MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT

PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY

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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 Health & Human Services

2020 Comprehensive Statewide Needs Assessment

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EXECUTIVE SUMMARY

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

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

The 2020 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 Workforce Development Agency, Community Mental Health, Veterans Administration, Department of Education). The inclusion of other service agencies in the CSNA process extended the scope of information and data collection to identify the extensive, multifaceted and complex rehabilitation needs as well as employment needs of Michigan residents with disabilities.

The following data were collected and analyzed for the 2020 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, individuals with disabilities and their family and friends); and
- Semi-structured key informant telephone interviews.

UNSERVED OR UNDERSERVED POPULATIONS: NEEDS OR ISSUES

Listed below are the populations identified as unserved or underserved in the 2020 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.

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 underserved population in 2020.

The Michigan School District Report[1] indicates that 2017-2018 graduation rate for students with disabilities, using 4-year graduation cohort, was 57.5% (excluding certificate of completion) which is significantly lower than that of students without disabilities (83.7%). Conversely, the dropout rate for students with disabilities (14.0%) was higher than the rate of their counterparts (8.0%).

Students or youth customers, ages younger than 24 years at application, represented 37.0% of MRS and 27.6% of BSBP customers who exited during PY 2018. Both agencies have shown a consistent trend that young customers (ages younger than 25 years) were most likely to be determined eligible but least likely to achieve an employment outcome when compared to other age groups. Their competitive and integrated employment or supported employment (CIE/SE) rate was lower (42.4% for MRS; 31.2% for BSBP) than that of adults (64.8% for MRS and 34.0% for BSBP). A slightly bigger gender discrepancy in the CIE/SE rates among students and youth with disabilities was an additional trend seen over the years; for example, male and female participants were 44.2% and 39.6%, respectively.

A number of the 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 staffing
- Difficulty navigating multiple systems
- Inadequate skills training programs
- Limited access to services
- Discontinuity of VR agency service provision
- Lack of interagency collaboration
- Lack of disability trained professionals

Meanwhile, most secondary students with disabilities who participated in the CSNA consumer survey indicated they were interested in working after high school graduation while approximately 15% of them reported not knowing about their employment goals. In addition,

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

71.4% secondary students expressed an interest in postsecondary education (e.g., vocational technical school, college/university) after high school graduation. More than 50% of the students and parents expressed to pursue four- or two-year college after graduation.

In addition, both students and parents indicated pre-employment transition services (e.g., job exploration counseling, work-based learning experiences) were strongly needed. Most of the services were rated as a high need; however, a relatively lower proportion of both students and their parents indicated a need for assistive technology services and help with applying to college.

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

- Design and provide targeted transition programming (e.g., summer work-based learning experiences; self-advocacy education)
- Improve interagency collaboration between schools and service agencies
- Educate and support partners (e.g., employers and families) about the benefits of having high (and realistic) expectations of students and youth with disabilities and view employers as clients
- Continue to develop and improve innovative transition programs aligned with legislation and policies (e.g., WIOA, Pre-ETS)
- Provide professional development training on a variety of disability-related topics, especially for employers and other community members and professionals with little to no disability training
- Focus on community outreach (e.g., regular meeting with partners, using technology and social media, exchanging information about resources and ensuring staff and partners are kept updated on any changes)

Autism Spectrum Disorders (ASD)

Since the 2011 CSNA project, youth with Autism Spectrum Disorders (ASD) have been identified as the primary emerging population in Michigan as either currently, or predicted to be, an underserved population. The number of customers with ASD as their primary disability who received and exited vocational rehabilitation services from MRS have been steadily increasing (567 in 2014; 668 in 2015; 761 in 2016). The RSA-911 data indicated that 779 customers with autism with as the primary impairments exited MRS in Performance Year (PY) 2018 (vs. 644 in PY 2017). Due to the changes in data reporting requirements, however, those who exited before or without IPE or services initiated were excluded in the number. Thus, it is expected the number of customers with ASD would be higher.

Of the 2018 exiters with IPE based services initiated, 890 (7.9%) customers reported having primary or secondary impairments caused by ASD. Most of these participants were younger than 25 years at application (82.4%), male (84.6%), White (85.6%) and unemployed at IPE (91.1%). Half of them reported having less than 12 years of education, 41.4% high school diploma or equivalency, and 7.4% special education certificate at IPE. Although the overall CIE/SE rate of the participants with ASD (53.9%) was slightly lower than those without ASD (55.9%), the CIE rate of this group (52.0%) was higher than their counterparts (40.6%) when considering youth

participants, ages young than 25 years at application.

The special education data also support the fact that this population is progressively growing in all age categories. Noteworthy is the fact that 16.6% of students with an IEP, ages 18-21, were diagnosed with ASD in 2017 (13.1% in 2013; 14.3% in 2014; 15.0% in 2015; 15.5% in 2016). In addition, according to the 2016-2017 Exit data of IDEA Section 618-Part B, 1,537 students diagnosed with autism ages 14 to 21 reported exiting special education in that same academic year. Of those, 684 (44.5%) graduated with a regular high school diploma, 140 (9.1%) received a certificate of completion, and 123 (8.0%) dropped out of school.[2]

The IDEA Section 618 data indicates that many of these students with ASD may have the capacity to complete post-secondary training or secure employment following high school. Furthermore, it suggests that adult agencies should be prepared to help these students achieve independent living and employment outcomes with seamless transition services through ongoing collaboration between schools and adult service agencies such as MRS and CIL-Disability Network.

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

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

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

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

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 and Arab Americans and Hmong residents in the southeastern part of the state.

[2] ibid

According to the 2017 American Community Survey (ACS)[3], 78.6% of non-institutionalized Michigan residents with disabilities are White, 13.6% Black/African American, 0.5% Native American, 3.1% Asian, 1.1% other racial group, and 3.0% multiracial. In addition, 5.1% are of Hispanic origin. Furthermore, 0.6% of U.S. population and 2.1% of Michigan residents (the estimated number of 211,539) identify their ancestry as Arab. Wayne County of Michigan is composed of 5.6% Arab residents and the city of Dearborn was 45.0%. According to the Arab American Institute (2020), 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 2017 ACS, which estimated that 17.5% of Michigan residents with disabilities were African American, this racial group is not currently considered unserved in MRS (31.7%) and BSBP (29.3%). Conversely, the 2017 ACS report estimated that 5.1% of Michigan residents with disabilities were Hispanic/Latino, while VR agency figures fall short of this estimate: MRS (3.9%) and BSBP (3.1%). Thus, the Hispanic/Latino ethnic group appears to be somewhat underserved. The Asian/Pacific Islander rate of 2018 MRS customers (0.8%) is lower than the population estimate of the 2017 ACS report (3.1%).

Customers who exited MRS in PY 2018 consisted of White, no-Hispanic origin (63.9%), African American (31.7%), Native American (0.9%), Asian or Pacific Islander (0.8%), and multiracial (2.3%). A total of 6,251 (35.9%) racial/ethnic minorities exited MRS during PY 2018. Discrepancies in vocational rehabilitation process and outcome rates between minority groups were observed; for example, Asian (60.6%) and White (59.1%) MRS customers were most likely to achieve a competitive and integrated employment outcome while multiracial (41.6%) and Native Americans (44.3%) were least likely to have a successful employment outcome. Serving a relatively smaller number of customers, 57.5% and 29.3% of BSBP customers were White and African American. As seen with the MRS customers, White customers were more likely to achieve an CIE/SE than the racial counterparts. The same trend has been observed over the years.

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:

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

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

[3]Source: U.S. Census Bureau, 2017 ACS, Table B04006; https://data.census.gov/

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.

- Develop liaisons with other agencies to strengthen cross-agency collaborations with core and strategic partners
- Engage in advocacy and outreach strategies, crucial components to successful results with the culturally minority consumers
- Provide professional development training to staff
- Conduct needs assessments to better identify and address barriers and service gaps

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. The availability of Community Mental Health Services Programs (CMHSP) services has continued to diminish in the state due to the reduction of CMHSP funding. Specifically, CMHSP does not have the resources necessary to provide mental health and supported employment services to individuals with severe and persistent mental illness unless the person presents a risk to self or others.

A total of 155,466 individuals with mental illness, 5,700 with substance abuse disorder and 16,124 with dual diagnosis of mental illness & developmental disabilities received services from CMHSP in FY 2017[4]. Individuals with mental illness also receive a variety of services and supports (e.g., employment, independent living skill training) through MRS and CIL. According to PY 2018 RSA-911 data, 4,529 (40.4%) of 11,213 participants who exited MRS in PY 2018 reported having mental illness as their primary or secondary disability. Approximately two-thirds of them had at least a high school diploma or equivalency. While a higher proportion of customers with mental illness reported being unemployed at IPE (86.5% vs. 60.7%), they were less likely to achieve an employment outcome at exit (46.5% vs. 62.0%), compared to other disability groups. Though most of BSBP customers are individuals with blindness or visual impairments, approximately 5% of them reported having mental illness as their secondary condition.

In addition, MRS (38%), BSBP (48%), CIL (46%), MWA (31%) and CMHSP (13%) staff who participated in the staff survey indicated that "affordable mental health services" were unavailable and/or insufficient to meet the needs of individuals with mental illness in their service areas. Other needs that emerged from key informants and agency staff are as follows:

- Lack of mental health services available (e.g., psychoeducation, health services)
- Negative attitudes towards individuals with mental illness

[4] Source: Michigan Department of Health & Human Services. Report for Section 904: Community Mental Health Service Programs: FY 2017. Retrieved from https://www.michigan.gov/documents/mdhhs/Section_904-1_638052_7.pdf

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

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

- Collaborate with different community partners (e.g., high schools, colleges/universities, businesses/employers, health network agencies)
- 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)
- Expand funding for mental health services for individuals with mental illness
- Provide one-on-one employment services (e.g., job coaching) which is effective
- Share and expand local employment programs identified as promising or effective for this population

Individuals with Blindness and/or Visual Impairments

Multiple key informants mentioned unmet needs for Michigan residents with blindness and visual impairments. Concern was specifically addressed with the newly amended Rehabilitation Act under WIOA that eliminates homemakers from the successful employment outcome categories. Respondents described those who want to acquire independent living skills instead of obtaining competitive employment as falling through the cracks. For reference, approximately a quarter of 182 BSBP customers (23.1%) successfully closed their case as a homemaker in FY 2015, the prior to WIOA. The national RSA-911 data showed a very similar trend; more than 20% of those with blindness or visual impairments exited a VR agency as a homemaker. Exclusion of those people who had different needs may be associated with a low CIE/SE rate (34.2%) in BSBP.

In addition to the VR outcomes, the following issues were discussed by agency staff and informants for this population:

- Lack of specialized education/services and resources
- Issues with accessing services, specifically user-friendly technology
- Insufficient transportation systems
- Inadequately trained personnel

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

- Provide targeted programming (e.g., long-term, comprehensive skill development programming delivered in home settings or training centers with small student-teacher

ratios)
- Provide professional development training (e.g., Motivational Interviewing skills, technical assistance to customized employment programs)

Individuals with Hearing Impairments (including Deaf-Blindness)

A couple of key informants talked about unmet needs for individuals with deafness and hearing impairments, including deaf-blindness. Most of them tend to apply for MRS services for a hearing aids device to retain their current job, their VR outcome rate is significantly higher than the average one. During PY 2018, for example, 2,103 participants with hearing impairments exited MRS, and of those, 89.5% achieved CIE/SE at the time of exit. For reference, the average CIE/SE rate of the PY 2018 exiters was 55.7%. However, a couple of key informants addressed the following issues of this disability group:

- Inadequately skilled / trained staff
- Lack of qualified professionals, including sign language interpreters
- Limited advocacy and outreach
- Reluctance (of the population) to access resources
- Lack of public awareness

Not so much different from other recommendations, the following recommendations were made in serving individuals with deafness and hearing impairments.

- Equip service staff with appropriate and specialized training
- Advocacy and community outreach
- Utilize up-to-date technology when providing services/instructions
- Collaborate with other agencies

Veterans with Disabilities

According to the 2017 ACS[5], there were 241,300 working-age civilian veterans, ages 21 to 64 years, in Michigan. Approximately 21% (n=50,100) of the working-age civilian veterans had a Veterans Administration service-connected disability, and of those, 14,800 (29.5%) had the most severe service-connected disability rating (70 percent or above).

In PY 2018, 747 (4.3%) of the 17,396 MRS customers who exited were identified as veterans, and 91 reported receiving Veterans Disability Benefits at application. Concerning their VR process and employment outcomes, the CIE/SE rate in PY 2018 (61.5% vs. 55.1%) was higher but the eligibility rate (82.1% vs. 87.8%) was lower and the plan rate was same (74.1%), compared to non-veterans.

It has been reported that veterans with disabilities have a high prevalence of post-traumatic stress

[5] Erickson, W., Lee, C., & von Schrader, S. (2019). Disability Statistics from the 2017 American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org.

disorder (PTSD), which is often undiagnosed or untreated. In fact, according to a review study[6], 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),
- 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:

- In order to provide more comprehensive and quality services to veterans with disabilities, development of partnerships and collaboration among agencies (e.g., VA, MRS, CMHSP, and CIL) were identified as an effective strategy
- 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

Ex-felons/Post Incarceration

According to a report published in 2017 by the Bureau of Justice Statistics[7], an estimated 32% of prisoners and 40% of jail inmates reported having at least one disability, and about 2 in 10 prisoners and 3 in 10 jail inmates reported having a cognitive disability, the most common reported disability. Focusing on mental health problems reported by prisoners and jail inmates, Bronson and Merzofsky (2017)[8] found that 26% of jail inmates and 14% of prisoners met the threshold for serious psychological distress (SPD) in the past 30 days. A major depressive disorder was the most frequently reported disability. 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.

The previous RSA-911 data did not include any information for the incarceration status of the VR customers, but this information can now be estimated from one of barriers to employment (Ex-offender). According to the PY 2018 data, 203 customers indicated they met the definition of an ex-offender. The majority of them were male (81.8%), White (48.8%) or African American

[6] Richardson, L., Frueh, C., & Acierno, R. (2010). Prevalence Estimates of Combat-Related PTSD: A Critical Review. Australian and New Zealand Journal of Psychiatry, 44(1), 4–19.
[7] Bronson, J., Maruschak, L., & Berzofsky, M. (2015). Disabilities among prison and jail inmates, Bureau of Justice Statistics.
[8] Bronson, J. & Merzofsky, M. (2017). Indicators of mental health problems reported by prisoners and jail inmates, 2011-12. Bureau of Justice Statistics.

(48.3%), having psychosocial (26.6%) or other mental impairments (44.3%), 26 to 64 years old at application (92.6%) and not working at the time of the individualized Plan for Employment. The adjusted employment rate of customers who reported meeting the definition of an ex-offender was 54.7%, slightly low but similar to that (55.4%) of those who did not.

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.

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

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

- Collaborate and Promote Partnerships with Community Agencies and leverage partnerships with community agencies (e.g., SSA, state agencies, local partners) to increase staff understanding of this population and enhance ex-felons' successfully community integration
- Focusing on provision of employment services by focusing on individual strengths
- Revisit and modify policies to improve service

Other Underserved Groups

Other populations identified as unserved or underserved by four or less survey respondents include: individuals experiencing homelessness, needing supported employment, LGBTQ**,** diabetes, learning disabilities, low income or those not having a living wage, farmers, and migrant and displaced workers. More detailed needs or issues of those other groups will be found in Chapter 3 and Chapter 4.

Perceived Level of Service Needs by Survey Participants

A total of 625 agency staff, 509 individuals with disabilities and 188 family members or friends

participated in the CSNA survey designed to identify the availability and sufficiency of services for Michigan residents with disabilities in their local community. Both staff and consumers perceived general services (e.g., affordable accessible housing, affordable child care, transportation, legal services, adult day care services, mental health services) as the least available or sufficient, which were also observed in the prior CSNA reports. These results also support some findings of the qualitative data (e.g., key informant interview).

Regarding employment service needs, the most frequently perceived by agency staff and consumers as "unavailable or insufficient" were: self-employment/small business services (25.6%), reading or literacy skills services (22.6%), supported employment services (18.1%), job retention services (16.9%), and post-employment services (14.7%). Meanwhile, the overall high rates of "I don't Know" response by consumers to the questions on service availability or sufficiency may indicate a need for marketing services designed for individuals with disabilities.

Common Issues or Needs

A variety of issues or needs for each unserved or underserved population with disabilities are described above. Some are population specific, but several represent the needs of individuals with disabilities as a group, regardless of disability type or background characteristics, which are rather similar to the findings found in the previous CSNA report.

- Limited Access to Services or Lack of Services/Resources
- Transportation Issues
- Lack of Interagency Collaboration
- Lack of Staff with Expertise and Need for Staff Development
- Shortage of Community Outreach

Future Trend

In addition to the on-going issues and needs of individuals with disabilities identified, the number of agency staff and key informants also provided their perspectives on future trends in serving individuals with disabilities effectively and efficiently. First, the majority of informants considered technological developments to be positive, suggesting numerous general improvements as well as more specific improvements to accessing the community (e.g., audio features on devices, global positioning systems) and improving service provision (e.g., utilization of telehealth and tele-counseling exchanges and for case management systems).

Second, many professionals who participated in the 2020 CSNA project stressed an importance of education and training need across the following three subthemes: educating the public, educating persons with disabilities, and staff training needs and opportunities. Especially, multiple informants discussed the need for competency based training that will offer direct support professionals and service providers in education, behavioral health, and private sectors recognized credentials for serving persons with disabilities. Specifically, need for (re)training opportunities in trauma-informed practices, autism spectrum disorders, and evidence-based practice for psychiatric disabilities was discussed.

Reflected the current trends, partnerships and collaborations were underscored by many professionals in terms of future trends. They emphasized need for ongoing development of partnerships with businesses, state departments, and community organizations which can streamline service efficiency by reducing redundancy across agencies and addressing unintended service gaps. Interagency partnerships and collaborations positively impact various communities, including (but not limited to) returning citizens after incarceration, transition-age youth and young adults, Native American communities, veteran communities, and the ageing population.

Fourth, a need to have a big picture at the systems level was addressed. For the past several years, Michigan, along with the U.S., saw strong economic conditions (i.e., a low unemployment rate even among individuals with disabilities). however, it was suggested that vocational trends are driven by the labor market and the strength of the economy. In other words, a couple of key informants expressed concerns about a recession on the horizon which will adversely impact employment opportunities for persons with disabilities. VR administrators and practitioners should be aware of the social and systems changes and prepare for our customers and develop alternatives, accordingly.

TABLE OF CONTENTS

Executive Summary	i
Table of Contents	xiii
Introduction	xiv
Chapter I: Michigan Disability Statistics	I-1 to I-24
Chapter II: Extant Data Analysis (RSA-911 & RSA-704 Data)	II-1 to II-23
Chapter III: Staff Survey	III-1 to III-32
Chapter IV: Key Informant Interviews	IV-1 to IV-35
Chapter V: Consumer Survey	V-1 to V-14

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 2020 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 2019 for the 2020 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. In other words, Unserved individuals are individuals who would be eligible for VR services but have not received services.
>
> **Underserved** – the percentage of those served by BSBP/CIL/MRS that is less than the percentage of the group in the general population. Underserved individuals are those who do not receive equal access to VR services.

Specific Goals for 2020 CSNA

In addition to the federally mandated requirements stated above for the vocational rehabilitation programs, the 2020 CSNA committee established specific goals or target populations of Michigan residents with disabilities which include the identification of the:

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

Table of Contents

Table of Contents	I-1
National Household Surveys	I-2
American Community Survey (ACS)	I-2
Behavioral Risk Factors Surveillance Survey (BRFSS)	I-8
Current Population Survey (CPS)	I-10
Social Security Administration	I-14
Supplemental Security Income (SSI)	I-14
Social Security Disability Insurance (SSDI)	I-15
Ticket to Work	I-15
Special Education	I-16
Employment Services	I-20
Workforce Investment System	I-20
State-Federal Vocational Rehabilitation Services	I-23

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 2017 ACS,[1] the resident population in Michigan is estimated to be 9,962,311 individuals, representing 3.1% of the U.S. population in 2017 (as of July 1, 2019).

[1] Source: U.S. Census Bureau, 2017 ACS, Table S0101 (1-Yr. Est); https://data.census.gov/

Resident Population (2013 - 2017)

	U.S.	MI	
		Number	Percent
2013	316,128,839	**9,895,622**	**3.1%**
2014	318,857,056	**9,909,877**	**3.1%**
2015	321,418,821	**9,922,576**	**3.1%**
2016	323,127,515	**9,928,300**	**3.1%**
2017	325,719,178	**9,962,311**	**3.1%**

The following table[2] compares the 2017 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.

2017 Population Demographics

	U.S. (N=325,719,178)	MI	
		N	%
GENDER			
Male	49.2%	**4,911,419**	**49.3%**
Female	50.8%	**5,050,892**	**50.7%**
RACE			
White	72.3%	**7,810,452**	**78.4%**
African American	12.7%	**1,374,799**	**13.8%**
Native American	0.8%	**49,812**	**0.5%**
Asian	5.6%	**308,832**	**3.1%**
Native Hawaiian and Other Pacific Islanders	0.2%	**0**	**0.0%**
Some other race	5.1%	**109,585**	**1.1%**
Multi-racial	3.3%	**298,869**	**3.0%**
ETHNICITY			
Hispanic or Latino origin	18.1%	**508,078**	**5.1%**
EDUCATIONAL ATTAINMENT (>=25 yr.)			
Less than high school graduate	12.0%	**906,570**	**9.1%**
High school graduate, GED, or alternative	27.1%	**2,879,108**	**28.9%**
Some college or Associate's degree	28.9%	**3,277,600**	**32.9%**
Bachelor's degree or higher	32.0%	**2,899,033**	**29.1%**
EMPLOYMENT STATUS (>= 16 yr.)			
Not in labor force	36.8%	**3,835,490**	**38.5%**
In labor force	63.2%	**6,126,821**	**61.5%**
Civilian labor force	62.8%	**6,116,859**	**61.4%**
Employed	59.5%	**5,758,216**	**57.8%**
Unemployed	3.3%	**358,643**	**3.6%**

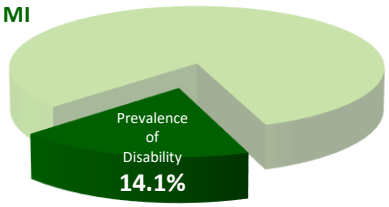
[2] Source: U.S. Census Bureau, 2017 ACS, Table S0102 (1-Yr. Est); https://data.census.gov/

Disability Prevalence Rate

The 2017 ACS[3] estimates that 1,390,310 (14.1%) of 9,853,156 non-institutionalized individuals living in Michigan reported having at least one type of disability. This proportion of people with disabilities is slightly higher than the national prevalence rate of 12.7%

Disability Prevalence Rate

	U.S.	MI
Total Number	320,775,014	**9,853,156**
Individuals with Disabilities	40,678,654	**1,390,310**
% of Total	12.7%	**14.1%**



Age

The disability prevalence rate is different by age. Estimates of the proportion of individuals with disabilities by age group include the following: 6.2% of Michigan residents are between 5 and 17 years of age, 12.0% aged from 18 to 64 years, and 34.4% aged 65 years and over.

