table 28: Employment Goals

|                                                                     | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|---------------------------------------------------------------------|--------------------|-------------------------------|
| Have a full-time job                                                | 4                  | 25.0%                         |
| Have a part-time job                                                | 1                  | 37.5%                         |
| Have a job but I need additional supports to find and/or keep a job | 1                  | 37.5%                         |
| Have volunteer work                                                 | 0                  | 6.3%                          |
| Serve the military                                                  | 1                  | 0%                            |
| Be self-employed                                                    | 0                  | 12.5%                         |
| I am not interested in working                                      | 1                  | 18.8%                         |
| I don't know yet                                                    | 0                  | 18.8%                         |

Table 29: Postsecondary Education Goals

|                                                              | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|--------------------------------------------------------------|--------------------|-------------------------------|
| Four-year college/university                                 | 3                  | 25.0%                         |
| Two-year community college                                   | 4                  | 18.8%                         |
| Vocational technical school                                  | 2                  | 6.3%                          |
| Adult-continuing education (without degree or certification) | 0                  | 0%                            |
| I am not interested in further education                     | 0                  | 18.8%                         |
| I don't know yet                                             | 0                  | 37.5%                         |

### ***Pre-Employment Transition Service Needs***

The survey results highlight a strong need for pre-employment transition services as perceived by secondary school students with disabilities and their parents. As most services were rated high in needs, the following table separately presents the percentages of the responses marked “strongly need.” On the question item of “Gain knowledge on my disability and self-advocacy skills,” for example, 50% (n=8) of F/F survey participants selected the option of “strongly need” and 25% (n=4) indicated “somewhat need.” Note the series of questions adopted a three-point Likert scale (i.e., 3=*strongly need*, 2=*somewhat need*, and 1=*do not need*). Again, it is strongly recommended not to overgeneralize the findings.

### ***Needs to Receive of IWDs and Families/Friends***

While students and their parents indicated a high interest in learning social/interpersonal skills, obtaining decision-making, goal-setting, and problem-solving skills, parents additionally expressed concerns regarding job exploration (e.g., knowing job interests and aptitudes, career and job opportunities, sharing a job that individuals are interested in, participating in workplace tour/field trips) and job readiness (e.g., job applications and interviews, searching or keeping jobs).

Table 30: Self-Advocacy Skill Needs: Need to Receive

|                                                                                                       | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Gain knowledge on my disability and self-advocacy skills                                              | 3                  | 75.0%                         |
| Obtain decision-making/goal setting/problem-solving skills                                            | 3                  | 87.5%                         |
| Learn when and how to talk about my disability with employers                                         | 2                  | 75.1%                         |
| Learn how to ask for equipment or changes to the job to help me perform as a worker with disabilities | 3                  | 68.8%                         |

Table 31: Self-Advocacy Skill Needs: Strongly Need

|                                                                                                       | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Gain knowledge on my disability and self-advocacy skills                                              | 3                  | 50.0%                         |
| Obtain decision-making/goal setting/problem-solving skills                                            | 3                  | 75.0%                         |
| Learn when and how to talk about my disability with employers                                         | 2                  | 43.8%                         |
| Learn how to ask for equipment or changes to the job to help me perform as a worker with disabilities | 3                  | 50.0%                         |

Table 32: Job Exploration Needs: Need to Receive

|                                                    | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|----------------------------------------------------|--------------------|-------------------------------|
| Know my job interests and aptitudes                | 4                  | 75.1%                         |
| Explore career and job opportunities               | 3                  | 93.8%                         |
| Talk to people working in a job I am interested in | 5                  | 93.8%                         |
| Participate in workplace tours/field trips         | 4                  | 93.8%                         |

Table 33: Job Exploration Needs: Strongly Need

|                                                    | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|----------------------------------------------------|--------------------|-------------------------------|
| Know my job interests and aptitudes                | 0                  | 56.3%                         |
| Explore career and job opportunities               | 1                  | 56.3%                         |
| Talk to people working in a job I am interested in | 1                  | 37.5%                         |
| Participate in workplace tours/field trips         | 1                  | 50.0%                         |

Table 34: Job Readiness Needs: Need to Receive

|                                                     | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-----------------------------------------------------|--------------------|-------------------------------|
| Gain communication skills                           | 4                  | 93.8%                         |
| Learn social/Interpersonal skills                   | 6                  | 100%                          |
| Receive assistance with applications and interviews | 4                  | 93.8%                         |
| Obtain help searching for or keeping jobs           | 4                  | 93.8%                         |
| Learn how work affects my disability benefits       | 5                  | 81.3%                         |

Table 35: Job Readiness Needs: Strongly Need

|                                   | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-----------------------------------|--------------------|-------------------------------|
| Gain communication skills         | 2                  | 68.8%                         |
| Learn social/Interpersonal skills | 2                  | 75.0%                         |

|                                                     | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-----------------------------------------------------|--------------------|-------------------------------|
| Receive assistance with applications and interviews | 1                  | 68.8%                         |
| Obtain help searching for or keeping jobs           | 2                  | 75.0%                         |
| Learn how work affects my disability benefits       | 1                  | 75.0%                         |

Table 36: Work-Based Learning Needs: Need to Receive

|                                                                                                 | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Participate in work experiences (e.g., volunteer work, service learning, practicum, internship) | 4                  | 87.6%                         |
| Receive support/training on the job                                                             | 5                  | 87.6%                         |

Table 37: Work-Based Learning Needs: Strongly Need

|                                                                                                 | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|-------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Participate in work experiences (e.g., volunteer work, service learning, practicum, internship) | 2                  | 43.8%                         |
| Receive support/training on the job                                                             | 2                  | 81.3%                         |

Table 38: Postsecondary Education Needs: Need to Receive

|                                                                  | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|------------------------------------------------------------------|--------------------|-------------------------------|
| Obtain information about education or training after high school | 3                  | 87.6%                         |
| Visit colleges or vocational technical schools                   | 4                  | 75.1%                         |
| Learn about financial aid and grant options                      | 2                  | 56.3%                         |
| Receive help with applying to college                            | 4                  | 56.3%                         |

Table 39: Postsecondary Education Needs: Strongly Need

|                                                                  | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|------------------------------------------------------------------|--------------------|-------------------------------|
| Obtain information about education or training after high school | 2                  | 43.8%                         |
| Visit colleges or vocational technical schools                   | 3                  | 31.3%                         |
| Learn about financial aid and grant options                      | 2                  | 31.3%                         |
| Receive help with applying to college                            | 2                  | 31.3%                         |

Table 40: Other Needs: Need to Receive

|                                            | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|--------------------------------------------|--------------------|-------------------------------|
| Obtain and use assistive technology        | 5                  | 62.5%                         |
| Receive independent living skills training | 2                  | 87.6%                         |

Table 41: Other Needs: Strongly Need

|                                            | <b>IWD<br/>N=6</b> | <b>Family/Friend<br/>N=16</b> |
|--------------------------------------------|--------------------|-------------------------------|
| Obtain and use assistive technology        | 0                  | 37.5%                         |
| Receive independent living skills training | 1                  | 56.3%                         |