Individuals with Disabilities by Age

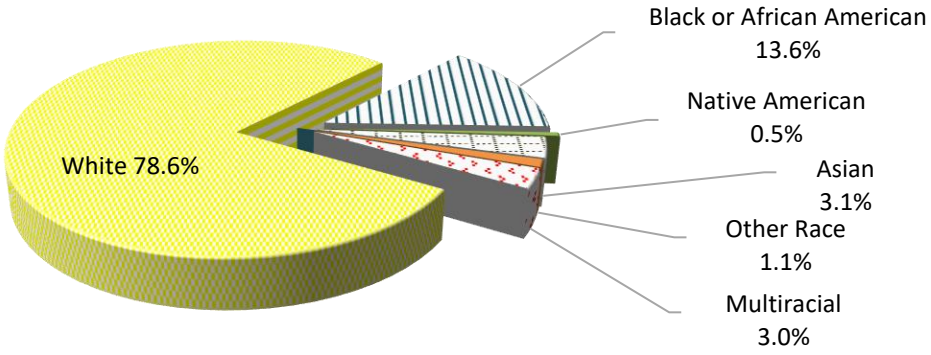
	US			MI		
	Total N	**IWD**	**% of Total**	**Total N**	**IWD**	**% of Total**
< 5 yrs	19,793,453	146,324	0.7%	**572,370**	**4,055**	**0.7%**
5-17 yrs	53,715,943	2,947,534	5.5%	**1,599,944**	**99,346**	**6.2%**
18-64 yrs	197,765,139	20,444,249	10.3%	**6,054,238**	**727,451**	**12.0%**
>= 65 yrs	49,500,479	17,140,547	34.6%	**1,626,604**	**559,458**	**34.4%**

Race/Ethnicity

According to the 2017 ACS[4], 78.6% of non-institutionalized Michigan residents with disabilities are White, 13.6% Black/African American, 0.5% Native American, 3.1% Asian, 1.1% other racial group, and 3.0% multiracial. In addition, 5.1% of non-institutionalized Michigan residents with disabilities are Hispanic origin. It is important to note that Hispanic/Latino ancestry is considered an ethnicity not a race by the U.S. government; therefore, data for Hispanic/Latino population is not shown in the following figure of the racial distribution for people with disabilities.

[3] Source: U.S. Census Bureau, 2017 ACS, Table B18101; https://data.census.gov/
[4] Source: U.S. Census Bureau, 2017 ACS, Table S1810; https://data.census.gov/

Michigan Residents with Disabilities by Race (2017)



As illustrated in the table below, the disability prevalence rate within each racial group varies, ranging from 21.8% of Native Americans to 4.4% of Asians.

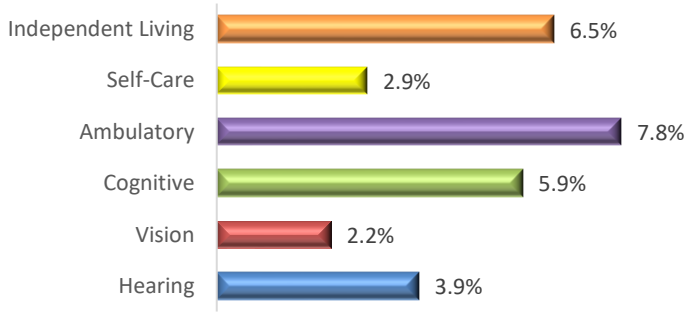
Disability Prevalence Rate within Racial/Ethnic Group

% within Racial Group	U.S.	**MI**	% within Racial Group	U.S.	**MI**
White	13.3%	**13.9%**	Black/African American	14.0%	**17.6%**
Native American or Alaska Native	17.3%	**21.8%**	Asian	7.1%	**4.4%**
Native Hawaiian & Other Pacific	10.3%	**10.2%**	Some other race(s)	8.0%	**9.5%**
Two or more races	11.1%	**13.8%**			
			Hispanic	9.0%	**10.3%**

Type of Disabilities

With regard to the six disability types classified in the ACS data in 2017,[5] it is estimated that, of the 9,853,156 non-institutionalized Michigan residents:

- 6.5% had an independent living disability
- 2.9% had a self-care disability
- 7.8% had an ambulatory disability
- 5.9% had a cognitive disability
- 2.2% had a vision disability
- 3.9% had a hearing disability



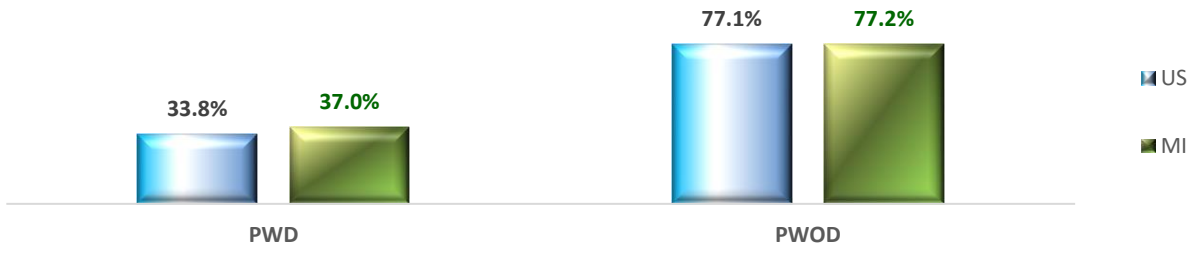
Note that the respondent could report more than one disability type, so the sum of the percentages of the disability types would not be equal to the prevalence rate of disability in Michigan (i.e., 14.1%).

[5] Source: U.S. Census Bureau, 2017 ACS, Table S1810; https://data.census.gov/

Employment

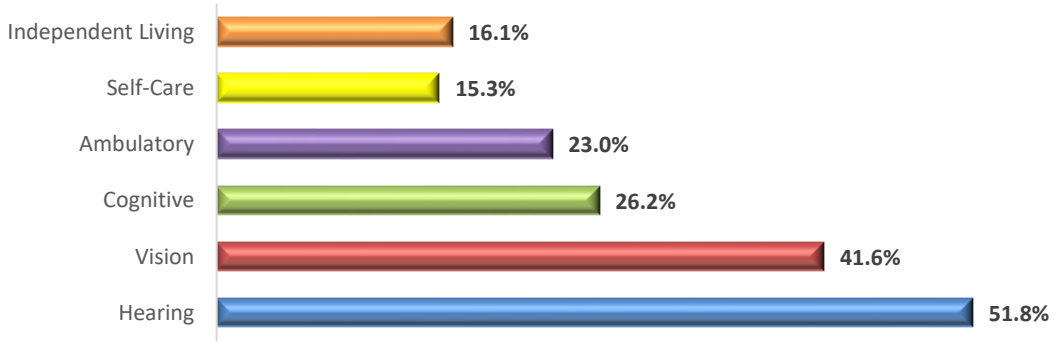
According to the 2017 ACS data, 37.0% of Michigan residents between the ages of 18 and 64 years reported being employed. In contrast, 77.2% of Michigan residents without disabilities reported being employed. The Michigan employment rate of disability groups was slightly higher than the national rates in 2017.[6]

Employment Rate by Disability Status



The figure below illustrates the employment rates by disability category classified in the 2017 ACS data. As illustrated, employment rates vary greatly across disability groups. For example, 51.8% of individuals with hearing disabilities and 41.6% with vision disabilities reported they were employed, while only 16.1% of people with independent living disabilities reported being employed. It is noted that all employment rates were greatly improved from those reported in the previous CSNA report.

Employment Rate by Disability Type



In addition, 20.5% of Michigan's working age residents with disabilities reported they were employed in full-time, year-round positions, as compared to 55.0% of Michigan residents without disabilities.[7] This finding clearly demonstrates that disability status is a crucial factor that would affect the likelihood of having a full-time, year-round job.

[6] Source: U.S. Census Bureau, 2017 ACS, Table B18120; https://data.census.gov/
[7] Source: U.S. Census Bureau, 2017 ACS, Table K201802; https://data.census.gov/

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

	US		**MI**	
	IWOD	IWD	**IWOD**	**IWD**
Employment Rate (Full-time/Year-Round)	56.7%	23.1%	**55.0%**	**20.5%**

Economic Well-being

In 2017, 28.0% of Michigan residents with disabilities between 18 and 64 years, compared to 11.8% without disabilities, were considered to be living in poverty.[8] As would be expected given the disparity in employment rates, Michigan has a slightly higher poverty rate than the national average, regardless of disability status.

The median earnings of working age Michigan residents with disabilities (non-institutionalized population 16 years and over with earnings in the past 12 months) were $21,524. In contrast, among Michigan residents without disabilities the median earnings were $32,260.[9] This shows an income gap of $10,736 between Michigan residents with and without disabilities.

Poverty Rate and Median Earnings by Disability Status

	US		**MI**	
	IWOD	IWD	**IWOD**	**IWD**
Poverty Rate	11.1%	26.0%	**11.8%**	**28.0%**
Median Earnings	$35,070	$23,006	**$32,260**	**$21,524**

[8] Source: U.S. Census Bureau, 2017 ACS, Table B18130; https://data.census.gov/
[9] Source: U.S. Census Bureau, 2017 ACS, Table B18140; https://data.census.gov/

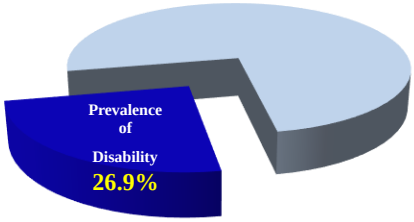
Behavioral Risk Factors Surveillance Survey (BRFSS) - Michigan

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.[10]

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

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

Disability Prevalence Rate



According to the 2017 BRFSS data, 26.9% of adult Michigan residents aged 18 years and older had disabilities.

The table below shows the disability prevalence rates by demographic characteristics. The prevalence rate increases with age, but it was relatively stable between gender and racial/ethnic groups. Specifically, for the disability prevalence rate by race, Black, non-Hispanic racial group were the group with the highest prevalence rate of disability (31.1%) followed by White, non-Hispanic (26.8%) and Other, non-Hispanic racial group (20.6%).

Disability Prevalence Rate by Demographic Characteristics

		Prevalence			Prevalence
Age	18 - 24	13.6%	Gender	Male	24.5%
	25 - 34	14.4%		Female	29.2%
	35 - 44	17.5%			
	45 - 54	29.3%	Race	White, non-Hispanic	26.8%
	55 - 64	37.3%		Black, non-Hispanic	31.1%
	65 - 74	37.5%		Other, non-Hispanic	20.6%
	75 +	42.4%		Hispanic	20.1%

[10] Source: Michigan Department of Health & Human Services. 2017 Behavioral Risk Factor Survey (2019). Retrieved from https://www.michigan.gov/documents/mdhhs/2017_MiBRFS_Annual_Report_Final_667126_7.pdf

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

Disability Prevalence Rate by House Income

	Prevalence
< $20,000	48.3%
$20,000 - $34,999	32.6%
$35,000 - $49,999	26.2%
$50,000 - $74,999	21.2%
≥$75,000	14.1%

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. Compared to individuals without disabilities, those with disabilities were more likely to engage in smoking and have obesity but less likely to participate in leisure activities. A slightly higher proportion of those with disabilities indicated to have routine medical checkups in the past year and any type of health insurance.

Overall, almost half of Michigan adults with disabilities (47.7%) reported having fair or poor health, which was significantly higher than the rate of those without disabilities (7.7%). In addition, a higher proportion of individuals with disabilities perceived that the quality of life is impacted by both poor physical (42.9%) and mental (29.4%) health than their counterparts (4.7% and 8.0%, respectively).

Risk Behavior and Health Status Indicators by Disability Status

	IWOD	IWD		IWOD	IWD
Binge Drinking	20.0%	12.3%	Smoking	17.0%	25.5%
Obesity	28.6%	42.7%	Leisure Time[11]	77.6%	59.4%
Routine Checkup	71.3%	79.7%	Health Care Coverage[12]	89.6%	92.8%
Quality of Life *(Poor Physical)*	4.7%	42.9%	Quality of Life *(Poor Mental)*	8.0%	29.4%
General Health Status *(Fair or Poor)*	7.7%	47.7%			

[11] Leisure-time physical activity was defined by the respondent's indication of participation in exercise (e.g., running, calisthenics, golf, gardening, or walking for exercise) other than their regular job during the preceding month.

[12] Health-care coverage was defined as having any kind of health-care coverage, including health insurance, prepaid plans (e.g., health maintenance organizations), or government plans (e.g., Medicare or Medicaid).

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

The Current Population Survey (CPS) is one of the oldest, largest, and most well-recognized surveys designed to provide information on the labor force characteristics of the U.S. population. The CPS is jointly conducted by the U.S. Bureau of the Census and the Bureau of Labor Statistics and is used to compute the federal government's official monthly statistics on total employment and unemployment, focusing on ages 16 and over. 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, 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: *At any time in (last year), did anyone in the household have a disability or health problem which prevented them from working, even for a short time, or which limited the work they could do?* The information collected from the monthly and supplemental CPS reports are presented in this section.

CPS-Annual Social and Economic (ASEC) Supplement

As indicated, the CPS-ASEC data[13] collected for 2017 estimated a 10.7% work disability prevalence rate for the working-age population, ages 16 to 64 years, in Michigan (11.0% in 2016). The Michigan rate is slightly higher than that of U.S. (9.3%). The 2017 employment rates of working-age individuals with and without disabilities in Michigan were 21.8% and 75.6%, respectively.

In addition, of those who worked in 2017, 46.8% of working-age individuals with a work disability reported working full-year versus 71.6% of working-age individuals without a work disability.

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

2016-7 Employment Rate by Work Disability Status (16 – 64 years)

	US				MI			
	2016		2017		**2016**		**2017**	
	IWD	IWOD	IWD	IWOD	**IWD**	**IWOD**	**IWD**	**IWOD**
Disability Prevalence Rate	9.3%		9.3%		**11.0%**		**10.7%**	
Employment Rate	23.6%	74.5%	24.4%	75.0%	**22.5%**	**74.7%**	**21.8%**	**75.6%**
Full-Time/ Year-Round	39.8%	71.9%	40.5%	72.6%	**47.6%**	**70.7%**	**46.8%**	**71.6%**

According to the CPS-ASEC data, 27.8% of the working-age individuals with a work disability (vs. 11.7% without a work disability) lived in poverty. In 2017, the median household income was $41,185 for working-age Michigan residents with a work disability and $82,010 for those without a work disability.

2016-7 Poverty Rate and Median Household Income

	US				MI			
	2016		2017		**2016**		**2017**	
	IWD	IWOD	IWD	IWOD	**IWD**	**IWOD**	**IWD**	**IWOD**
Poverty Rate ***(16-64 yrs)***	27.7%	11.9%	26.8%	11.5%	**22.0%**	**10.8%**	**27.8%**	**11.7%**
Median Household Income ***(18-64 yrs)***	$40,966	$82,101	$41,203	$85,588	**$42,001**	**$80,000**	**$41,185**	**$82,010**

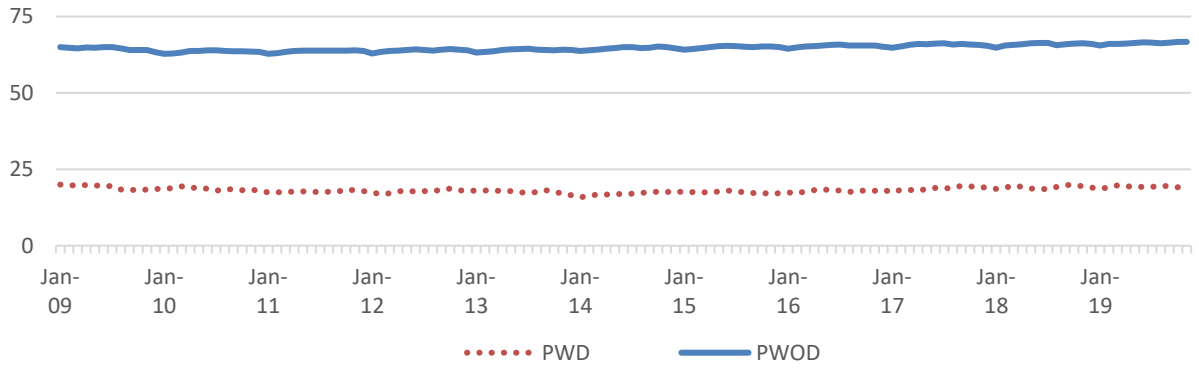
CPS Monthly Survey

Each month, the Census Bureau for the Bureau of Labor Statistics (BLS) collects information on the labor force characteristics of the U.S. population from approximately 50,000 households, for people ages 16 years and older. The following two graphs show large discrepancies in employment and unemployment rates between individuals with and without disabilities over the past eight years (January 2009 - November 2019).

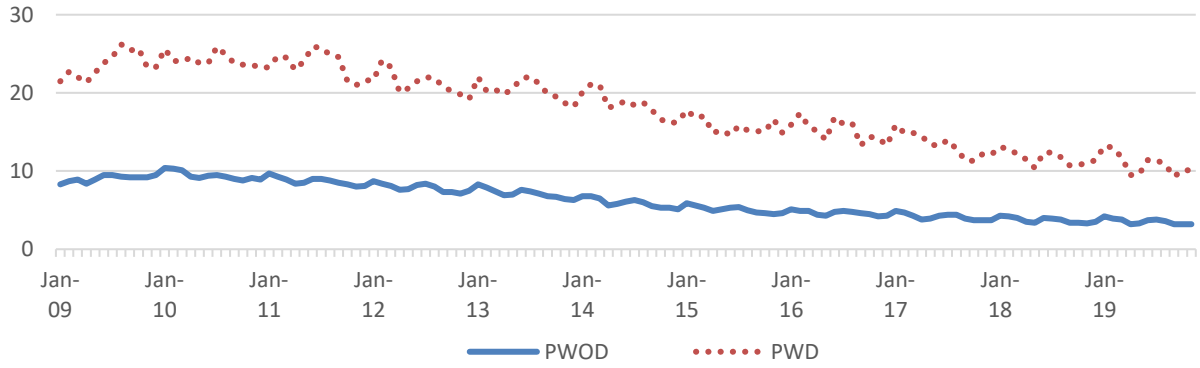
The first graph indicates that, on average, 18.2% of the U.S. population with disabilities, ages 16 to 64 years, was employed between 2009 and 2019, whereas a much higher proportion of people without disabilities (approximately 64.7%) were employed during the same timeframe. The annual average U.S. unemployment rate of people with disabilities was 8.0% in 2018 and 7.4% in 2019, whereas that of individuals without disabilities was 3.7% and 3.6%, respectively.[14]

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

U.S. Employment Rate by Disability Status (January 2009 - November 2019)



U.S. Unemployment Rate by Disability Status (January 2009 - November 2019)



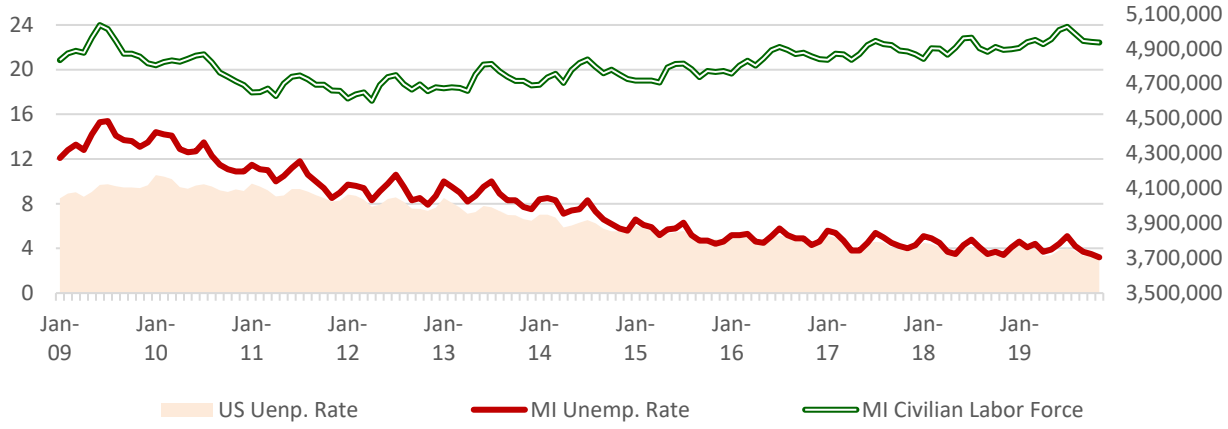
Labor Market Information in Michigan

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 unemployment rates in the U.S. and Michigan since January 2009. In terms of civilian labor force participants (the double line on the graph), though some fluctuations were observed during the eleven-year period, the trend shows a consistent increase in the number of labor participants in Michigan from the end of 2015.

There has been a concurrent decrease in unemployment rates observed (solid line on the graph). From a peak of the Michigan unemployment rate observed in July 2009 (15.4%), the rates have fluctuated but with an overall trend of a progressive reduction to the current 3.2% in November 2019. As illustrated in the graph, no significant discrepancy between U.S. and Michigan was observed since summer 2015.[15] Note that the information includes all Michigan residents who identified as having or not having disabilities.

Labor Participants and Unemployment Rates of Michigan (Jan. 2009 – Nov. 2019)

[15] Source: Labor Market Information: Total Employment (LAUS). Michigan Department of Technology, Management, & Budget. Retrieved from http://milmi.org/datasearch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Jan-18
Jan-19
US Uenp. Rate
MI Unemp. Rate
MI Civilian Labor Force

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 2018, of a total of 271,856 Michigan SSI recipients, 92.2% received benefits based on Disability, 7.2% received benefits based on Age, and 0.6% received benefits based on Blindness (see table below). The table also presents the average monthly payment amount according to each eligibility category and age; the average monthly payment for beneficiaries on Aged, Blind, and Disability is $434.53, $562.16, and $569.81, respectively.[16]

Number of SSI Beneficiaries and Amount of Annual SSI Payment

	Category			Age		
	Aged	Blind	Disabled	Under 18	18-64	65 or older
Number of SSI Recipients	19,475	1,706	250,675	35,556	185,068	51,232
Average Monthly Payment	$434.53	$562.16	$569.81	$655.58	$574.86	$440.59

In December of 2018, of the 260,257 SSI beneficiaries with disabilities, including section 1619(b) participants,[17] who were ages 18-64 years, 5.6% were employed. The trend for the past three years shows an annual increase in the employment rate of SSI beneficiaries with disabilities who were working.

SSI Beneficiaries with Blindness and Disabilities Who Work

	Total Number of Blind and Disabled Recipients	Blind and Disabled Recipients Who Work	Employment Rate
2013	261,822	12,179	4.7%
2014	261,707	12,570	4.8%
2015	260,257	13,062	5.0%
2016	258,370	13,620	5.3%
2017	258,997	14,154	5.5%
2018	256,285	14,401	5.6%

[16] Source: Social Security Administration. SSI Annual Statistical Report. Retrieved from https://www.ssa.gov/policy/docs/statcomps/supplement/index.html

[17] Section 1619(b), for Medicaid purposes, provides special status to working disabled or blind individuals when their earnings make them ineligible for cash payments.

Social Security Disability Insurance (SSDI)

Social Security Disability Insurance (SSDI) is a federal program designed to support workers who have become disabled, and their family members. In December 2018, 393,621 of the Michigan residents, ages 18 to 64 years, who received cash benefit from SSDI, 334,642 (85.0%) were categorized as disabled workers. The average amount of the SSDI monthly payment for those individuals was $1,268.77, with a median of $1,155.00.[18]

SSDI Beneficiaries and Amount of Monthly SSDI Payment

	Number of Recipients	Average Monthly Benefit	Median of Monthly Payment
Disabled Worker	334,642	$1,268.77	$ 1,155.00

During 2018, a total of 33,120 individuals with disabilities having received SSDI cash benefit from their work history had their SSDI benefits terminated. Of them, 1,936 individuals exited the SSDI program because their earnings exceeded the standard amount identified by SSDI's Substantial Gainful Activity (SGA) criteria.[19] In addition, 1,898 Michigan workers with disabilities had their SSDI benefits withheld because of successful return to work.

Termination of SSDI Benefits (and Reasons)

	2018	**2017**
Number of SSDI Recipients whose SSDI benefits were terminated (Disabled Worker)	33,120	32,126
Michigan Workers with benefits withheld because of SGA level	1,936	1,821
Michigan Workers with benefits terminated because of successful return to work	1,898	1,845

Ticket to Work

In Michigan, a total of 7,202 tickets had been assigned to both Employment Networks (EN) and Vocational Rehabilitation agencies. Of those, 1,658 tickets had been assigned to Employment Network providers, and 5,498 tickets were considered "in use" with the State VR agency as of December 2019.[20]

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

[19] The monthly SGA amount for 2018 was $1,970 for the blind and $1,180 for non-blind individuals. https://www.ssa.gov/oact/cola/sga.html

[20] Source: Social Security Administration. Ticket to Work: Ticket Tracker August 2019. Retrieved from https://www.ssa.gov/work/tickettracker.html

SPECIAL EDUCATION

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 2017 (July 1, 2017 - June 30, 2018) State Performance Plan/Annual Performance Report (APR).[21] The 2017 SPP/APR includes annual targets, explains progress or slippage, and discusses improvement activities for 18 indicators identified by the Office of Special Education Programs (OSEP) at the U.S. Department of Education. The SPP/APR reflects statewide summary data from Michigan's local educational agencies (LEAs) and state agency education programs.

State Performance Plan

According to the 2017 SPP/APR, of 37,851 students enrolled in special education. 37.1% were 16 years of age; 34.2% were 17 years of age; 16.3% were 18 years of age; and 5.6% were 19 years of age.

	2016		2017	
	N	%	N	%
16 years	14,214	37.4%	14,057	37.1%
17 years	12,759	33.5%	12,951	34.2%
18 years	6,311	16.6%	6,152	16.3%
19 years	2,135	5.6%	2,111	5.6%
20 years	1,420	3.8%	1,416	3.7%
21 years	1,197	3.2%	1,164	3.1%

The top five diagnostic categories who received special education were: specific learning disabilities (42.3%), cognitive impairment (15.4%), other health impairments (15.2%), autism (11.8%) and emotional impairment (7.9%). In addition, 0.4% (n = 151) were reported as having visual impairments.

	2016		2017	
	N	%	N	%
Autism Spectrum Disorder	4,214	11.1%	4,478	11.8%
Deaf-Blindness	3	0.0%	4	0.0%
Emotional Impairment	3005	7.9%	2,981	7.9%
Hearing Impairment	446	1.2%as	443	1.2%
Severe Multiple Impairment	929	2.4%	920	2.4%
Cognitive Impairment	6,003	15.8%	5,834	15.4%
Other Health Impairment	5,679	15.0%	5,757	15.2%
Physical Impairment	334	0.9%	316	0.8%
Specific Learning Disability	16,381	43.1%	15,996	42.3%

[21] Michigan Department of Education, Office of Special Education. Michigan Part B Annual Performance Report; https://www.michigan.gov/mde/0,4615,7-140-6598_88189_88207---,00.html

	2016		2017	
	N	%	N	%
Speech & Language Impairment	718	1.9%	808	2.1%
Traumatic Brain Injury	191	0.5%	163	0.4%
Visual Impairment	133	0.4%	151	0.4%

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

Based on the 2017 APR, 65.3% of youth with an Individualized Education Program (IEP) graduated from high school with a regular diploma while 6.8% dropped out of high school. Note that the 2017 six-year cohort graduation and 4-year dropout rates of ALL students were 83.5% and 8.7%, respectively.[22]

	Percentage of Graduation (Six-Year Cohort Graduation Rate Methodology)	**Percentage of Dropout** (Event Dropout Rate Methodology)
2013	53.6%*	8.6%
2014	55.1%*	7.9%
2015	57.1%*	7.4%
2016	64.2%++	7.1%
2017	65.3%++	6.8%

* MDE utilized the 4-year cohort graduation rate methodology until 2015.
++The 4-year cohort graduation rates of students with an IEP were 55.4% in 2016 and 56.7%, in 2017.

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 Fall Student Data Collection. A clustered random sample strategy resulted in a final eligible sample of 10,020 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 2017 SPP/APR reports that 81.0% (vs. 81.3% in 2016; 78.3% in 2015) of youth with an individualized education program (IEP), ages 16 and older, had: (a) appropriate and measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment; (b) transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals; and (c) annual IEP goals related to the student's transition service needs.

Postsecondary Outcomes (SPP Indicator #14)

The 2017 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, 29.2% were enrolled in higher education within one year of leaving high school, and 64.9% were enrolled in higher education or competitively employed within one year of leaving high school. In sum, it was estimated that 77.4% were either enrolled in higher education or in some other

[22] Michigan Department of Education. Michigan School Date retrieved from https://www.mischooldata.org/

postsecondary education or training program, were competitively employed, or were in some other employment within one year of leaving high school. The 2016 rates were 32.5%, 63.0% and 76.9%, respectively.

Students with Autism Spectrum Disorders

Since the 2011 CSNA project, youth with Autism Spectrum Disorders (ASD) have been identified as the primary emerging population in Michigan as either currently, or predicted to be, an underserved population. The number of customers with ASD as their primary disability who received and exited vocational rehabilitation services from MRS have been steadily increasing (567 in 2014; 668 in 2015; 761 in 2016). The RSA-911 data indicated that 644 customers with autism with as the primary impairments exited MRS in Program Year (PY) 2017 (vs. 779 in PY 2018). Due to the changes in data reporting requirements, however, those who exited before or without IPE or services initiated were excluded in the number. Thus, it is expected the number of customers with ASD would be higher. The special education data also support the fact that this population is progressively growing in all age categories as illustrated in the table below. Noteworthy is the fact that 16.6% of students with an IEP, ages 18-21, were diagnosed with ASD in 2017.

	Age 12 to 17		Age 18 to 21		Age 6 to 21	
	Number	Percent	Number	Percent	Number	Percent
2013-14	7,159	8.2%	1,439	13.1%	15,370	8.5%
2014-15	7,443	8.7%	1,569	14.3%	15,829	8.9%
2015-16	7,790	9.1%	1,629	15.0%	16,414	9.3%
2016-17	8,061	9.5%	1,719	15.5%	17,008	9.6%
2017-18	8,278	9.8%	1,802	16.6%	17,849	10.1%

In addition, according to the 2016-2017 Exit data of IDEA Section 618-Part B, 1,537 students diagnosed with autism ages 14 to 21 reported exiting special education in that same academic year. Of those, 684 (44.5%) graduated with a regular high school diploma, 140 (9.1%) received a certificate of completion, and 123 (8.0%) dropped out of school.[23] The IDEA Section 618 data indicates that many of these students with ASD may have the capacity to complete post-secondary training or secure employment following high school. Furthermore, it suggests that adult agencies should be prepared to help these students achieve independent living and employment outcomes with seamless transition services through ongoing collaboration between schools and adult service agencies such as MRS and CIL-Disability Network.

The following table presents reasons of exit for students, ages 14 - 21, who exited special education during 2016-2017 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 relatively higher proportion of students with autism, hearing impairments and orthopedic impairments exited special education with regular diploma while more than one-third of students with speech or language impairments (38.4%) exited special education and transferred to regular education.

[23] ibid

Type of Disabilities	Total N	Graduated with regular HS diploma	Received a certificate	Dropped out	Moved, known to be continuing	Transferred to regular education
Total	**23,698**	**36.6%**	**4.6%**	**16.4%**	34.8%	7.4%
Autism	1,537	44.5%	9.1%	8.0%	31.9%	6.1%
Deaf-blindness	1	0.0%	0.0%	0.0%	100.0%	0.0%
Emotional disturbance	2,927	20.6%	1.4%	25.2%	46.8%	5.7%
Hearing impairment	284	47.2%	5.3%	8.5%	28.9%	10.2%
Intellectual disability	2,456	14.2%	23.4%	18.6%	42.8%	0.7%
Multiple disabilities	108	7.4%	8.3%	24.1%	47.2%	0.0%
Orthopedic impairment	141	46.1%	12.1%	8.5%	21.3%	9.9%
Other health impairment	4,041	38.4%	2.4%	16.2%	34.9%	7.9%
Specific learning disability	11,310	44.1%	1.6%	15.7%	31.0%	7.4%
Speech or language impairment	694	28.5%	1.2%	6.1%	25.8%	38.5%
Traumatic brain injury	121	40.5%	9.1%	13.2%	33.9%	2.5%
Visual impairment	78	43.6%	3.8%	11.5%	34.6%	6.4%

Excluding those who moved but continued special education in a different special education program (considered not a true exit), a higher adjusted rate for HS diploma and transfer to regular education was found in those with speech language impairments (90.2%) and hearing impairments (80.6%), compared to the state rate of 67.7%. However, the rates of those with multiple disabilities, intellectual disability and emotional disturbance were significantly lower: that is, 18.6%, 26.1%, and 49.7%, respectively. In the same way, high adjusted dropout rates were found in the same disability groups, 60.6%, 32.7% and 47.6%, respectively. Note that the adjusted dropout rate for all students was 25.2%.

EMPLOYMENT SERVICE AGENCIES

Workforce Development Programs

This section describes the performance data of the workforce development programs, specifically authorized and amended under Title I, Title II, 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) 2017 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.[24]

The following table describes the PY 2017 statewide performance outcomes of Title 1 (i.e., Adult, Dislocated Worker, Youth) and Title III (i.e., Wagner-Peyser) programs.[25] Of a total of 169,746 participants who received employment services from the One-Stop System during PY 2017 (July 1, 2017 to June 30, 2018), 85.6% received services using the Wagner-Peyser funds. In addition, a total of 259,569 participants exited from the four programs between April 1, 2017 and March 31, 2018.

The following table also presents the PY 2017 performance outcomes for each program. It should be noted that the time period used for each indicator is different. For example, 86.2% of participants who exited from the WIOA Adult program in PY 2017 were employed during the second quarter after exit. The employment rate in the fourth quarter after exit was 82.8% but this

[24] 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

[25] Source: U.S. Department of Labor. Employment and Training Administration. Workforce Investment and Opportunity Act (WIOA) State Annual Report. Retrieved from https://www.doleta.gov/Performance/results/AnnualReports/annual_report_17.cfm

rate is for the participant cohort who exited the Adult program between 7/1/2016 - 12/31/2016. Credential Attainment and Measurable Skill Gain indicators are not required for the Wagener-Peyser program to report.

Statewide Performance Accountability Measures (PY 2017)

between 7/1/2016 - 12/31/2016.	Title I			Title III
	Adult	**Dislocated Worker**	**Youth**	**Wagner-Peyser**
Total Participants Served	14,016	3,775	6,675	145,280
Total Participants Exited[26]	4,558	1,986	2,070	250,955
Employment 2nd Qt after Exit[27]	86.2%	92.8%	82.0%	73.5%
Employment 4th Qt after Exit[28]	82.8%	89.2%	82.0%	73.7%
Median Earnings 2nd Qt after Exit[29]	$6,890	$8,400	$3,533	$5,946
Credential Attainment Rate[30]	74.7%	84.8%	64.4%	na
Measurable Skill Gains[31]	27.2%	33.9%	24.5%	na

Using the data element of barriers to employment, additional performance data are presented below for specific sub-groups (e.g., individuals with disabilities, ex-offenders, low income individuals).

Individuals with Disabilities Served by Title I and Title III Programs

Overall, 4% (n=6,709) of the participants served during PY 2017 reported having a disability as a barrier to employment, but the Youth program showed the highest disability prevalence rate among the participants served (13.0%). The performance outcomes of participants with disabilities are summarized, as follows:

- When compared to the employment rates in the second and fourth quarter after exit to the rates of all participants, all rates of the disability group were lower with an average gap of 12.9% (ranging from 6.1% to 23.2%) and 14.7% (ranging from 8.5% to 23.4%), respectively. Again, the Youth program showed the smallest gaps in the employment rates between individuals with and without disabilities.
- The amount of median earnings during the second quarter after exit of those with disabilities were 19.1% lower than that of all participants, ranging from -12.6% (Youth) to -33.6% (Wagner-Peyser).
- 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.

[26] Cohort Period: 4/1/2017 – 3/31/2018
[27] Cohort Period: 7/1/2017 - 6/30/2018
[28] Cohort Period: 7/1/2016 - 12/31/2016
[29] Cohort Period: 7/1/2016 - 6/30/2017
[30] Cohort Period: 7/1/2016 - 12/31/2016
[31] Cohort Period: 7/1/2017 - 6/30/2018

The following table also displays other groups with different barriers to employment. The most common barriers to employment include low income (poverty) and long-term unemployment. The Adult program served a higher proportion of individuals with legal backgrounds while poverty and cultural barriers were more frequently reported in the Youth group.

Performance Accountability Measures of Sub-Groups (PY 2017)

	Title I						Title III	
	Adult		Dislocated Worker		Youth		Wagner-Peyser	
Individuals with Disabilities (Incl. Youth)								
Total Participants Served	547	3.9%	97	2.6%	866	13.0%	5,199	3.6%
Total Participants Exited	133	2.9%	48	2.4%	309	14.9%	10,452	4.2%
Employment 2nd Qt after Exit	68.5%		88.4%		75.9%		50.3%	
Employment 4th Qt after Exit	67.9%		77.3%		73.5%		50.3%	
Median Earnings 2nd Qt after Exit	$5,750		$7,231		$3,089		$3,951	
Credential Attainment Rate	70.3%		100.0%		60.4%		na	
Measurable Skill Gains	23.5%		29.3%		33.0%		na	
Long-term Unemployment								
Total Participants Served	3,044	21.7%	698	18.5%	385	5.8%	5,251	3.6%
Total Participants Exited	636	14.0%	417	21.0%	124	6.0%	7,300	2.9%
Employment 2nd Qt after Exit	83.2%		89.9%		84.1%		67.2%	
Employment 4th Qt after Exit	81.9%		86.0%		87.0%		72.2%	
Median Earnings 2nd Qt after Exit	$6,335		$7,561		$3,190		$5,879	
Credential Attainment Rate	88.8%		86.7%		85.7%		na	
Measurable Skill Gains	24.8%		40.0%		29.9%		na	
Low Income Individuals								
Total Participants Served	11,268	80.4%	2,370	62.8%	6,259	93.8%	288	0.2%
Total Participants Exited	2,723	59.7%	1,183	59.6%	1,900	91.8%	194	0.1%
Employment 2nd Qt after Exit	83.0%		91.9%		81.5%		55.6%	
Employment 4th Qt after Exit	80.5%		88.2%		81.9%		-	
Median Earnings 2nd Qt after Exit	$5,770		$8,293		$3,474		$5,689	
Credential Attainment Rate	72.8%		83.8%		63.6%		na	
Measurable Skill Gains	22.5%		27.1%		22.5%		na	
Ex-offenders								
Total Participants Served	1,994	14.2%	280	7.4%	471	7.1%	120	0.1%
Total Participants Exited	373	8.2%	137	6.9%	135	6.5%	97	0.0%
Employment 2nd Qt after Exit	75.0%		85.5%		83.3%		64.3%	
Employment 4th Qt after Exit	69.5%		78.6%		81.0%		-	
Median Earnings 2nd Qt after Exit	$5,848		$7,469		$3,542		$5,277	
Credential Attainment Rate	70.8%		73.9%		94.7%		na	
Measurable Skill Gains	15.0%		23.7%		30.0%		na	
English Learners, Low Level of Literacy & Cultural Barriers								
Total Participants Served	1,882	13.4%	575	15.2%	4,967	74.4%	745	0.5%
Total Participants Exited	644	14.1%	303	15.3%	1,403	67.8%	766	0.3%
Employment 2nd Qt after Exit	87.4%		91.0%		81.0%		48.7%	
Employment 2nd Qt after Exit	81.6%		89.1%		81.1%		57.1%	
Median Earnings 2nd Qt after Exit	$5,950		$7,166		$3,301		$6,070	
Credential Attainment Rate	79.8%		87.2%		62.4%		na	
Measurable Skill Gains	44.9%		40.1%		22.4%		na	

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 2018, a total of 6,314 Michigan residents with disabilities achieved a competitive and integrated employment (CIE)[32] or supported employment (SE) outcome and maintained employment for at least 90 days after receiving VR services from MRS (n=6,252) and BSBP (n=89). At the time of exit, MRS customers with CIE/SE reported working an average of 31.1 hours per week, earning $16.36 per hour in PY 2018. The average hours worked and hourly wage of BSBP customers with CIE/SE were 31.2 hours and $14.74, respectively.

Employment Outcomes at Exit of VR Participants (PY 2017 - PY 2018)

		MRS		BSBP	
		PY 2017	PY 2018	PY 2017	PY 2018
At Exit	Participants with CIE/SE	6,075	6,252	92	89
	Mean Hourly Wage at Exit	15.21	14.74	16.95	16.36
	Mean Hours Worked in a Week at Exit	32.1	31.2	27.7	31.3

The WIOA requires that the state VR agency report the employment rates of VR participants in the 2nd and 4th quarters after exit and their median earnings during the 2nd quarter after exit. The following table presents the long-term employment status and median earnings of VR participants who exited MRS and BSBP in PY 2017 and 2018. As illustrated, for instance, 1,744 MRS and 8 BSBP customers who exited during PY17-Q1 had the earning records in the Unemployment Insurance Agency data during the 2nd quarter. The median earnings during the second quarter after exit were $5,282 and $3,420, respectively. The employment rates and median earnings for participants who exited MRS in other quarters were also presented below.

Longer-term Employment Outcomes of VR Participants

Exit Quarter	MRS			BSBP		
	N of CIE during 2nd Qt after Exit	Median Earning of 2nd Qt after Exit	N of CIE during 4th Qt after Exit	N of CIE during 2nd Qt after Exit	Median Earning of 2nd Qt after Exit	N of CIE during 4th Qt after Exit
PY17-Q1	1,744	$5,282.50	1,770	8	$3,420.00	2
PY17-Q2	1,541	$5,500.00	1,489	5	$1,200.00	3
PY17-Q3	1,619	$5,052.00	1,524	5	$12,266.79	3
PY17-Q4	1,530	$5,597.00	1,374	3	$552.00	2
PY18-Q1	1,862	$4,903.50	-	3	$780.00	-
PY18-Q2	1,307	$4,927.00	-	8	$2,164.50	-

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

One of the performance accountability measures required to assess and report is Measurable Skills Gain (MSG). As indicated[33], of 8,603 MRS and 133 BSBP participants eligible for MSG, 1,305 and 51 were completed during PY 2018. Thus, the MSG indicators for 2018 are 15.2% and 38.4%, respectively. Most of the MSGs competed in MRS (83.8%) were secondary education, while a higher number of MSGs were reported in postsecondary education in BSBP.

Measurable Skills Gain Information of MRS and BSBP Participants (PY 2017 - PY 2018)

		MRS		BSBP	
		PY 2017	PY 2018	PY 2017	PY 2018
Measurable Skills Gain (MSG) Indicators	N of Participants	24,404	24,762	1,128	1,022
	MSG Numerator	1,943	1,305	52	51
	MSG Denominator	10,572	8,603	168	133
	MSG Rate	18.5%	15.2%	31.0%	38.4%
Type of MSGs completed	Educational Functional Level (EFL)	89	13	28	7
	Secondary	1,261	940	3	2
	Post-secondary	209	151	46	45
	Training Milestone	0	2	0	1
	Skill Progression	397	211	1	1

[33] Source: The RehabData Workgroup Webinar presented on Jan. 27, 2020. The updated results in Excel were distributed on Feb. 18, 2020 by RSA.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER II

EXTANT DATA ANALYSES
(RSA-911 & CIL Annual Reports)

PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY

Table of Contents

Table of Contents	II-1
Michigan Rehabilitation Services (MRS)	II-2
MRS Customers at a Glance	II-2
VR Process and Outcomes	II-3
Factors Related to VR Process and VR Outcomes	II-5
Further Investigation for Special Populations	II-8
Bureau of Services for Blind Persons (BSBP)	II-12
BSBP Customers at a Glance	II-12
VR Process and Outcomes	II-13
Factors Related to VR Process and VR Outcomes	II-14
Centers for Independent Living in Michigan (CILs)	II-19
CIL Consumers Served and Individualized IL Services Provided	II-19
Information and Referral (I&R) Services	II-21
Systems Change Activities	II-22
Community Systematic Barriers	II-23

CHAPTER TWO

EXTANT DATA ANALYSIS (RSA-911 & 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 2017 and 2018 from each agency were analyzed. In addition to reporting the demographic characteristics of the customers served by each agency, the relationship of individual characteristics with VR process and outcomes is provided.

As one of the critical resources for individuals with disabilities, the Center for Independent Living (CIL) is a consumer-controlled, community-based, cross-disability, and nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services. This section also presents consumer profiles, services available in CILs (currently, most centers are named as Disability Network in Michigan) and their independent living outcomes using the 2017 and 2018 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 (PY 2017 & 2018), a total of 38,768 individuals with disabilities exited MRS either with or without a successful employment outcome. Of those, 33,015 (85.2%) were VR customers while 5,753 (14.8%) were Prior to Application (PTA) customers, potentially eligible individuals who exited MRS after receiving Pre-ETS. As indicated in the table on the next page, 57.2% of MRS VR customers who exited MRS during PY 2018 were male. Less than two-thirds (63.9%) were White with no Hispanic Origin and 31.7% were African American. Regarding ethnicity, 3.9% reported being Hispanic/Latino. More than one-third of MRS customers (37.0%) were either students and youth (younger than 25 years), and 10.2% were over 60 years of age at application. Slightly over one-fourth (27.8%) reported receiving Social Security cash benefits at the time of application.

Individual Characteristics of VR Customers Exited in PY 2017 & 2018

		PY 2017 (N=15,619)		PY 2018 (N=17,396)	
		N	%	N	%
Gender	Male	8,959	57.4%	9,956	57.2%
	Female	6,651	42.6%	7,412	42.6%
	Not Identified	9	0.1%	28	0.2%
Race	White	10,444	66.9%	11,120	63.9%
	African American	4,605	29.5%	5,523	31.7%
	American Indian or Alaskan Native	133	0.9%	165	0.9%
	Asian	119	0.8%	147	0.8%
	Native Hawaiian or Pacific Islander	8	0.1%	18	0.1%
	Multiracial	297	1.9%	398	2.3%
	Race Missing	13	0.1%	25	0.1%
Hispanic		562	3.6%	670	3.9%
Age at Application	< 19	3,391	21.7%	4,026	23.1%
	19 to 24	2,058	13.2%	2,417	13.9%
	25 to 44	4,142	26.5%	4,710	27.1%
	45 to 54	2,814	18.0%	2,933	16.9%
	55 to 59	1,478	9.5%	1,537	8.8%
	60 to highest	1,735	11.1%	1,773	10.2%
Student at Application	Not a Student	12,651	81.0%	14,569	83.7%
	504 Student	2	0.0%	2	0.0%
	IEP Student	157	1.0%	353	2.0%
	Student neither 504 nor IEP	2,809	18.0%	2,472	14.2%
SSI/DI	SSI/DI	4,188	26.8%	4,835	27.8%

When the percentage of African Americans served by MRS in 2018 (31.7%) is compared to the 2017 American Community Survey (ACS)[1], which estimates 13.6% African American in Michigan, this population is not considered underserved. As for Hispanic/Latino as an ethnicity group, 3.9% of MRS customers in 2018 were Hispanic/Latino, slightly increased from 2017 (3.6%). Compared to the 2017 ACS report with 5.1% Hispanic/Latino in MI, this ethnic group appears to be underserved.

The Asian/Pacific Islander rate of 2018 MRS customers (0.8%) is lower than the population estimate of the 2017 ACS report (3.1%). It is noteworthy that the self-reported disability prevalence rate (4.4%) for Asian/Asian Americans was lowest among all the racial/ethnic groups (e.g., 13.9% of White; 21.8% of Black/African American). There is a strong possibility that cultural attitudes toward disability may attribute to an artificially low disability prevalence rate for Asian/Asian Americans.

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,

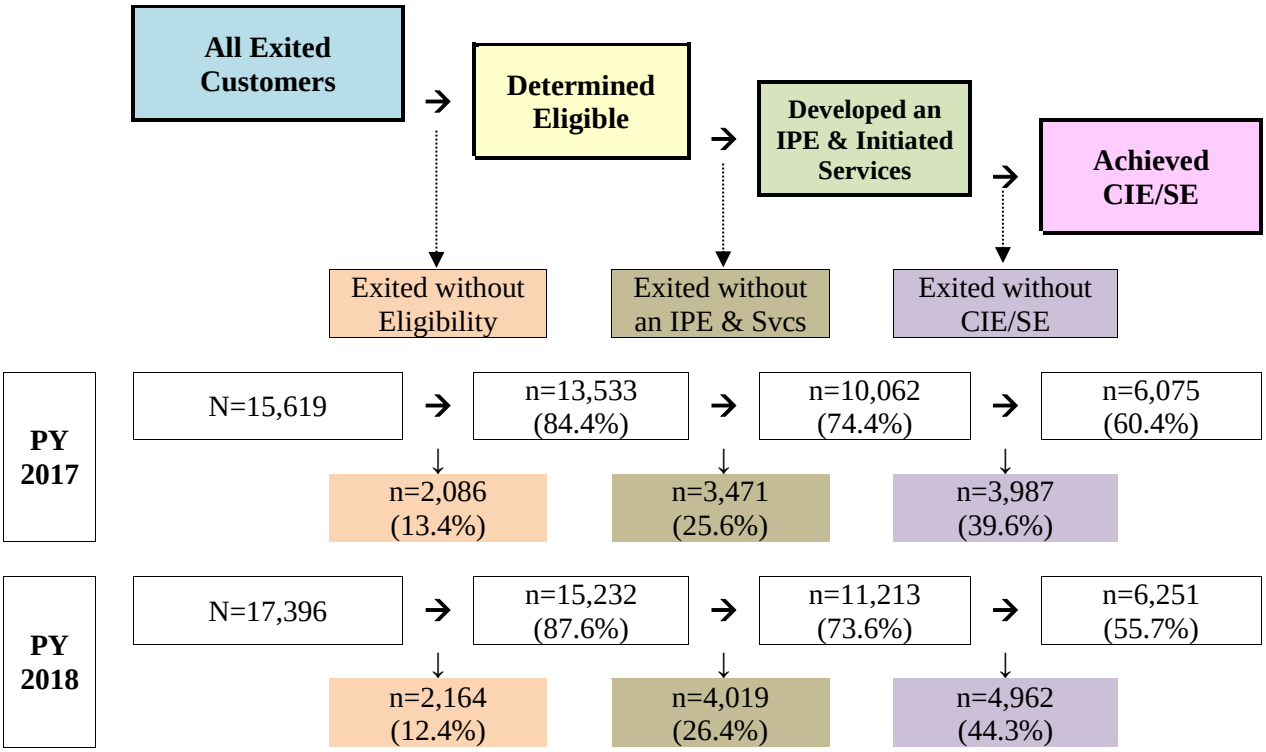
[1] Source: U.S. Census Bureau, 2017 ACS, Table S1810; https://data.census.gov/

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 develops 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 2017 - 2018), the 2018 eligibility rate was slightly lower but the participation and employment rates were higher than those of PY 2017. Note that MRS closed more cases in PY 2018.

VR Process and Outcomes



How to read the figure: In PY 2018, of a total of 17,396 VR customers who exited MRS, 15,232 (87.6%) were determined eligible; in other words, 2,164 (12.4%) applicants exited before or without being determined eligible. Of the eligible customers (n=15,232), 73.6% initiated VR services based on their IPE (participants); the remaining 4,019 customers were determined eligible but exited MRS without

an IPE or services initiated, or both. In the same way, 55.7% (n=6,251) of participants (n=11,213) achieved CIE/SE.

Factors Related to VR Process and VR Outcomes

By examing the proportion of MRS customers reaching each of the three VR milestones, information about potential associations between MRS customer characteristics and VR milestones can be investigated. For example, 89.9% of 11,120 White customers were determined eligible for MRS; of those eligible customers, 77.1% developed an IPE and initiated VR services (participants), and of the participants who developed an IPE and initiated VR services, 55.7% 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 (83.5%, 66.8% and 47.7%, respectively).

Individual Characteristics and VR Outcomes (PY 2018)

		N (17,396)	**Eligibility** (87.6%)	**Participa -tion** (73.6%)	**CIE/SE** (55.7%)
Gender	Male	9,956	87.5%	73.6%	55.3%
	Female	7,412	87.7%	73.7%	56.3%
	Not Identified	28	75.0%	57.1%	50.0%
Race	White	11,120	89.9%	77.1%	59.4%
	Black	5,523	83.5%	66.8%	47.7%
	American Indian or Alaskan Native	165	83.0%	63.5%	43.7%
	Asian	147	89.1%	79.4%	60.6%
	Native Hawaiian or Pacific Islander	18	94.4%	70.6%	50.0%
	Multiracial	398	84.7%	66.5%	42.0%
	Race Missing	25	0.0%	-	-
Hispanic	Hispanic	670	88.2%	74.8%	51.4%
	No Hispanic Origin	16,641	87.5%	73.6%	55.9%
Age at Application	< 19	4,026	95.7%	79.7%	37.6%
	19 to 24	2,417	88.0%	68.7%	52.5%
	25 to 44	4,710	82.6%	68.7%	58.0%
	45 to 54	2,933	84.6%	71.5%	62.3%
	55 to 59	1,537	84.9%	73.3%	68.2%
	60 to highest	1,773	88.9%	81.0%	79.9%
Student at Application	Not a Student	14,569	73.8%	73.8%	59.9%
	504 Student	2	100.0%	100.0%	100.0%
	IEP Student	353	57.1%	57.1%	34.0%
	Student neither 504 nor IEP	2,472	75.1%	75.1%	36.1%
SSI/DI	SSI/DI	4,835	91.7%	66.3%	45.8%
	No SSI/DI Benefits	12,561	86.0%	76.6%	59.3%

More detailed associations between customer characteristics and VR process and outcomes were investigated using the PY 2018 data and are discussed as follows.

Gender

Historically, more men apply for MRS services than women who are slightly more likely to proceed through the process, from eligibility to CIE, than men. However, a series of PY 2018 Chi-square test results[2] indicated that there were no statistically significant differencces in terms of three milestons between males and females.

Race/Ethnicity

Relatively bigger variation among racial/ethnic groups was observed in the employment stage, compared to eligibility determination and VR participation stages. White and Asian customers were more likely to achieve an employment outcome than other racial and ethnic groups, especially Native Americans and multi-racial Americans. A lower proportion of African, Native and multi-racial American customers reached all three milestones of the VR process, compared to White custoemers.

Age at Application

All process and outcome rates for older customers (i.e., ages 60 and older) exceeded those of students and youth with disabilities and working age customers in MRS. Although especially those younger than 19 years at application were more likely to be determined eligible for MRS services than working age adults and the aged, they were much less likely to achieve successful employment outcomes than other age groups.

Students and Youth with Disabilities

In PY 2018, 6,443 customers who exited MRS were younger than 25 years at application. Compared to the milestone rates of adult customers, the eligibility (92.8%) and participation (75.8%) rates of this customer group were higher but the CIE/SE rate (42.4%) 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 (37.6% vs. 52.5%). For reference, the milestone rates for adults were 84.5%, 72.7%, and 64.8%, respectively.

Relationships between individual characteristics and VR outcomes for students and youth on IPE development were consistent with that reported for the general population above. For employment outcomes, however, male participants (44.2%) were more likely to have a successful employment outcome than the female counterparts (39.6%).

Of a total of 4,532 students and youth customers who exited MRS with IPE based services initiated (participants), 59.8% reported having cognitive disabilities and 25.7% having mental illness while two-thirds (67.7%) were either secondary school students or drop-outs, 25.0% had a high school diploma or equivalency, and 4.2% obtained special education certificate at IPE.

[2]Eligibility rate: $\chi^2(1) = 0.92$, no sig; IPE rate: χ^2 (1) = 0.23, no sig; CIE/SE rate: χ^2 (1) = 1.07, no sig.

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 2018.

Of 11,213 VR participants who exited MRS in PY 2018, 21.7% had some type of mental/psychosocial disabilities, 18.8% had visual and/or hearing impairments, 16.4% had learning disabilities (LD) and 12% had chronic physical disabilities.

The CIE/SE rate of customers with sensory disabilities (i.e., hearing, visual, and communicative impairments, deaf/blindness) exceeded those with other disabilities. Lower than 50% of participants with the following disabilities achieved CIE/SE: LD, ADHD, mental/psychosocial disabilities, intellectual disabilities and substance abuse. 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; some disabilities (e.g., LD, ADHD) were more prevalent in a student and youth group.

Participant Characteristics and VR Outcomes (PY 2018)

		N (11,213)	**CIE/SE** (55.7%)
Type of Primary Disability	Visual Impairments	53	66.0%
	Hearing Impairments	2,103	89.5%
	Deaf Blindness	5	60.0%
	Communicative Impairments	62	64.5%
	Orthopedic/Neur. Impairments	384	50.8%
	Chronic Physical Disabilities	1,348	56.7%
	Cognitive Disabilities	324	55.9%
	Mental/Psychosocial Disabilities	2,435	44.6%
	ADHD	569	44.3%
	Autism	779	54.4%
	Intellectual Disabilities	896	47.1%
	Specific Learning Disabilities	1,844	41.3%
	Substance Abuse	411	49.9%
Significant Disability	Not Significant	1,116	82.3%
	Significant Disability	2,623	59.7%
	Most Significant Disability	7,474	50.4%
Highest Education Level Completed	Without High School or Equiv.	4,015	42.9%
	High school or Equivalency	4,555	59.2%
	Special Ed	357	52.9%
	Some PSE or Voc Training	1,237	66.5%
	BA or more	1,049	78.2%
Work Status at IPE	CIE	3,036	85.3%
	Working – Others	201	86.6%
	Not working	7,976	43.7%

Significant Disability

Two-thirds (66.7%) of the 11,213 participants who exited in PY 2018 were determined to have most significant disabilities and additional 23.4% significant disabilities. Looking at their CIE/SE rate, participants with no significant disabilities (82.3%) were more likely to close with an employment outcome than those with most significant (50.4%) or significant (59.7%) disabilities.

Highest Level of Education Completed at IPE

With regard to the highest level of education at IPE, 40.6% of the participants reported having a high school diploma or equivalency, 35.8% had less than 12 years of education and 20.4% had at least some post-secondary education. Slightly over 4% of MRS customers reported that they were a special education student. Levels of education were positively correlated with employment outcomes. Participants without high school diploma or equivalency and with a certificate of completion were less likely to achieve CIE/SE compared to those with a high school diploma or postsecondary education.

Work Status at Plan

Slightly less than three-quarters (71.1%) of the participants reported being unemployed at IPE. As expected, the majority (85.3%) of the employed at IPE were more likely to achieve CIE/SE outcomes than those not working at IPE (43.7%). More than half (56.3%) of these retention cases had hearing impairments followed by chronic-physical disabilities (13.9%) and mental illness (10.5%). However, their CIE/SE rates were different: 95.8% with hearing impairments (vs. 64.4% with mental illness) exited MRS with CIE outcomes.

Summary

Customers with mental illness, SSI/DI, and Hispanic origin were less likely to achieve an employment outcome. Age appeared positively correlated to employment outcomes. In addition, customers having a lower level of education (without high school diploma or equivalency) and those unemployed at IPE were also more likely to exit without CIE/SE. And, employment outcomes were positively related to age, with the student and youth group having the lowest outcome rate.

Further Investigation for Special Populations

Barriers to Employment

According to the RSA-911 data, 7,516 (66.7%) participants who exited in PY 2019 reported at least one barrier to employment. In detail, slightly over 50% of participants met the definition of having low income, while 37% and 26.4% reported that they had experienced certain cultural barriers and been unemployed for 27 or more consecutive weeks at the time of IPE development, respectively. As indicated, a lower proportion of the participants with those three

Barriers to Employment and VR Outcomes (PY 2018)

	% (11,213)	**CIE/SE** (55.7%)
Adult Education	0.0%	100.0%
Long-Term Unemployed	26.4%	41.5%
Exhausting TANF Within Two Years	0.8%	39.1%
Homeless Individual	4.8%	52.0%
Ex-Offender	1.8%	54.7%
Low Income	51.2%	47.1%
Single Parent	6.4%	54.8%
Displaced Homemaker	0.7%	54.5%
Migrant and Seasonal Farmworker	0.1%	25.0%
Cultural Barriers	37.0%	47.2%
Foster Care - Youth	0.8%	36.3%

barriers (47.1%, 47.2% and 41.5%, respectively) achieved successful employment outcomes, compared to the average CIE/SE rate (55.7%).

In addition, data indicated that those without any barriers reported had a higher CIE/SE rate (70.8%) than those with at least one barrier (48.7%). Having multiple barriers was also related to a lower CIE rate.

Mental Illness

Of 11,213 participants who exited MRS in PY 2018, 4,529 (40.4%) reported having mental illness as their primary or secondary disability. Compared to MRS customers with other types of disabilities, a higher proportion of Black or African American participants reported having a mental illness (50%); for reference, 36.4% of White participants reported having a mental illness. Approximately two-thirds of the customers (64.3%) had at least a high school diploma or equivalency. Compared to other disability groups, a higher proportion of customers with mental illness reported being unemployed at IPE (86.5% vs. 60.7%) and at exit (46.5% vs. 62.0%).

VR Outcomes of Special Populations (PY 2018)

	% (11,213)	**CIE/SE** (55.7%)
No Mental Illness	59.6%	62.0%
Mental Illness	40.4%	46.5%
No ASD	92.1%	55.9%
ASD	7.9%	53.9%
< 65 years at application	94.9%	54.2%
Aged (>= 65 years at application)	5.1%	85.1%
No Supported Employment Goal	94.3%	56.1%
Supported Employment Goal	5.7%	50.0%
Not Veterans	96.0%	55.5%
Veterans	4.0%	61.4%

Autism Spectrum Disorder (ASD)

Of 2018 exiters with IPE based services initiated, 890 (7.9%) customers reported having primary or secondary impairments caused by ASD. Most of these participants were younger than 25 years at application (82.4%), male (84.6%), White (85.6%) and unemployed at IPE (91.1%). Half of them reported having less than 12 years of education, 41.4% high school diploma or equivalency, and 7.4% special education certificate at IPE. Although the overall CIE/SE rate of the participants with ASD (53.9%) was slightly lower than those without ASD (55.9%), the CIE rate of this group (52.0%) was higher than their counterparts (40.6%) when considering youth participants, ages young than 25 years at application.

Customers who are 65 Years and Older

Of MRS VR customers who exited in PY 2018, 4.2% (n=729) were identified as being 65 years and older. A high proportion of this group was White (78.2%) and all of them reported receiving SSI or/and SSDI at application. The eligibility and participation rates of this age group were 90.1% and 86.8%, respectively, while the CIE/SE rate was 85.1% which is significantly higher than that of those younger than 65 years (54.2%).

The most frequently reported type of disabilities of the aged participants (n=570) were hearing impairments (76.0%), followed by chronic physical disabilities (13.7%), mental/psychosocial

disabilities (4.0%) and orthopedic/neurological impairments (3.9%). More than three-quarters of the participants (80.5%) reported working at application. In terms of the highest level of education, 44.9% had high school diploma or equivalency, and 45.8% received postsecondary education. The majority of participants in this group with hearing impairments (93.8%) achieved CIE, whereas 57.7% of those with other type of disabilities exited MRS with CIE/SE.

Participants with Supported Employment Goals

Receiving supported employment services through MRS indicates that the customer was determined eligible and that an IPE was developed and included supported employment services.

Of those who exited MRS in PY 2018, 640 customers specified on their IPE an employment outcome/vocational goal in a supported employment setting. Almost half of them (47.2%) were between 25 and 44 years old at application. The majority of these customers had either mental illness (39.7%) or intellectual disabilities (29.2%) as the primary disability. An additional 11.9% of these customers were reported as having autism as their primary disability, and the remaining 19.2% had a wide array of other disabilities.

Half (50%; n = 320) of them who had a supported employment goal exited MRS with CIE/SE. In relation to the primary disabilities of customers with a supported employment goal, 47.2% of the customers with mental illness, 48.7% of the customers with intellectual disabilities, and 52.6% of the customers with autism achieved CIE/SE.

While 28.4% of the 320 customers who had a supported employment goal on their IPE and achieved an employment outcome were working in an integrated setting without supports, 71.6% of them were competitively employed in terms of their wage. The top three occupations that supported employment customers had at exit were production (24.4%), food preparation and serving related (19.4%), and building and grounds cleaning and maintenance (18.8%) occupations.

Veterans

In PY 2018, 747 (4.3%) of the 17,396 VR customers who exited were identified as veterans. Most of the veterans (84.5%) were males, either White (61.8%) or Black (35.2%) and in the age range of 25-59 years (62.5%). A high proportion of the participants (n=453) reported having hearing impairments (29.1%) as their primary disability, followed by mental illness (24.7%) chronic physical impairments (18.8%), and substance abuse (9.6%). Over half (53.9%) reported having attained a high school diploma or equivalency at IPE. The majority (57.8%) were unemployed at IPE. However, 38.6% of the group who were employed were working in competitive and integrated settings. Most of the veterans (79.8%) were determined eligible for services. Slightly lower than two-thirds (61.4%) of the participants achieved an employment outcome. Type of primary disabilities was a variable associated with employment outcomes; 93.9% of those with hearing impairments (vs. 41.4% with mental illness, 58.8% with chronic physical) achieved CIE at exit.

Type of Disabilities Using Primary Disability Cause

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

Participant Primary Disability Cause and Employment Outcomes (PY 2018)

	% (11,213)	**CIE/SE** (55.7%)
Cause Unknown/Missing	0.0%	50.0%
Accident Injury other than TBI SCI	4.5%	72.7%
Alcohol Abuse or Dependence	1.3%	54.1%
Amputations	0.3%	64.7%
Anxiety Disorders	3.2%	44.2%
Arthritis and Rheumatism	1.0%	46.5%
Asthma and Other Allergies	0.2%	57.7%
Attention Deficit Hyperactivity Disorder	5.1%	44.3%
Autism	6.9%	54.4%
Blood Disorders	0.4%	51.0%
Cancer	0.3%	56.3%
Cardiac and other Circulatory	1.3%	73.8%
Cerebral Palsy	1.1%	52.0%
Congenital Condition or Birth Injury	6.5%	67.7%
Cystic Fibrosis	0.0%	0.0%
Depressive and other Mood Disorders	11.3%	44.5%
Diabetes Mellitus	1.1%	48.0%
Digestive	0.2%	90.0%
Drug Abuse or Dependence other than alcohol	2.3%	47.5%
Eating Disorders	0.0%	100.0%
End-Stage Renal Other Genitourinary	0.2%	60.9%
Epilepsy	0.5%	58.9%
HIV and AIDS	0.2%	57.7%
Immune Deficiencies excluding HIV AIDS	0.1%	75.0%
Mental Illness not listed elsewhere	3.5%	42.5%
Intellectual Disabilities	8.0%	47.1%
Multiple Sclerosis	0.3%	44.7%
Muscular Dystrophy	0.2%	50.0%
Parkinson’s Disease and other Neurological Disorders	0.2%	58.8%
Personality Disorders	0.9%	45.4%
Physical Disorders Conditions not listed elsewhere	18.2%	82.1%
Polio	0.0%	60.0%
Respiratory Disorders other than Cystic Fibrosis or Asthma	0.3%	63.6%
Schizophrenia and other Psychotic Disorders	2.3%	42.7%
Specific Learning Disabilities	16.4%	41.3%
Spinal Cord Injury	0.3%	59.5%
Stroke	0.5%	53.8%
Traumatic Brain Injury	0.7%	58.3%

BUREAU OF SERVICES FOR BLIND PERSONS (BSBP)

BSBP Customers at a Glance

Over the two-year period, a total of 790 individuals with disabilities exited BSBP either with or without a successful employment outcome. Of those, 776 (98.2%) were VR customers while 14 (1.8%) were Prior to Application (PTA) customers, potentially eligible individuals who exited BSBP after receiving Pre-ETS. As indicated in the table below, 47.9% of VR customers who exited BSBP during PY 2018 were male. More than half (57.5%) were White with no Hispanic origin and 29.3% were African American. Regarding their ethnicity, 3.1% reported being Hispanic/Latino. More than one-fourth of customers (27.1%) were students and youth with disabilities (younger than 25 years), and 11.5% were over 60 years of age at application. In addition, 21.1% were students, and 57.5% reported receiving Social Security cash benefits at application.

Individual Characteristics of VR Customers Exited in PY 2017 & 2018

		PY 2017 (N=421)		PY 2018 (N=355)	
		N	%	N	%
Gender	Male	223	53.0%	170	47.9%
	Female	189	44.9%	167	47.0%
	Not Identified	9	2.1%	18	5.1%
Race	White	240	57.0%	204	57.5%
	Black	140	33.3%	104	29.3%
	American Indian or Alaskan Native	4	1.0%	2	0.6%
	Asian	5	1.2%	5	1.4%
	Native Hawaiian or Pacific Islander	1	0.2%	0	0.0%
	Multiracial	8	1.9%	10	2.8%
	Race Missing	23	5.5%	30	8.5%
Hispanic		14	3.3%	11	3.1%
Age at Application	< 19	74	17.6%	68	19.2%
	19 to 24	37	8.8%	30	8.5%
	25 to 44	143	34.0%	111	31.3%
	45 to 54	84	20.0%	80	22.5%
	55 to 59	36	8.6%	25	7.0%
	60 to highest	47	11.2%	41	11.5%
Student at Application	Not a Student	329	78.1%	254	71.5%
	504 Student	1	0.2%	1	0.3%
	IEP Student	61	14.5%	65	18.3%
	Student neither 504 nor IEP	11	2.6%	9	2.5%
	Missing	19	4.5%	26	7.3%
SSI/DI	SSI/DI	237	56.3%	204	57.5%

When the percentage of African Americans served by BSBP in PY 2018 (29.3%) is compared to the 2017 American Community Survey (ACS)[3], which estimates 13.6% African American in

[3] Source: U.S. Census Bureau, 2018 ACS, Table S1810; https://data.census.gov/

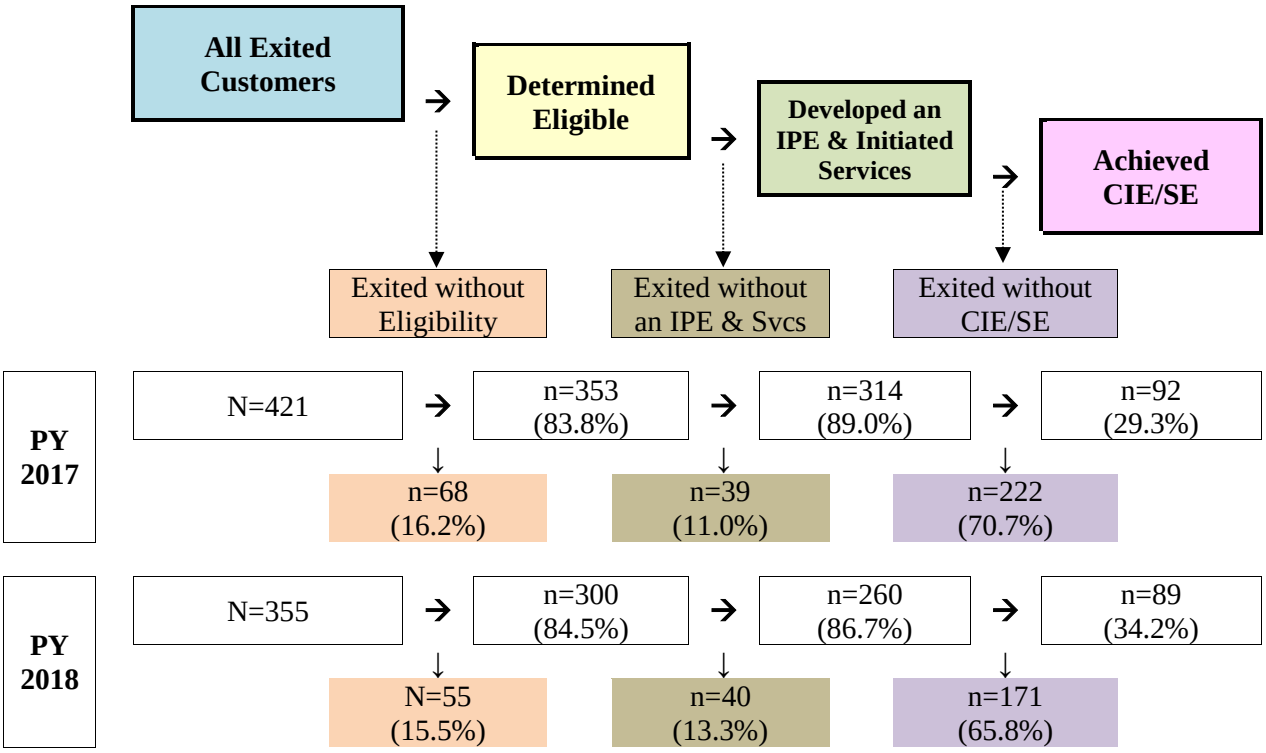
Michigan, this population is not considered underserved. As for Hispanic/Latino as an ethnicity group, 3.1% of BSBP customers in 2017 were Hispanic/Latino, consistent with the PY 2017 rate. Compared to the 2017 ACS report with 5.1% Hispanic/Latino in MI, this ethnic group appears to be underserved.

The Asian/Pacific Islander rate of PY 2018 BSBP customers (1.4%) is lower than the population estimate of the 2017 ACS report (3.1%). It is noteworthy that the self-reported disability prevalence rate (4.4%) for Asian/Asian Americans was lowest among all the racial/ethnic groups (e.g., 13.9% of White; 21.8% of Black/African American). There is a strong possibility that cultural attitudes toward disability may attribute to an artificially low disability prevalence rate for Asian/Asian Americans.

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 develops 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.

VR Process and Outcomes



How to read the figure:

Of a total of 355 VR customers who exited BSBP in PY 2018, 300 (84.5%) were determined eligible; in other words, 55 (15.5%) applicants exited before or without being determined eligible.

Of the eligible customers (n=300), 86.7% initiated VR services based on their IPE (participants); the remaining 40 customers were determined eligible but exited BSBP without an IPE or services initiated, or both.

In the same way, 34.2% (n=89) of participants (n=260) 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 performance years (PY 2017 - 2018), the 2017 eligibility and CIE/SE rates were lower but the participation rate was higher, compared to those of PY 2018. Note that BSBP closed more cases in PY 2017.

Factors Related to VR Process and VR Outcomes

By examing 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, 90.7% of 204 White customers were determined eligible for BSBP; of those eligible customers, 87.0% developed an IPE and initiated VR services (participants), and of those participants, 37.9% achieved CIE/SE. With regard to African American customers, the second largest racial group, the CIE/SE rate rate (27.5%) was significantly lower than that of White customers (37.9%).

Individual Characteristics and VR Outcomes (PY 2018)

		N (N=355)	**Eligibility** (84.5%)	**Participa-tion** (86.7%)	**CIE/SE** (34.2%)
Gender	Male	170	87.1%	85.8%	31.5%
	Female	167	91.0%	87.5%	36.8%
	Not Identified	18	0.0%	86.7%	34.2%
Race	White	204	90.7%	87.0%	37.9%
	African American	104	89.4%	86.0%	27.5%
	American Indian or Alaskan Native	2	50.0%	100.0%	0.0%
	Asian	5	100.0%	100.0%	60.0%
	Native Hawaiian or Pacific Islander	0	-	-	-
	Multiracial	10	100.0%	70.0%	14.3%
	Race Missing	30	20.0%	100.0%	33.3%
Hispanic	No Hispanic Origin	343	84.3%	86.5%	34.4%
	Hispanic Origin	11	90.9%	100.0%	30.0%

Individual Characteristics and VR Outcomes (PY 2018) – Cont'd

		N (N=355)	Eligibility (84.5%)	Participa-tion (86.7%)	CIE/SE (34.2%)
Age at Application	< 19	68	92.6%	92.1%	29.3%
	19 to 24	30	100.0%	86.7%	15.4%
	25 to 44	111	83.8%	81.7%	40.8%
	45 to 54	80	80.0%	84.4%	31.5%
	55 to 59	25	72.0%	88.9%	43.8%
	60 to highest	41	78.0%	93.8%	43.3%
Student at Application	Not a Student	254	90.2%	84.3%	35.2%
	504 Student	1	100.0%	100.0%	0.0%
	IEP Student	65	93.8%	93.4%	31.6%
	Student neither 504 nor IEP	9	100.0%	100.0%	33.3%
	Missing	26	0.0%	-	-
SSI/DI	No SSI/DI	151	76.2%	89.6%	41.7%
	SSI/DI	204	90.7%	84.9%	29.3%

More detailed associations between customer characteristics and VR process and outcomes were investigated using the PY 2018 data and are discussed as follows.

Gender

Historically, more men apply for BSBP services than women, but the proportion of male and female customers was similar in PY 2018. As shown, women seemed slightly more likely to achieve CIE/SE than men. A series of Chi-square test results[4] indicated, however, that that difference is not statistically significant.

Race/Ethnicity

As indicated in the table above, White customers with no Hispanic origin (37.9%) were more likely to achieve CIE/SE than African American customers (27.5%). Though some variations were observed among other minority groups, the numbers are too small to make further inference about the difference of the three VR process outcomes by race. A slightly lower proportion of Hispanic participants (30.0%) exited BSBP with CIE/SE, compared to those without Hispanic origin.

Age at Application

Young customers (ages younger than 25 years) were most likely to be determined eligible but least likely to achieve an employment outcome when compared to other two age groups at BSBP. Older customers (ages 55 and older), however, showed the opposite finding. This observation has been consistent over the years. It is noted that the CIE/SE rate (31.5%) of the age 45-54 group was relatively low among adult customers.

[4]Eligibility rate: $\chi^2(1) = 1.351$, p = no sig; Participation rate: χ^2 (1) = 0.185, no sig; CIE/SE rate: χ^2 (1) = .825, no sig.

Of 355 customers who exited BSBP in PY 2018, 19 were older than 64 years at application. Most of the customers in this age group (57.9%) were White. Of them, 68.4% were determined eligible for services, and the participation and CIE/SE rates were 84.6% and 45.5%, respectively.

Social Security Beneficiaries

Over 50% (57.4%) of the 355 participants who exited in PY 2018 reported receiving SSI or SSDI at application. Their eligibility rate (90.7%) was higher but the participation (84.9%) and CIE/SE (29.3%) rates were lower than those without SSA cash beneficiaries.

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 BSBP in PY 2018.

Type of Primary Impairments and Significant Disability

BSBP serves more homogeneous customers in terms of type of their disabilities. The majority (81.1%) of the participants who exited in PY 2018 had blindness and their CIE/SE rate was 34.9%

Compared to those with most significant disabilities (31.6%), a higher proportion (39.5%) of those determined to have significant disabilities achieved employment outcomes at exit.

Participant Characteristics and VR Outcomes (PY 2018)

		N (260)	**CIE/SE** (34.2%)
Type of Primary Disability	Blindness	218	34.9%
	Other Visual Impairments	39	33.3%
	Deaf-Blindness	2	0.0%
	Cognitive Impairments	1	0.0%
Significant Disability	Significant Disability	86	39.5%
	Most Significant Disability	174	31.6%
Highest Education Level Completed at IPE	Without High School or Equiv.	34	17.6%
	High school or Equivalency	80	25.0%
	Special Ed	8	12.5%
	Some PSE or Voc Training	72	36.1%
	BA or more	66	54.5%
Work Status at IPE	CIE	41	87.8%
	Working – Others	3	100.0%
	Not working	216	23.1%

Highest Level of Education Completed at IPE

With regard to the highest level of education at IPE, over half (53.1%) of the participants reported having postsecondary education or training and their CIE/SE rate (44.9%) was higher than other education groups. As expected, the highest CIE/SE rate was ranked by those who had more than bachelor's degree at IPE. Those without high school diploma or with a special education certificate of completion were less likely to exit with a successful employment outcome (less than 20%).

Work Status at Plan

Work status at IPE was positively related to one's employment outcomes. While the majority of (83.1%) of the participants reported being unemployed at IPE, as expected, most (88.6%) of the employed at IPE achieved CIE/SE (vs. 23.1%).

Barriers to Employment

According to the RSA-911 data, 75.0% (n=195) participants who exited in PY 2019 reported at least one barrier to employment. In detail, 65.1% of the participants reported having been unemployed for 27 or more consecutive weeks at the time of IPE development while 42.7% met the definition of having low income, and 19.6% had certain type of cultural barriers. As indicated in the table, a lower proportion of the participants with those three barriers (18.1%, 22.5% and 21.6%, respectively) achieved successful employment outcomes, compared to the average CIE/SE rate (34.2%).

Barriers to Employment and VR Outcomes (PY 2018)

	N (260)	**CIE/SE** (34.2%)
Adult Employment and Training Activities	9	22.2%
Adult Education	9	44.4%
Dislocated Worker	1	0.0%
Wagner-Peyser Employment Service	11	27.3%
Youth	1	100.0%
Long-Term Unemployed	160	18.1%
Homeless Individual, Homeless Children and Youths, or Runaway Youth	10	30.0%
Ex-Offender	16	18.8%
Low Income	111	22.5%
Single Parent	16	37.5%
Displaced Homemaker	10	10.0%
Cultural Barriers	51	21.6%
Foster Family-Youth	2	0.0%

In addition, data indicated that those without any barriers reported had a higher CIE/SE rate (63.1%) than those with at least one barrier (24.6%).

Supported Employment Customers

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

In PY 2018, 18 customers specified on their IPE an employment outcome/vocational goal in a supported employment setting. The majority of these customers were male (72.2%), White (66.7%), students and youth ages younger than 25 years at application (72.2%), and SSA beneficiaries (61.1%). Slightly over a quarter of them (27.8%) of the customers who received supported employment services exited BSBP with CIE/SE, which is lower than the average CIE rate.

Type of Disabilities Using Primary Disability Cause

As expected, BSBP serves more homogeneous consumer group in terms of type of disabilities. The following table further investigates the associations between types of disabilities (broken down by primary cause of impairments) and VR outcomes. It appears that those with blindness or visual impairments from birth were more likely to achieve an employment outcome than participants with other causes.

Participant Primary Disability Cause and Employment Outcomes (PY 2018)

	% (260)	**CIE/SE** (34.2%)
Cause Unknown	13.8%	36.1%
Accident Injury other than TBI or SCI	3.5%	22.2%
Cancer	0.8%	0.0%
Cardiac and other Conditions of the Circulatory System	0.8%	0.0%
Congenital Condition or Birth Injury	54.2%	39.0%
Diabetes Mellitus	7.3%	31.6%
HIV and AIDS	0.8%	0.0%
Immune Deficiencies excluding HIV_AIDS	0.4%	0.0%
Multiple Sclerosis	0.8%	50.0%
Muscular Dystrophy	0.4%	100.0%
Physical Disorders Conditions not listed elsewhere	15.8%	26.8%
Specific Learning Disabilities	0.4%	0.0%
Traumatic Brain Injury	1.2%	0.0%

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 society of individuals with disabilities, Michigan CILs provide 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, and their outcomes extracted from the FY 2018 Michigan CIL Annual Performance Report[5].

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 2017 and 2018. A total of 89,292 services were provided to CIL consumers with significant disabilities who were determined eligible to receive CIL services (other than information and referral services) and developed the IL plan with a minimum of one goal. It should be noted that a consumer can receive multiple services, so 12,935 might not be the total number of consumers served by CIL during FY 2018. As indicated, 3,532 and 2,202 individuals received employment services and on-going supports, which represents 29.1% and 27.7%, respectively, of total services provided in FY 2018. More services were provided in FY 2018, but the service pattern provided was similar to that of 2017.

	FY 2017		**FY 2018**	
	Individuals Served	**Total Consumer Services**	**Individuals Served**	**Total Consumer Services**
Accessibility	146	510	177	706
Assistive Technology	1,352	4,897	1,260	4,558
Education	514	5,383	2,151	7,046
Employment	3,324	23,157	3,532	25,953
Health Care	830	5,611	947	6,890
Housing	1,310	9,048	1,396	10,682
On-Going Supports	2,136	20,372	2,202	24,768
Recreation	263	1,231	299	1,618
Relocation	404	4,618	468	4,392
Transportation	590	2,688	503	2,679
Total	**10,869**	**77,515**	**12,935**	**89,292**

[5] Source: Disability Network Michigan at http://www.dnmichigan.org/annual-reports/ Additional information included in this report was provided by the Chief Executive officer.

CIL Consumer Demographic Information

The Annual Performance Report includes two variables of consumer characteristics: age and type of disabilities. As displayed, 49% of the consumers with an IL plan were working-age adults (20-59 years), and an additional 27% were 60 years and older.

In terms of the type of disability, 28% of the CIL consumers served in 2018 reported having a physical, 27% a cognitive, 20% multiple, and 13% mental/emotional disabilities.

		FY 2018
Age	Under 5 years old	<1%
	Ages 5 – 19	17%
	Ages 20 - 24	8%
	Ages 25 - 59	41%
	Age 60 and Older	27%
	Age unavailable	6%
Type of Disability	Cognitive	27%
	Hearing	2%
	Mental/Emotional	13%
	Multiple Disabilities	20%
	Physical	28%
	Vision	2%
	Other	8%

Goals Set and Achieved in Priority Life Areas

The following table presents the number of CIL consumers who set goals related to several significant life areas as well as the number and percent of consumers who achieved the goals as a result of IL services. While the overall rate of goal achievement was 80%, most goals in assistive technology and transportation were completed. As displayed, CILs assisted 4,247 customers with their employment during FY 2018, and 3,253 (77%) completed them.

	Goals Set	Goals Achieved		Specific Goals
		N	%	
Accessi-bility	769	638	83%	Enhanced access to goods and services in the community Enhanced accessibility of home/apartment
Assistive Technology	1,301	1,266	97%	Acquired AT Acquired AT Funding Acquired information re: AT Options Increased functional and safe use of AT Repaired AT
Education	396	345	87%	Acquired educational accommodation(s) Completed an educational program Enrolled in an educational program Increased knowledge of education options Self-advocated for educational accommodations
Employ-ment	4,247	3,253	77%	Acquired reasonable accommodation Improved job status via workplace promotion Increased knowledge of employment options (e.g., incentives) Increased work search skills Maintained employment Obtained employment Obtained volunteer work experience

	Goals Set	Goals Achieved		Specific Goals
		N	%	
Health Care	493	309	63%	Acquired access to appropriate insurance coverage Acquired appropriate health care services (e.g., medical) Increased knowledge of healthcare options/insurance options
Housing	345	236	68%	Acquired accessible, affordable housing Increased awareness of housing options Increased housing search skills
On-Going Supports	2,982	2,288	77%	Acquired financial supports (e.g., SSI, SSDI, food stamps) Acquired PA/PASREP services Acquired/increased IL skills Acquired/maintained other necessary supports (e.g., peer supports) Increased awareness of community resources to maintain community-based independent living
Recreation	100	30	30%	Enhanced access to sports, recreation and leisure opportunities Increased knowledge/skills in sports, recreation and leisure activities Participated in sports, recreation and leisure opportunities
Relocation	753	440	58%	Developed and initiated implementation of plan to move into a community setting Diverted/prevented move to an institutional setting Increased awareness of community living options Moved from correctional facility to a community setting Moved from nursing facility/care facility to a community setting
Trans-portation	1,789	1,686	94%	Acquired access to transportation Acquired financial resources for transportation Acquired knowledge of transportation options Acquired skills to utilize transportation
Total	13,175	10,491	80%	

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 2018, Michigan CILs provided 83,803 I&R services, and the top four priority areas of the I&R services mostly frequently provided include: employment (25.5%), on-going support (17.4%), housing (15%), and relocation (13%).

Priority Area	**FY 2017**		**FY 2018**	
	Individuals Served	**Total I&R Services**	**Individuals Served**	**Total I&R Services**
Accessibility	1,218	2,223	1,311	3,273
Assistive Technology	1,928	4,597	2,128	6,391
Education	790	1,532	836	2,505
Employment	4,714	14,447	5,673	21,374
Health Care	1,563	2,957	1,719	3,666
Housing	5,367	12,474	5,259	12,572

Priority Area	FY 2017		FY 2018	
	Individuals Served	**Total I&R Services**	**Individuals Served**	**Total I&R Services**
On-Going Supports	6,290	14,189	6,815	14,620
Recreation	419	1,556	670	2,641
Relocation	2,433	9,430	2,588	10,863
Transportation	2,553	3,911	3,654	5,903
Total	**27,275**	**67,316**	**30,653**	**83,808**

Systems Change Activities

In addition to working with individuals with disabilities, CILs also work with community entities (e.g., transportation authorities, community mental health departments, intermediate school districts, local businesses). The below chart displays the number of people who were impacted via systems change activities conducted by Michigan CILs.

Systems Change Activities	Number of People Impacted
Collaboration/Network	3,456
Community Education and Public Information	16,017
Community/Systems Advocacy	10,226
Outreach Efforts	19,354
Technical Assistance	11,919
Total	**60,972**

Hours Spent on Systems Change Activities

The following table illustrates the total number of hours of community services provided by CIL/DNs across 10 priority areas as well as a description of the sample goals of services.

Priority Area	FY 2018	Sample Goals of Services
Accessibility	10,328	To increase opportunity for individuals with disabilities to participate in community decision making
Assistive Technology	5,688	To increase opportunity for individuals with disabilities to participate in community decision making
Education	13,644	To increase community awareness and value about the educational needs of people with disabilities
Employment	54,285	To decrease barriers to employment
Health Care	1,146	To increase access to health care including preventative, mental health, substance abuse and dental services
Housing	8,769	To increase opportunity for individuals with disabilities to participate in community decision making
Ongoing Support	51,401	To increase availability of, and access to, coordinated supports for community living at local, state and national levels
Recreation	5,963	To increase available community sports, recreation and leisure opportunities for people with disabilities

Priority Area	FY 2018	Sample Goals of Services
Relocation	20,469	To increase community living options for individuals with disabilities leaving restrictive settings or at risk of institutionalization
Resource Development	53,786	To increase opportunity for individuals with disabilities to find disability resources available or develop resources, if not available, in the community
Transportation	5,575	To increase opportunity for individuals with disabilities to participate in community decision making; to increase geographic service area for transportation systems
Total Hours	231,054	

Community Systematic Barriers Experienced by Persons with Disabilities

Starting in late FY 2016, the Michigan CIL Network has been developing the database system to capture systematic barriers consumers face. The table below presents a list of barriers encountered by consumers when creating IL plans. As indicated, accessibility to goods or services was a barrier most frequently raised, followed by complicated on-line or paper application and eligibility process.

	N
Access to goods/services not accessible	475
Entrance is inaccessible	5
Location/path of travel is inaccessible	2
Parking is inaccessible	1
Restrooms are inaccessible	1
Lack of awareness/need for disability sensitivity training	8
Hard to use phone system/web service	6
Lack of communication/miscommunication between caseworker/counselor & consumer	16
On-line or paper application and eligibility process – too confusing/complicated	42
Programs and services not communicated effectively	25
Written/electronic communication, via email or US Postal reading level too high	3
Lack of accommodations/programmatic modifications	25
Policy and procedures that discriminate, create delay, screen out people with disabilities	5
Practices that discriminate, create delay, screen out people with disabilities	5
Lack of access to technology i.e. no phone or internet service non-existent	10
Lack of staff training with or non-working technology	1
Public is unaware of the assistive technology devices and services	4
Technology inaccessible, i.e. website, on-line application	0

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER III

STAFF SURVEY

PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY

Table of Contents

Table of Contents	III-1
Methods	III-2
Survey Instruments	III-2
Data Collection Procedures	III-3
Staff Survey Findings	III-3
Responses and Data Cleaning	III-3
Key Findings on Perceived Services Needs across Agencies	III-4
Key Findings within an Organization	III-7
Key Findings in Community Rehabilitation Organizations (CROs)	III-9
Key Findings from Qualitative Data	III-12

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 2020 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 2020 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 notable changes include: mental health services added for the CMH staff, service descriptions for IL services, and qualifiers for level of availability and sufficiency of services.

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

It should be noted that there were different individual and agency characteristics questions (e.g., office location, job title) as well as different scales and/or ordering of the categories in each survey. For example, eight mental health services (e.g., crisis services, case management) were only added to the CMH staff survey. 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, MWA, and CMH staff and CRO directors who were members of the Michigan Association of Rehabilitation Organizations (MARO). 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 MARO members. Data were collected over a one-month period in October and November 2019.

Staff Survey Findings

Responses and Data Cleaning

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

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

All MRS staff members, excluding clerical staff, were invited to complete the online staff survey. There were 204 visits to the online survey site, and among those, 198 surveys were considered usable for the quantitative data analyses. Likewise, 42 BSBP, 69 CIL/DN, 22 CRO, 238 MWA and 56 CMH surveys were determined to be usable for the data analyses, resulting in 625 total valid surveys. PE was unable to compute the response rate for the 2020 CSNA staff survey because, although all agencies volunteered to participate in the staff survey, agencies did not provide a total number of staff.

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

Key Findings on Perceived Service Needs across Agencies

To calculate the percentages for unavailable or insufficient, the missing responses both in availability and sufficiency were identified and subtracted from the total number of responses (a). Then, the number of respondents identifying the service as unavailable or insufficient was divided by the total valid responses (b). For example, the total valid responses (b) for the career or vocational counseling services was 516 out of 625. Given the information, 8% (n=41) of the valid survey respondents perceived the career or vocational counseling services were either unavailable or insufficient in their service area. In the same way, the areas of concern were identified for each service category.

Employment Services

Overall, the majority of staff (more than three-quarters of staff) perceived employment services to be both readily available and sufficient or somewhat sufficient for individuals with disabilities. As shown in the table below, the five employment services most frequently perceived as unavailable or insufficient include: self-employment/small business services (25.6%), reading or literacy skills services (22.6%), supported employment services (18.1%), job retention services (16.9%), and post-employment services (14.7%).

	All Staff (n=625)	MRS (n=198)		BSBP (N=42)		CIL/DN (N=69)		MWA (N=238)		CMH (N=56)	
		Valid	%	Valid	%	Valid	%	Valid	%	Valid	%
Self-employment/small bus. svc	25.6	138	26.8	28	42.9	42	31.0	128	17.2	27	33.3
Reading or literacy skills svc	22.6	136	30.1	21	28.6	42	28.6	181	13.3	27	33.3
Supported employment svc	18.1	147	30.6	28	32.1	55	25.5	199	8.0	51	5.9
Job retention svc	16.9	147	21.1	27	29.6	47	27.7	167	8.4	33	15.2
Post-employment svc	14.7	153	15.7	29	24.1	46	28.3	157	7.6	36	16.7
Job placement svc	13.2	172	11.6	26	38.5	58	22.4	203	9.9	49	8.2
On-the-job support svc	12.7	163	12.3	29	20.7	52	30.8	178	7.3	51	9.8
Vocational training programs	12.6	170	14.1	28	35.7	57	15.8	201	8.0	46	8.7
Academic remediation svc (Adult Ed and/or GED)	12.5	156	19.2	19	31.6	52	17.3	216	5.6	46	8.7
Transition svc for youth with disabilities	11.1	166	9.0	32	9.4	60	8.3	140	11.4	32	28.1
Vocational assessment svc	9.7	166	11.4	29	24.1	57	15.8	194	5.7	47	4.3
Career or vocational counseling svc	8.0	161	11.8	32	12.5	59	11.9	216	2.8	48	10.4
Job search assistance	7.8	178	7.9	31	22.6	60	15.0	217	3.7	51	7.8

There were some discrepancies among agencies in perceived service needs, especially MWA. For instance, most of the percentages (10 out of 13 services) of MWA staff perceived service needs were lower than 10% perhaps due the larger sample size of staff that participated in the survey. Also, the highest expressed employment service need for self-employment/small business services for MWA was 17.2% (vs. BSBP: 42.9%; CMH: 33.3%; CIL/DN: 31.0%; and MRS: 26.8%).

General Services

Affordable accessible housing (51.0%) and affordable child care (46.7%) were addressed as pertinent issues by nearly half of all five service agency staff. Other concerns identified by more than one third of all agency staff were lack of accessible transportation (39.3% and 33.1%, respectively), the cost of legal services (38.8%), adult day care services (34.6%), and affordable mental health services (34.3%).

	All Staff (n=625)	MRS (n=198)		BSBP (N=42)		CIL/DN (N=69)		MWA (N=238)		CMH (N=56)	
		Valid	%	Valid	%	Valid	%	Valid	%	Valid	%
Affordable accessible housing	51.0	168	48.2	27	59.3	59	66.1	134	49.3	51	43.1
Affordable child care	46.7	163	44.2	19	63.2	38	50.0	130	48.5	38	39.5
Accessible non-public transportation (e.g., cab, car)	39.3	168	33.3	31	25.8	49	49.0	140	44.3	47	44.7
Affordable legal services	38.8	156	43.6	20	30.0	55	34.5	104	34.6	31	41.9
Adult day care services	34.6	150	34.7	20	55.0	47	29.8	105	32.4	39	35.9
Affordable mental health services	34.3	170	38.2	23	47.8	56	46.4	144	30.6	53	13.2
Accessible public transportation	33.1	177	37.3	37	32.4	62	32.3	179	27.9	55	38.2
Affordable medical services	29.9	167	30.5	25	24.0	59	33.9	128	30.5	52	25.0
Temporary disaster relief	28.4	131	32.1	11	36.4	34	20.6	61	26.2	24	20.8
College and/or University	11.5	170	10.0	34	2.9	59	10.2	156	13.5	50	18.0

Considering their mission, it is noticeable, however, that a considerably lower percentage of CMH staff (13.2%) identified affordable mental health services as unavailable or insufficient compared to staff members of other agencies (BSBP: 47.8%; CIL/DN: 46.4%; MRS: 38.2%; MWA: 30.6%). Conversely, and not surprisingly, a considerably higher percentage of BSBP staff expressed the need for caregiving services (i.e. child care: 63.2% and adult day care: 55.0%) than other agencies (CIL/DN child care: 50.0% and adult day care: 29.8%; MRS child care: 44.2% and adult day care: 34.7%; MWA child care: 48.5% and adult day care 32.4%).

Independent Living Services

The top three independent living services indicated as unavailable or insufficient by staff from all agencies were: assistance with finding affordable and accessible housing (36.1%), accessing transportation (24.1%), and locating recreation programs (20.4%).

	All Staff (n=625)	MRS (n=198)		BSBP (N=42)		CIL/DN (N=69)		MWA (N=238)		CMH (N=56)	
		Valid	%	Valid	%	Valid	%	Valid	%	Valid	%
Assistance with finding affordable accessible housing	36.1	153	32.0	32	50.0	60	51.7	123	32.5	50	30.0
Assistance with accessing transportation	24.1	159	24.5	37	21.6	58	25.9	124	21.8	50	28.0
Assistance with locating recreation programs	20.4	125	18.4	28	25.0	53	20.8	92	20.7	45	22.2

	All Staff (n=625)	MRS (n=198)		BSBP (N=42)		CIL/DN (N=69)		MWA (N=238)		CMH (N=56)	
		Valid	%	Valid	%	Valid	%	Valid	%	Valid	%
Relocation from institutions to community-based living	18.0	90	20.0	21	14.3	59	10.2	62	21.0	41	22.0
Community, work, and home access to buildings/facilities	17.4	135	14.1	30	20.0	56	21.4	109	21.1	44	11.4
Independent living skills training	12.9	174	12.1	39	7.7	58	17.2	111	10.8	44	20.5
School to adult life transition	12.4	168	6.5	38	7.9	59	16.9	103	13.6	42	31.0
Connecting to other people with disabilities	12.4	159	11.9	35	14.3	57	21.1	107	6.5	46	15.2
Assistance with accessing benefit	10.6	162	9.3	31	6.5	61	9.8	127	9.4	52	21.2
Advocacy assistance	9.2	169	5.3	35	2.9	56	12.5	130	10.8	45	20.0
Disability advocacy and referral	7.1	171	7.0	36	8.3	61	4.9	149	6.7	49	10.2

Given their mission, it is observable that a lower percentage of the CIL/DN staff (10.2%) indicated that relocating from institutions to community-based living was an area in need for improvement (vs. CMH: 22.0%; MWA: 21.0%; MRS: 20.0%; and BSBP: 14.3%).

Other Services

Agency staff were also asked about the perceived availability and sufficiency of culturally relevant services, rehabilitation technology, and blind services for individuals with disabilities. The top two services that all staff members perceived as needed were related to culturally relevant services: language translators (28.1%) and English as a second language education programs (27.4%). Other services in the 20 percentage points that staff members identified as a perceived need were: wheelchair and other accommodations repair services (24.9%), sign language interpreters (22.5%), and training in assistive technology use on the job (21.6%).

	All Staff (n=625)	MRS (n=198)		BSBP (N=42)		CIL/DN (N=69)		MWA (N=238)		CMH (N=56)	
		Valid	%	Valid	%	Valid	%	Valid	%	Valid	%
Language translators	28.1	157	35.0	22	27.3	39	35.9	163	19.6	-	-
English as a second language education programs	27.4	147	36.7	17	23.5	33	27.3	150	18.7	-	-
Wheelchair and other accommodations repair svc	24.9	157	16.6	14	28.6	38	55.3	53	26.4	24	25.0
Sign language interpreters	22.5	166	21.7	22	13.6	52	21.2	129	25.6		
Training in assistive tech use on the job	21.6	167	18.0	34	23.5	45	24.4	85	21.2	25	40.0
Assistive technology evaluations	15.9	169	14.2	35	11.4	46	26.1	85	11.8	24	29.2
Assistive technology support svc	14.3	171	12.9	36	19.4	57	17.5	127	10.2	28	28.6
Adapted daily living skills training	13.5	172	14.5	33	21.2	46	28.3	201	8.0	-	-
Orientation and mobility training	11.7	169	11.8	32	18.8	43	32.6	194	5.7	-	-
Low vision clinics and svc	8.9	167	13.2	33	6.1	44	25.0	216	2.8	-	-

It is important to note, based on their mission that includes advocating for assistive technology services, that more than half (55.3%) of the CIL/DN staff reported that more wheelchair and other accommodations repair services should be provided for individuals with disabilities.

Mental Health Services

CMH (N=56)	Valid	%
Community Inpatient Services	45	35.6
Supports for Living	45	22.2
Daytime Supports and Services	46	17.4
Substance Use Services	47	17.0
Assertive Community Treatment (ACT)	46	13.0
Crisis Services	49	12.2
Case Management	47	8.5
Outpatient Services	51	3.9

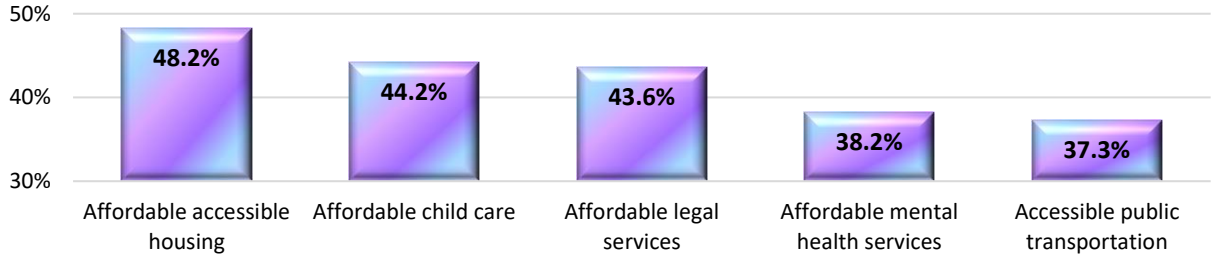
All CMH staff members were asked to rate whether the eight core CMH services were available and/or sufficient in their service area. As displayed, survey respondents perceived community inpatient services (35.6%) and supports for living (22.2%) for individuals with mental health issues as relatively less available or sufficient, compared to other services.

Key Findings within an Organization

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

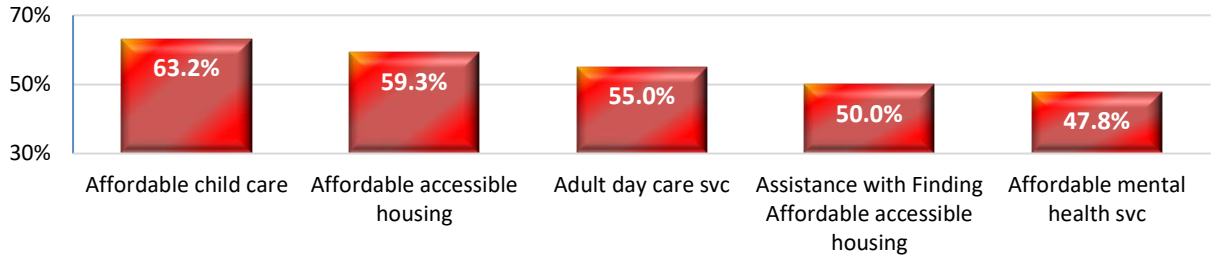
MRS

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



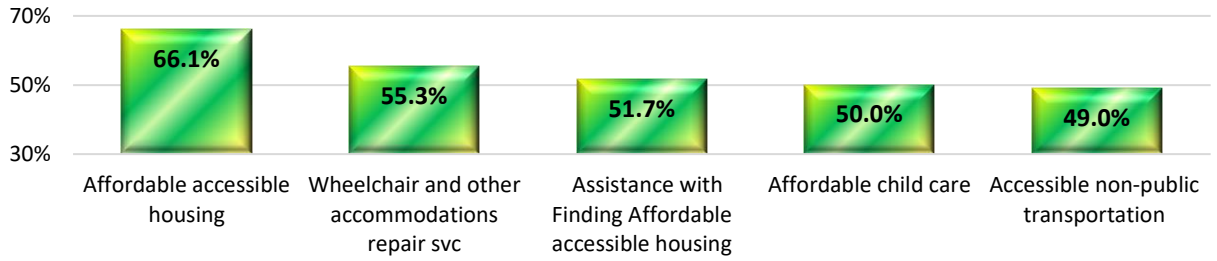
BSBP

BSBP staff ratings showed a greater concern for caregiving services (i.e., child and adult care services) and affordable and accessible housing as an independent living and a general service.



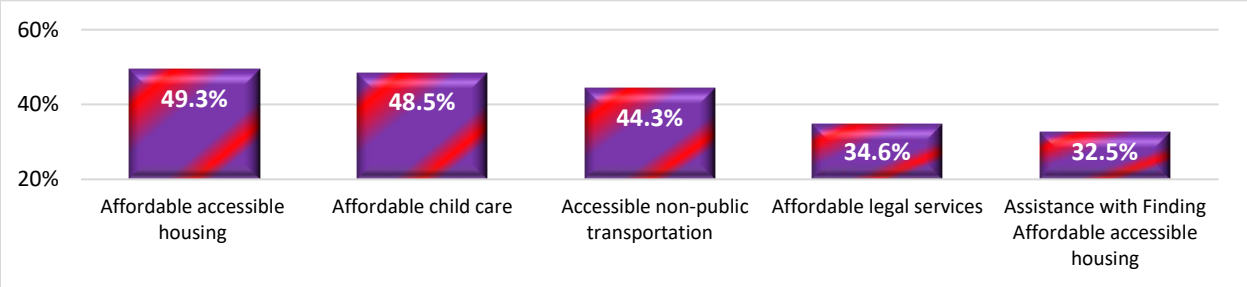
CIL/DN

The CIL staff members perceived housing and wheelchair and other accommodation repair services were the most unavailable or insufficient. It is not surprising that CIL staff expressed wheelchair and other accommodations among the priority areas for improvement given that they often field service requests and complaints relative to rehabilitation technology.



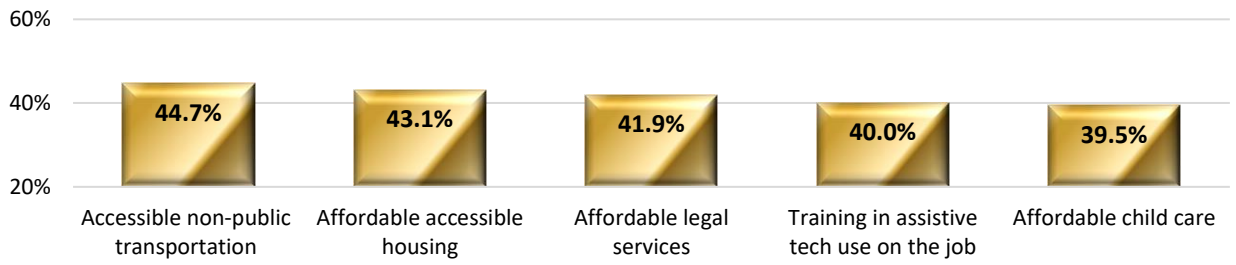
MWA

MWA staff felt accessible and affordable housing followed by affordable child care were relatively more unavailable or insufficient.



CMH

CMH staff rated accessible non-public transportation and affordable and accessible housing as the highest unavailable or insufficient.



Regarding the general pattern of the responses from agency staff members on service availability and sufficiency, all the agencies indicated that housing and child care were services in need of improvement. Except for BSBP, all other agencies (i.e., MRS, CIL, MWA, and CMH) indicated that transportation was an area of need. However, MRS staff indicated accessible public transportation while CIL, MWA and CMH indicated non-public transportation was an area needing improvement. In addition, MRS, MWA, and CMH staff identified affordable legal services and MRS and BSBP identified mental health services as areas needing improvement. Furthermore, only BSBP identified adult day care services; CIL only identified wheelchair and other accommodations repair; and CMH only identified training in assistive technology use on the job as needed areas.

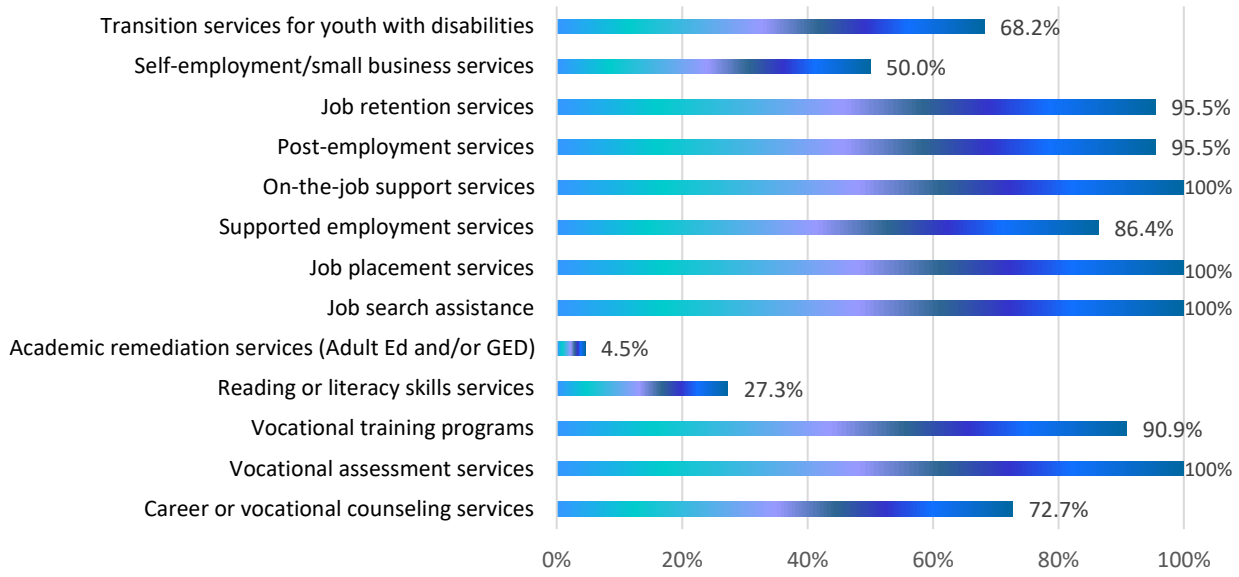
Key Findings in Community Rehabilitation Organizations (CROs)

Of the 52 MARO members invited to complete the CSNA survey, 22 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%).



Employment 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. As shown in the following table, the list of community services was similar to the one presented to staff of MRS, BSBP, MWA, and CIL. The top three employment services that CRO survey respondents (albeit a small percentage) indicated were unavailable or insufficient were self-employment/small business (5.9%), transition services for youth with disabilities (5.0%), and vocational training programs (5.0%).

CRO (N=22)	Missing	%
Self-employment/small business services	5	5.9
Transition services for youth with disabilities	2	5.0
Vocational training programs	2	5.0
Job retention services	1	4.8
Post-employment services	1	4.8
Supported employment services	1	4.8
Reading or literacy skills services	7	0.0
Academic remediation services (Adult Ed and/or GED)	7	0.0
Career or vocational counseling services	1	0.0
Job search assistance	1	0.0
Job placement services	1	0.0
On-the-job support services	1	0.0
Vocational assessment services	1	0.0

General Service Needs for Individuals with Disabilities

Regarding 10 general services, more than half of the CRO survey respondents indicated affordable and accessible housing (53.3%) and affordable child care (52.9%) were either not available or not sufficient within their service areas. Nearly half (46.7%) expressed the need for adult day care services.

CRO (N=22)	Missing	%
Affordable Accessible Housing	7	53.3
Affordable Child Care	5	52.9
Adult Day Care Services	7	46.7
College and/or University	4	33.3
Accessible Non-public Transportation	1	28.6
Affordable Legal Services	6	25.0
Temporary Disaster Relief	13	22.2
Affordable Mental Health Services	5	17.6
Affordable Medical Services	13	11.1
Accessible Public Transportation	3	5.3

Independent Living Service Needs

With respect to the 11 independent living services, the four services with perceived needs in 20 percentage points were: independent living skills training (21.4%), affordable and accessible housing (20.0%), assistance with accessing benefits (20.0%) and transportation (20.0%).

CRO (N=22)	Missing	%
Independent living skills training	8	21.4
Assistance with finding affordable accessible housing	2	20.0
Assistance with accessing benefits	2	20.0
Assistance with accessing transportation	7	20.0
Connecting to other people with disabilities	3	15.8
Advocacy assistance	4	11.1
Relocation from institutions to community-based living	4	11.1
Disability advocacy and referral	3	10.5
Assistance with locating recreation programs	1	9.5
School to work transition	6	6.3
Community, work, and home access to buildings/facilities	7	0.0

Other Service Needs for Individuals with Disabilities

Other services the CROs were asked to rate were in the categories of cultural, assistive technology, and blind services. The four services that rose to the top as needed were: low vision clinics and services (20.0%), orientation and mobility training (16.7%), adapted living skills training (16.7%), and English as second language education program (16.7%).

CRO (N=22)	Missing	%
Low vision clinics and services.	12	20.0
Orientation and mobility training.	10	16.7
Adapted daily living skills training.	10	16.7
English as a second language education programs	10	16.7
Language translators	7	13.3
Assistive technology evaluations	11	9.1
Repair services for wheelchair and other accommodations	8	7.1
Sign language interpreters	5	0
Assistive technology support services	10	0
Training in assistive technology use on the job	11	0

Key Findings from Qualitative Data

Using the comments provided by a total of 306 agency staff members who participated in the survey, this section reports the qualitative analysis results regarding populations of Michigan residents with disabilities who they believed to be unserved or underserved. 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 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.

1. Individuals with Mental Health Issues

A total of 47 staff members identified individuals with mental health issues (e.g., mental illness, substance use disorders, and psychiatric conditions) as an underserved group in Michigan. Qualitative analysis of their survey responses revealed six primary issues or needs relevant to these populations.

<u>Limited and Inadequate Access to Community Mental Health (CMH) Services</u>: A number of survey respondents endorsed a significant lack of access to affordable and quality CMH services in their service area (e.g., preventive; crises management and stabilization; availability of in-home, inpatient and outpatient treatment; supported employment; and extended and follow-up programs). The staff members noted that limited access to services is more acute for individuals with low incomes or living in poverty, unemployed and/or uninsured, as well as individuals living in rural areas without access to a bus route. The dominant barrier identified was stringent CMH eligibility requirements, especially the requirement of Medicaid insurance. This barrier is adequately captured by the following quotes by staff members regarding un/unserved populations:

- *Community mental health seems to be deeming some folks ineligible for their services, who could clearly benefit from supports provided by CMH. The criteria to qualify for their services seems to be getting more and more restrictive, leaving some folks who are too severe to benefit from MRS services, but not severe enough to be approved for CMH.* (MRS)
- *Many people are regularly being turned away from community mental health services. this is due to lack of funding, lack of insurance, or the bar being set too high for what qualifies as severe and persistent mental health. People cannot get preventative services...* (CIL)
- *Not enough supports and services for individuals with IDD or MI who are NOT eligible Medicaid. This is true for children and adults. Many would benefit from CMH services but are not eligible for Medicaid. Private insurance does not cover services provided by CMH / Medicaid.* (MWA)

Other comments of staff that captured CMH service access barriers are following:

- *Difficulty meeting eligibility requirements and accessing timely services ... Limited access to staff, clinical and day treatment placement for adults with behavioral/psychiatric challenges.* (CRO)
- *There is not enough comprehensive mental health services…The homeless and mentally ill population are vice in a state of perpetual crisis and need the services immediately and we are not a crisis center. (CIL)*
- *Difficulty in finding appropriate affordable mental health care that can be sustained long enough to be helpful. MRS is not able to provide sustained care and CMH does not provide the care needed. Having sustained appropriate mental health care for people without insurance. Mental health issues cannot be overcome in 10 sessions and CMH cannot help. (MRS)*

Under-resourced Agencies: Staff members reported lack of financial and human resources as a systemic issue. Accordingly, they identified an overall lack of appropriate staffing and funding of vocational and community rehabilitation agencies in serving persons with mental illness and/or substance abuse disorders.

- *We simply do not have the resources to provide extensive one-on-one, long-term supports these folks. We have been pushed to open these individuals who are really not appropriate for our services because CMH is inaccessible and so regularly drops the ball. (MRS)*
- *We try our best but are under-funded, under staffed …Staffing shortages of Direct Care staff is at an all time high* (CMH)
- *Those utilizing General Fund dollars receive minimal services to meet basic essential support needs in order for CMH to remain fiscally responsible and able to provide services to a variety of individuals. We provide services to those who are Medicaid eligible. Or, have no insurance resulting in the use of General Fund dollars.* (CMH)
- *Limited staff capacity, limited travel budgets, follow up and follow through with local agencies. We've attempted to serve consumers living with these types of situations and disabilities but the resources are scarce and it's been difficult to follow up and serve with limited funding for staff, etc.* (CIL)
- *No funding to support services in school for students. They need services that schools are not equipped to provide.* (MWA)

Insufficient customer motivation: Staff members equally reported difficulty in providing services to consumers with mental illness and/or substance abuse disorders due to a mismatch between needs and capacity of service systems, difficulty following through, and unwillingness to seek help. To capture the motivational barrier, a CIL staff reported a *Disconnect between what persons feel/believe they need with what they are entitled or eligible to receive*. An MRS staff member stated that they have difficulty *keep[ing] them engaged in the process.* Furthermore, an MWA staff member reported that *The challenges or issues encountered are not getting them to seek help or using referrals that are offered.*

Lack of Housing: The comments identified under this theme pertained to those with mental illness and who are experiencing homelessness. An MRS staff indicated that adults living in

group homes through CMH often have up to five other roommates. Additional comments that indicate the need for housing were as follows:

- *Lack of affordable housing is huge! Waiting lists for subsidized housing are over two years. Some persons have no rental history so are told they do not qualify.* (CMH)
- *Finding affordable housing, especially for individuals. Families have a better chance of finding housing than single people.* (CIL)

Lack of Transportation: The staff of MRS reported that often services are limited due to the lack of transportation either for residents in rural areas or in a location without a bus line.

Lack of Awareness about Services: Staff members provided the following comments that suggest a lack of awareness about services.

- *Challenges include educating individuals, ensuring them that their information will be kept confidential and will not be released unless they desire for it to be released. In addition, trying to educate them on the population that this agency serves is crucial. Letting them know that they actually fit the demographic and that there is no reason for shame or guilt is essential.* (MRS)
- *MRS is very helpful in trying to assist and set up appointments with people. The biggest issue is the customers and staff not knowing of all services available to help. They don't know of available services. We refer them to MRS if fitting (MWA)*

Effective Strategies and Programs for Individuals with Mental Health Issues

Listed below are several effective strategies and programs identified by staff members that address the challenges for individuals living with mental health issues.

Several agency staff reported that individuals with mental health issues benefit most from face-to-face or one-one-one services. One staff from MRS indicated that any service other than information and referral needs to be face-to-face. A CIL staff indicated the need for *face-face encounters using motivational interviewing techniques*. Also, regarding services to students, an MWA staff suggested *one-on-one career services so that we can address each individual's needs as they enter the labor force…*

Also, staff members suggested that empowered communication is useful to motivate customers. Empowered Communication (also known as Compassionate Communication, Nonviolent Communication or NVC) is a way of speaking that facilitates the exchange of information and resolves differences peacefully. According to a CIL staff *I often times find that the best way to work with these consumers is to have compassion and really listen to their story. Once you have listened to their story they are more willing to open up to and work with you and things that need to be accomplished*. Meanwhile, an MRS staff suggested the best communication entails: *Meeting the individual where they are at and focusing on their strengths…* Also, an MWA staff indicated *Being understanding and working with them in a non-judgmental way*.

To address the lack of awareness about services, staff suggested being abreast of available services for providing information and referrals. Specifically, an MWA staff expressed the need for *Being aware of a large number of services in the area, to keep aware of all service available*.

An MRS staff indicated their strategy for motivating customers involves *Providing as many sessions of counseling as we are able and trying to find providers to do so pro bono or sliding scale fees*... Other strategies the staff suggested for leveraging funding for customers who are not Medicare eligible were the use of General Fund dollars or grant funding.

Professionals suggested collaboration and coordination of services should involve a multidisciplinary team approach. For instance, a BSBP staff indicated their strategy involves *…a psychologist, staff, and other service providers from the community.*

2. **Student and Youth with Disabilities**

A total of 28 staff members identified students and youth of varying disabilities, residential and socioeconomic status, and racial/ethnic backgrounds as an un/underserved population. The disability groups of students and youth identified as un/underserved include individuals with a 504 plan, autism, mental, emotional, developmental, and intellectual impairments, and with supported employment needs. The identified un/underserved groups of students and youth by gender, race/ethnicity, socioeconomic status, and geographic area of residence include individuals who identify as transgender, English Language learners, ethnic minorities, people of color, low income, homeless, and those living in rural or urban areas outside transportation routes. Qualitative analysis of their responses revealed two general issues/unmet needs elaborated as follows:

<u>Under-resourced Agencies</u>: This theme captures systemic issues of lack of funding and staff, including professionals who are culturally competent to meet the needs of students and youth. The following statements are reflective of this theme:

- *I can only speak to the transition services available to the students/school communities in which I work, but in one of my districts, the special education department attempts to limit the funding to a certain student population, overlooking other students who may benefit. For example, this district limits our ability to reach most Diploma-track students who may have disabilities, especially those with invisible disabilities. It has been difficult. Often, these students and their supports present for services after they have transitioned out of high school and often comment that they wish they were introduced to MRS services sooner.* (MRS)
- *limited staff and resources* (MRS)
- *They need services that schools are not equipped to provide. No funding to support services in school for students.* (MWA)
- *No funding to support services in school for students.* (MWA)

<u>Lack of or Limited Access to Transition Services</u>: This theme consists of comments suggesting there is limited access to school transition services, such as culturally relevant mental health and

community services for some segments of student and youth populations with disability. Examples of comments that capture this theme are the following:

- *Working with transition and pre-transition students (or their parents) who have a language other than English as their primary language. It's very difficult to work with high schools who have very prominent immigrant/refugee communities and not have forms available in Spanish, etc. Parents are not always able to take the literature that is sent home with the student about MRS services and readily gain understanding of what is being provided/offered, which presents as a language barrier to them signing up their student for services.* (MRS)
- *I feel that both teens on the autism spectrum and teens with emotional impairments (mental illness) are often not receiving the services they need. I'm mainly referring to students who function at a rather high level, are mainstreamed into a general educational environment, and then struggle because they have challenges that are not being address.* (MRS)
- *504 students are getting overlooked as they're not pulled off the special education list.* (MRS)
- *Transition from school to work, very minimal, no real support from post secondary regarding job placement. Now without employment have to go thru programs and really no help and some worked community jobs for years now with none* (CIL)
- *…Youth ages 14-26 who are living in the rural areas and have all different disabilities are not always able to access programming or go to work experiences because of a lack of transportation* (CIL)
- *Eligibility and access for community mental health, interpreters and ELL/ESL classes available at convenient times/locations* (BSBP)
- *Most of the youth in my program ages 17-24 are unaware of the services available and how to access them.* (MWA)

Effective Strategies and Recommendations for Student and Youth

Respondents emphasized the need for adult agencies to reach out to and meet with students in schools. For instance, an MWA staff indicated the need for *Consistent presence of experts in schools/funding to provide services to all students.*

Staff also indicated the importance of providing individualized, person-centered, and one-on-one supports to students with disabilities. The comments that capture these themes are as follows:

- *For my (transition aged) students: One on one, small group, using vendors connected with the local school systems.* (MRS)
- *Individual services through VR counselor* (BSBP)

In addition, staff members indicated a successful strategy of making referrals to other organizations, such as MRS. Also, collaboration and coordination of services was mentioned by other agency staff as follows:

- *working with the School.* (CRO)

- *…, meeting in the schools with students, programming done in collaboration with the school.* (MRS)

3. Cultural Minorities

A total of 26 staff members identified cultural minorities as an underserved group in Michigan, including people of color, undocumented or Non-English-speaking cultures. Subgroups included Native Americans, Hispanic/Latinx, African American, Asian, and Middle Eastern. Respondents also identified subpopulations of cultural minorities by socioeconomic status (e.g., low income or living in poverty) and types of impairment (e.g., blind, physical, cognitive, mental and substance-related disability, and most significantly disabled with supported employment needs). Qualitative analysis of the survey revealed common issues or needs relevant to these cultural minority populations.

Lack of Culturally Sensitive Services: A number of survey respondents identified a lack of culturally sensitive services, such as documentation available in native languages, and staff who are culturally competent and can communicate in consumers' native language and/or offer translator services. The following quotes exemplify this theme:

- *Students whose families speak a language that is not English have limited access to Pre-ETS information, since none of the paperwork (applications, releases, other materials) is available in a different language. Sometimes don't get paperwork back, not available to converse or share information to answer questions in native language.* (MRS)
- *Determining qualified and available foreign language interpreters as well as connecting to resources that are culturally competent/conscious in serving the population.* (MRS)
- *They are more comfortable with having a family member or friend to interpret for them and us but we have to use individuals who are certified to provide these services. It is also difficult because some of them can benefit from attending our training center and usually the family is unwilling to allow them to attend due to their culture. Sometimes services are offered and young ladies are not allowed to be transported by men and this causes a problem because our agency contracts with vendors to provide services and we are not in control of who the company selects to provide the service. This sometimes results in the consumers not receiving the much needed services.* (BSBP)
- *No materials or direction in serving non English speaking citizens.* (BSBP)

Under-resourced Agencies: A few staff respondents indicated that agencies lack resources, such as well-trained staff, time, and funding to provide services to this population. Examples of comments that capture this theme are as follows:

- *Lack of financial resources to refer to agencies who can help the customer and then a lack of available vendors and agencies to service the customer.* (MRS)
- *Not enough time, large caseloads, bureaucratic problems* (MRS)
- *… not able to get enough qualified people to provide services.* (CMH)

Lack of Transportation: Respondents identified transportation as a barrier to accessing services.

- *Public transportation does not run on Sundays.* (MRS)
- *There is a need in the non-English community for additional services such as navigating public transportation in order to get to employment sites. Navigating public transportation means they might not even be able to get to the places providing any service, let alone our agency.* (MWA)

Lack of Awareness about Agency Services: Respondents also identified the lack of awareness about agency services and highlighted the need for better outreach and education.

- *At this time challenge is just informing the population of MRS service availability.* (MRS)
- *...not enough people are aware of services…* (CMH)
- *Challenges include educating individuals, ensuring them that their information will be kept confidential and will not be released unless they desire for it to be released. In addition, trying to educate them on the population that this agency serves is crucial. Letting them know that they actually fit the demographic and that there is no reason for shame or guilt is essential.* (MRS)

Distrust of Government Agencies: A few MRS staff members specifically identified distrust of government agencies as a barrier to the population seeking services. For instance, one staff indicated the lack of trust of the government by the refugee community: *cultural barriers and perceptions about the government and the disability label.* In relation to Native American communities, another staff indicated: *Challenges are culture of not trusting the government and not really connecting to anyone not Native American.* Although other MRS staff endorsed distrust of government agencies, they did not specify any particular subgroup.

Furthermore, respondents identified needs for specific populations. Five staff members suggested the orientation of Hispanic/Latinx communities preferring to *take care of their own* as well as a lack of culturally sensitive services, such as documents offered in Spanish language.

Regarding the African American population, four respondents specified disability subpopulations, such as blindness or visual impairment, physical, and mental health and substance-related disabilities. For instance, an MRS staff indicated *Poor, black people with numerous disabilities and disadvantages (lack of training, no GED/high school diploma, lack of transportation, lack of financial resources, felonies, misdemeanors, lack of affordable housing.*

For Native American communities, four staff members identified the following barriers to accessing services: inadequate staffing and outreach services, a culture of not trusting the government, and challenges with connecting to professionals outside the Native American community.

While a BSBP staff noted that individuals of Middle Eastern origin have cultural and language barriers, an MRS staff from the Ann Arbor area reported inadequate outreach to people of Asian descent that may be partly due to a cultural orientation of preferring to take care of their own family members.

Effective Strategies and Programs for Cultural Minorities with Disabilities

Strategies to address the aforementioned issues include: making concerted efforts to reach out, providing individualized counseling and face-to-face services, collaborating with partners, providing culturally sensitive services, and empowered communication. Examples of comments that capture these themes follows:

- *Consistency and having a presence within community networks and partnerships to develop and foster trust. Particularly helpful if another family member/relative or faith-based organization can help support service congruency and reassure customers of benefit of engagement.* (MRS)
- *Having direct face-to-face conversations with individuals, while also having the time to give them the information they need via conversation, brochures, and PowerPoint Presentations. I have also found it to be very useful when utilizing electronic documents prior to the meeting, sending them the application and information about MRS empowers the clients to read, research, and understand information beforehand, without the pressure that may be associated with receiving information for the first time in a face-to-face setting. Provision of documentation to them has helped alleviate anxiety while also displaying transparency and a willingness to be flexible with the client.* (MRS)
- *Partnering up with agencies that's serve a large amount of this population.* (MRS)
- *Michigan Works bilingual staff; migrant services. Chaldean services Detroit* (BSBP)
- *Individual services through VR counselor; sometimes vending out for soft skills training* (BSBP)
- *Face-to-face encounters using Motivational Interview techniques to have the customer generate a person-centered plan* (CIL)

4. **Blind or Visual Impairments**

Twenty-four respondents mentioned individuals who are living with blindness or who have visual impairments, especially highlighting aging communities as underserved populations. Staff specified subpopulations including individuals who utilize JAWS for communication, low-vision, and legally blind. Qualitative analysis of their responses revealed two general issues/unmet needs relevant to consumers living with blindness or visual impairment.

<u>Lack of Resources</u>: Respondents overwhelmingly mentioned a lack of resources, including qualified staff, funding, and time for delivering services. The following quotes exemplify these issues:

- *Lack of service providers with knowledge in blindness.* (BSBP)
- *The services available through IL Part B are limited.* (BSBP)
- *Lack of service providers with knowledge in blindness* (MWA)
- *Limited availability and funding or courses…* (MWA)

<u>Geographic Barriers</u>: Staff comments indicating geographic barriers pertained to access issues in the rural areas and are as follows:

- *Large service area, lack of public transportation in many areas - lack of competitive employment opportunities in rural areas* (BSBP)
- *There are several. Travel expense and service to rural areas seems to be the biggest need..* (CIL)
- *Due to our rural location, services he could benefit from were not available.* (MWA)

Meanwhile, respondents identified a variety of needs for aging populations, such as transportation, housing, orientation and mobility training, socialization, and motivation to accept their disability and seek services (e.g., receive books). Other comments on un/underserved populations that identified the needs of specific groups are as follows:

- *Healthy Low Vision/ Blind individuals younger than 55 that do not want to work* (BSBP)
- *I have had several clients, who were blind and working with the Michigan Foundation for the Blind. They were unable to get a call back or an appointment with their case manager there. I personally worked with one gentleman for almost a month, before he got a call back* (MWA)
- *People with low vision or who are blind would benefit greatly from one on one services of job specialists for job search, job placement, job follow up and retention. Clients who are deemed as not work ready or whose cases are closed by VRS are sent to or end up at the state employment agencies (Michigan Works) and the staff there have neither the time nor the training to deal with these individuals.* (MWA)

Effective Strategies and Recommendations for the Blind or with Visual Impairments

In sum, staff recommendations suggested addressing resource and geographic barriers by providing information and referrals, one-on-one interventions, inter-agency collaboration, and using electronic devices for communication. The following quotes exemplify these strategies:

- *Direct, telephone, coordination with other service providers... UPCAP is great! I recommend 211 all the time.* (BSBP)
- *We usually try to refer them to another organization if we can. (CIL)*
- *The Disability Navigator has worked with persons with disabilities one on one but not all Michigan Works areas have Navigators.* (MWA)

5. Geographic Location

Twenty-three respondents noted that individuals residing in rural communities, especially in the Northern Thumb or Upper Peninsula areas are un/underserved populations. Qualitative analysis of their responses revealed three major issues/unmet needs listed below.

<u>Lack of Transportation</u>: Staff identified a lack of affordable and accessible transportation as the primary barrier in the rural areas.

- *Large service area, lack of public transportation in many areas…* (BSBP)
- *Person can't get to assessments, appointments, services, jobs, interviews because of lack of transportation…* (MRS)

- *Affordable accessible transportation is very limited in Mason Oceana, and Newaygo Counties.* (CIL)

Unavailability of Services: Respondents also identified unavailability of services, with the following quotes exemplifying this theme:

- *There is a huge gap in services here in our area in the mental health field. There are lots of consumers that have mental health issues but there are very very few services available for all ages in this disability category.* (CIL)
- *Services are lacking in rural areas for people who are blind or visually impaired…* (CIL)
- *No available services* (CMH)

Lack of Resources: Comments that indicate a lack of resources, such as service providers, in rural communities are following:

- *We can't provide services where there are no resources to fill that needed service.* (CIL)
- *Service providers are minimal due to expectations of the job not meeting number of hours allowed to work and low wages offered for such intense work.* (CMH)

Staff also identified the needs of populations in specific geographic locations, such as Ann Arbor, Detroit Renaissance, Wayne, Macomb, Oakland, Lansing, and Grand Rapids.

Three respondents observed a lack of transportation in the Oakland District. Additionally, three staff members addressed inadequate resources (i.e., staff and funding) and community living supports in Lansing for adults with intellectual/developmental disabilities that subsequently occurred with the closure of the CMH Transition Days program.

Two staff members reported insufficient outreach and services to people of Asian decent and those with diabetes in Ann Arbor; a lack of vocational services for disadvantaged populations in Detroit; unavailability of services for individuals with blindness and visual impairments living in Wayne County; and, a lack of transportation for students, services for Deaf communities or people living with hearing impairments, and inadequate mental health services in Grand Rapids.

One respondent noted a lack of public transportation and Uber/Lift services for individuals living in the Northern end of Macomb County as well as Clinton county.

The needs in other more general geographic areas are as follows:

- *…In poor, inner city areas there are often not enough jobs for people to travel to by mainline bus transit. Clients require counselors who will follow them over time and can be responsive in an time-sensitive manner…* (BSBP)
- *Mental illness- very hard to access community mental health services in our area* [Southwest Michigan] *including supported employment services (extended services) DD- very hard to access community mental health services in our area including supported employment services (extended services) All disabilities- access to medical insurance difficult* (MRS)

- *Many persons with disabilities in SE Michigan struggle with dependable, affordable transportation. Major issue. Public transport is generally poor in Michigan.* (BSBP)

Effective Strategies and Recommendations for Geographic Areas

Respondents indicated strategies that include providing information and referrals, communicating by electronic devices, flexible scheduling or outreach, and direct and individualized services. More specifically, counseling and guidance was noted as a direct and individualized service when coordinating with students with disabilities and individuals with mental health issues. Comments that exemplify these strategies are as follows:

- *Direct, telephone, coordination with other service providers... UPCAP is great! I recommend 211 all the time.* (BSBP)
- *We usually try to refer them to another organization if we can.* (MWA)
- *Direct individualized service strategies.* (MWA)
- *Scheduling meetings when they come to town for shopping or other errands or appointments, also meeting in public locations where it may be easier to get to for them.* (MRS)
- *Counseling and guidance (the most utilized service), meeting in the schools with students, programming done in collaboration with the school.* (MRS)

6. **Individuals with Intellectual and Developmental Disabilities**

A total of 22 staff members identified individuals with intellectual and developmental disabilities (I/DD) as underserved populations in Michigan. Qualitative analysis of their survey responses revealed three primary issues related to these populations.

<u>Lack of Access to Community Mental Health Services</u>: Staff identified difficulties in accessing CMH extended vocational and supported employment services, such as lack of insurance and the strict Work-force Innovation and Opportunity Act (WIOA) requirements for funding services for individuals with I/DD. Some comments that capture these service access barriers due to WIOA are as follows:

- *…Major gaps in services in our Community Mental Health system as well as accessing this system is a barrier… Michigan's interpretation of WIOA has significantly prevented us from providing services to individuals in our community and coordinating with State VR* (CRO)
- *Referrals to rehabilitation services have resulted in no vocational services being provided. lack of vocational rehabilitation services support* (CIL)
- *We help them the best we can with resources and referrals. It takes a month or two to get them into MRS for any kind of assistance. The delay for clients to get into MRS.* (MWA)
- *Not enough community options, gaps in programs.* (MRS)

<u>Under-resourced Agencies</u>**:** Other staff identified a lack of resources, such as agency staff and funding, as barriers to accessing services for this population. Individuals with I/DD who do not qualify for Medicaid, changes in Medicaid rules affecting coverage, and funding cuts were all cited by professionals as barriers in accessing needed services. Comments that capture this theme are as follows:

- *Lack of resources and/or commitment by agency management to allocate funds for the necessary resources*. (CMH)
- *Not enough resources within individuals community and have to go outside of their home county. Not enough staff to provide level of service needed and/or open beds in county which consumer currently resides.* (CMH)
- *There are limited resources for mentally and physically challenged for example, adults with Down Syndrome.* (MWA)

Lack of Transportation: The following statements from MRS staff members are reflective of these observations:

- *Lack of transportation limits exposure and involvement in vocational development and … Limits involvement in volunteering, independent living, and employment because of dependence on family for rides...* (MRS)
- *transportation extra support* (MRS)
- *The populations from CMH that were in the Transitions day programs were closed and left without any day programming. They are adults with intellectual/developmental disabilities mostly in the urban area of Lansing ranging in age from 18-99 ...* (CIL)

Effective Strategies and Programs for Individuals with Intellectual and Developmental Disabilities

The following comments reflecting skill development programs were cited by staff members as effective strategies for addressing needs within the I/DD community:

- *Employment readiness- provided by MRS becoming a great employee-provided by MRS* (MRS)
- *Offering training opportunities for individuals with disabilities through MRS and MCTI has been a great way to connect with individuals and build career pathways…* (MWA)

Also, staff suggested providing supported employment services for improving employment outcomes as follows:

- *Supported employment with one on one employment specialist support* (CMH)
- *Discovery, one on one job coaching and support. Job development efforts focused on the person, not just the employer.* (CRO)
- *Job coach is essential and constant contact and follow up.* (MRS)

7. Individuals Experiencing Homelessness

Twenty respondents identified individuals experiencing homelessness as an un/underserved population. Five themes emerged regarding their needs.

Barriers to Participating in Services: A number of respondents identified numerous barriers that make it difficult for individuals to participate in services. The following quotes exemplify this theme:

- *No shows, unrealistic expectations, untreated mental illness, untreated substance abuse.* (MRS)
- *Lack of follow through, difficulty communicating* (MRS)
- *Person getting upset with us that we do not help and/or getting upset because the other agencies have let them down and they don't want to deal with them anymore.* (MWA)

Under-resourced Agencies: Respondents reported issues with having adequately qualified staff and limited funding resources.

- *Limited staff capacity, limited travel budgets,…* (CIL)
- *MRS needs more ASL trained staff only have one in my district that serves six counties; more interpreters. CMH coordinated training employment first is one program that intentionally focuses on DD/ID supported employment services there is some contention in St Clair. WIOA indicators provides opportunities to work closer with CMH, Homelessness and business just need more resources and platforms to develop systematic changes. Not a lot of services directly for working with LGBTQ populations. Limited resources in Sanilac, Huron counties for the aforementioned concerns and populations.* (MRS)

Lack of Housing: Comments suggested a lack of affordable housing and the consequence of overcrowded short-term training facilitates.

- *Finding affordable housing, especially for individuals. Families have a better chance of finding housing than single people*. (CIL)
- *We are not a residential long term facility, but rather a training facility. This causes issues if someone needs to conclude or be concluded from the training. There is also a concern when you put 25-30 individuals together in a building.* (BSBP)

Insufficient Mental Health Services: Comments in this category suggested an inadequacy of mental health services and the association with homelessness.

- *There is not enough comprehensive mental health services, not enough affordable/accessible housing. For mobility aids and repair there is only one company and they cannot keep up with the demand.* (CIL)
- *…Michigan's interpretation of WIOA has significantly prevented us from providing services to individuals in our community and coordinating with State VR.* (CRO)

Lack of Transportation Services: Respondents also reported transportation is a significant barrier.

- *Transportation seems to be the biggest issue that I've encountered. If they don't have a way to get to a job and our services are not long term, there is little that can be done to assist them with this.* (MRS)

Effective Strategies and Recommendations for Individuals Experiencing Homelessness

Respondents suggested face-to-face or one-on-one encounters or communicating by means of electronics, such as email and telephone. In addition, some staff suggested adopting a flexible schedule as well as collaborating and leveraging funding. The following quotes exemplify these strategies:

- *It's hit or miss. Sometimes it is mail, sometimes it is phone.* (MRS)
- *Being available for walk ins, usually phones don't work nor mail. Getting them in some form of treatment that they will trust and possible stay with.* (MRS)
- *Meeting the individual in the community and assisting with the purchase of cell phone minutes.* (MRS)
- *Working with CMH - person centered models that incorporate supports and leveraged funding. Veteran population - coordinated services at all municipal levels, data sharing and community based partnerships.* (MRS)
- *Face to face contact and texting.* (CIL)
- *Appointment Face to face Walk in. Many people just need time, help, someone to explain things to them, resources, and someone to lean on. One on one meetings.* (MWA)

8. Deaf or Hearing Impairments

Seventeen respondents mentioned individuals who are Deaf or experience hearing impairments as un/underserved populations.

<u>Lack of Sign Language Interpreters</u>: Respondents, especially MRS staff members, identified a lack of skilled sign language interpreters as an unmet need for this population. The following quotes exemplify this issue:

- *Individuals with hearing loss receive limited services due to the fact that MRS staff is not well trained to serve this population. Issues need to be considered as sign language skills must adapt to the culture and age of the individual. It is important to remember there is a difference between hearing loss and deafness that should be taken into consideration when working with individuals with these disabilities.* (MRS)
- *We are limited to interpreters for individuals who are deaf and hard of hearing. It hinders services and creates a barrier to services as interpreter agencies have backed out since the new policy of the state not paying for cancellations.* (MRS)
- *MRS needs more ASL trained staff only have one in my district that serves six counties; more interpreters* (MRS).
- *Lack of providers/vendors; only vendor identified has 3 providers spread across a large geographical area. Closest vendor is almost an hour away and often doesn't have availability; next closest vendor for interpreter is about 2 hours away* (MRS)
- *Individuals that communicate through sign language, we don't have anyone that is fluent in sign language and our one individual that comes in, we usually communicate through text* (MWA)

Effective Strategies and Recommendations for Deaf or Hearing Impaired Communities

Staff identified a variety of strategies for addressing the lack of qualified sign language interpreters as follows:

- *Requesting an interpreter weeks in advance* (MRS)
- *Individualized services through the CIL* (MRS)
- *small groups so that more people can get the services needed scheduling in advance so that interpreters are available* (MRS)
- *Training MRS staff with the skills to effectively communicate with individuals with any degree of hearing loss.* (MRS)
- *Communication through texting/writing.* (MWA)
- *Interpreters; typing back-and-forth on computer screen* (MWA)

9. Aging Adults with Disabilities

Fifteen respondents noted that aging adults with disabilities are an un/underserved population. Impairments identified for this group included blindness and physical or mobility issues. Qualitative analysis of their responses revealed two major issues/unmet needs listed below.

<u>Limited Access to Home and Community-based Services</u>: Home and Community-based Services (HCBS) are offered by CMH and they help adults achieve life goals and become more involved in their community. However, a variety of factors limits access to these services, such as geographic location, transportation, housing, awareness about the services and disability, and barriers that impact consumers in seeking services. The following quotes exemplify this theme:

- *Legally blind senior who is not getting signed up for the home health care/chore worker services she needs because she can't read her mail and is not getting the applications back* (BSBP)
- *Older adults who are not in the work force are being left in the lurch. They cannot get services or help with daily living or technology,* (BSBP)
- *An older individual in a wheelchair that lived alone could not use the local cab company as a transportation tool, as the cab company would not always have a van available and would not take the time to learn how to break down her wheel chair. In the location she lived the cab company was the only choice of transportation. Low cost mental health services have such a waiting list, that many people are not able to get the mental health care they need when they need it, unless risk of life is threatened.* (MWA)
- *When my Mother was in an assisted living Nursing Home there were Seniors there that could of used help. Especially when it came to people coming to visit them. Some patients, I rarely saw people for them. Making sure that Seniors that can't get out are not so lonely.* (MWA)
- *We are serving people in community settings, but not all older adults are interested and/or able to manage this service as it currently exists. They have been retiring and going to the other program, which provides no community-based services.* (CRO)
- *Services to older adults who are not interested in work are limited. There is a program currently at a local nursing home, but it is very limited in scope.* (CRO)

Under-resourced Agencies: Respondents also identified barriers due to lack of resources, such as funding.

- *There is no money for older adult services* (BSBP)
- *Individuals who are struggling with health issues. Some don't qualify for free health care and can't afford to pay for health care. Also, Dental care is needed. They need medicine but, can't afford it. Also, they are not disabled but, need to be retrained for a new career. 50-54 is a common age I see that needs a lot of help. LACK OF RESOURCES- They also, need assistance with transportation, housing, food, and basic needs. But, just don't qualify for help. (Most often these people are a household of one.) Shower Lack of stability Also, many people are homeless. Daycare Public Transportation Working phone, internet, printers Money for items needed to make appointments. Gas, fees, sitters, missing items (Birth Certificate, SS card etc)* (MWA)

Effective Strategies and Recommendations for Aging Adults with Disabilities

Respondents indicated communicating by means of electronic devices (e.g., email and telephone), providing small group support, reaching out to the population in their homes, and providing in-person services. The following quotes exemplify these strategies:

- *Home visits and Telephone calls.* (MWA)
- *Making sure that Seniors that can't get out are not so lonely* (MWA)
- *Appointment Face to face Walk in Many people just need time, help, someone to explain things to them, resources, and someone to lean on. One on one meetings.* (MWA)
- *One on one or small group presentations.* (BSBP)
- *...For the elderly, small groups are also good, with the goal of offering social connections, since isolation is such a factor in depression.* (BSBP)
- *In home services billable to Medicare...* (CMH)

10. Individuals with Physical Disabilities

Twelve survey participants discussed issues or needs of Michigan residents with physical disabilities (e.g., wheelchair users, individuals experiencing paralysis due to stroke, etc.), emphasizing individuals with
mobility challenges. Staff members identified a lack of accessible transportation as the primary barrier.

Lack of Accessible Transportation: Staff member comments suggested transportation issues are related to geographic locations.

- *Customer not being able to have reliable transportation. Individuals living in the Northern end of Macomb County. There is lack of public transportation and lack of Uber/Lyft services. North of Hall Road tends to be isolating for people who could benefit from transportation and CIL services.* (MRS)
- *An older individual in a wheelchair that lived alone could not use the local cab company as a transportation tool, as the cab company would not always have a van available and would*

not take the time to learn how to break down her wheel chair. In the location [Northwest] she lived the cab company was the only choice of transportation... (MWA)

Lack of Resources: Also, staff members identified a lack of resources, including vendors or service providers, as indicated by the following quotes.

- *For mobility aids and repair there is only one company and they cannot keep up with the demand.* (CIL)
- *These support services take up a lot of our time. It would be so helpful if each office had a bachelors level case manager to assist with these things* (MRS)
- *The availability of resources, or lack thereof.* (MWA)

Effective Strategies and Recommendations for Individuals with Physical Disabilities

Regarding the issues or needs of individuals with physical disabilities, respondents suggested providing information and referrals:

- *The services of referrals to other agencies that would service their needs. Agencies such as Michigan Rehabilitation Services (MRS), information to doctors, therapist to be diagnosed, and Bureau of the Blind. To let them know that we partner with these agencies gives them a comfort to work with the agencies.* (MWA)
- *Keeping track of resources (211 responses) so that we are not starting from scratch with each customer* (MRS)

Also, staff suggested communicating electronically: *phone* (CIL) or *Use of teleconferencing and scanning documents and using email.* (MRS)

11. **Individuals with Autism**

A total of 11 staff members mentioned individuals with autism spectrum disorder (ASD), with 9 staff specifying age groups (e.g., adults, teens, students and young adults) that are un/underserved populations. Qualitative analysis of the comments suggested two primary issues.

Under-resourced Agencies: The following quotes exemplify this unmet need:

- *Limited staff and resources. services have been attempted but limited staff and resources makes it challenging (MRS)*
- *Not enough staff to provide level of service needed and/or open beds in county which consumer currently resides.* (CMH)

Lack of Independent Living Services: Comments that indicated a lack of independent living services include the following:

- *Do not have needed community for individuals with Autism. CMH will not provide the needed services. There is nothing out there to provide services that will benefit them and are needed a young adults*. (CIL)

- *In my service area I believe there is a lack of appropriate supports and services for young adults (18-30) that are on the Autism Spectrum. Specifically those labeled with 'higher functioning autism'. They often have degrees and training but struggle to perform tasks of daily living, establishing routines, socializing etc and there are no groups for them to assist. They are denied! For almost everything! Then there becomes a level of frustration that makes them want to give up.* (CIL)

Effective Strategies and Recommendations for Individuals with Autism

Staff mentioned social supports and providing training and other learning experiences as effective strategies that address needs in the ASD community. The following quotes exemplify these strategies:

- *For my (transition aged) students: One on one, small group, using vendors connected with the local school systems.* (MRS)
- *Training and collaboration* (CIL)
- *Working intensely on soft skills* (CIL)

12. Individuals with Significant or Multiple Disabilities

Without specifying a specific sub-group, a total of 11 staff members identified individuals with significant or multiple disabilities as an underserved population. Qualitative analysis of their survey responses suggested two primary themes on issues.

Under-resourced Agencies: Respondents explicitly identified systemic inadequacies of CMH and MRS systems in providing long-term supports for this population due to a lack of resources and funding. Examples of comments that exemplify this theme are as follows:

- *We simply do not have the resources to provide extensive one-on-one, long-term supports for these folks.* (MRS)
- *Lack of financial resources to refer to agencies who can help the customer and then a lack of available vendors and agencies to service the customer.* (MRS)
- *Lack of resources, lack of interconnectedness among resources, lack of attention to the complexity of significant disabilities.* (CIL)

Lack of Supported Employment Services: Staff respondents equally reported a lack of CMH supported employment services to facilitate community integrated employment opportunities for individuals with the most significant disabilities.

- *Supported Employment-Financial issue…* (MRS)
- *Job coaching and follow along services not being sufficiently provided to disabled clients.* (MRS)

Effective Strategies and Recommendations for Individuals with Significant or Multiple Disabilities

Staff members highlighted the importance of communication exchanges that empower consumers:

- *Listening, patience and some creative strategy to ultimately come to a proper solution that made the individuals feel like they were heard and not just glanced over for some generic resolution.* (CIL)
- *Being open about what is and is not available, walking individuals through what to expect, translating the bureaucracy into plain language.* (CIL)
- *Keeping communication open* (MRS)

A couple of staff indicated the importance of providing one-on-one services and social supports. The quotes that indicate this theme are as follows:

- *One on one interaction with the customer in the field.* (CRO)
- *Group activities with 1:1 as needed to keep them engaged. Giving them the same opportunities that all consumers want to be a part on an inclusive community.* (CIL)

13. Individuals with Emotional or Behavioral Disturbances

A total of nine staff members identified individuals with emotional or behavioral disturbances, especially students and youth with disabilities, as underserved populations. Qualitative analysis of their survey responses suggested two primary issues elaborated as follows.

Limited Access to Vocational Rehabilitation Services: The factors limiting access to services include severity of disability and WIOA regulation. Comments that indicate this theme are following:

- *It can be hard to obtain referrals from the school districts for students who function at a higher academic level. Oftentimes their functional living skills, such as employability skills, are lacking; however, the districts do not think to refer them if they are doing well in their classes.* (MRS)
- *…Michigan's interpretation of WIOA has significantly prevented us from providing services to individuals in our community and coordinating with State VR.* (MRS)
- *Finding programs willing to support total care people post school age. Lack of in-home supports. Providers refusing services due to the person having the Home Help program. Families experiencing distress from their child transitioning out of school with no programs to transition to. In-home behavioral supports do not exist. These consumers may end up in specialized residential* (CMH)

Under-resourced Agencies: This theme captures comments that indicate systemic issues of lack of funding and staffing. A CRO's comment that most exemplifies this theme is as follows:

- *Successful management of invisible disabilities, however with limited reimbursement from State VR. Ongoing challenges working with provider partners to expand services and reimbursement for those with significant behavioral challenges and staffing needs.* (CRO)

Effective Strategies and Recommendations for Individuals with Emotional or Behavioral Impairments

One-on-one services and intensive supports that staff members recommended were further categorized into individualized case management and wraparound services.
Case management and wraparound services are collaborative service delivery strategies that provide a comprehensive, holistic, youth and family-driven coordination of services to manage significant mental or behavioral health conditions. The short quotes that captured these strategies stated *1:1 case management, Individualized/one-on-one services Intensive /wraparound supports, multidisciplinary team approaches,* and *Working closely with Funders, Stakeholders/Parents/Advocacy groups.*

14. Returning Citizens

Six respondents reported issues related to returning citizens with disabilities as an un/underserved group. Respondents used different labels to identify this population, such as previously incarcerated, prisoner re-entry, or returning citizens. Three themes emerged with respect to this population's challenges or unmet needs.

Lack of Support Services: Comments in this category suggested the need to provide extra support services, perhaps by hiring more bachelor's level trained professionals.

- *Some don't qualify for free health care and can't afford to pay for health care. Also, Dental care is needed. They need medicine but, can't afford it. Also, they are not disabled but, need to be retrained for a new career. 50-54 is a common age I see that needs a lot of help. LACK OF RESOURCES- They also, need assistance with transportation, housing, food, and basic needs. But, just don't qualify for help. (Most often these people are a household of one.) Shower Lack of stability Also, many people are homeless. Daycare Public Transportation Working phone, internet, printers Money for items needed to make appointments. Gas, fees, sitters, missing items (Birth Certificate, SS card etc)* (MRS)
- *These support services take up a lot of our time. It would be so helpful if each office had a bachelors level case manager to assist with these things* (MRS)

Under-resourced Agencies: Respondents also mentioned a general lack of resources and skilled service providers.

- *Unable to serve effectively, as I am not skilled in offender success* (MWA)
- *…WIOA indicators provides opportunities to work closer with CMH, Homelessness and business just need more resources and platforms to develop systematic changes.* (MRS)

Lack of Transportation: An example of a comment that captures this theme is as follows: *transportation extra support* (MRS)

Effective Strategies and Recommendations for Returning Citizens with Disabilities

Providing information and referrals and learning experiences were identified as useful strategies for this population.

- *Referring to other MWA* (MWA) \
- *Discovery process* (CRO)
- *Employment readiness- provided by MRS becoming a great employee- provided by MRS* (MRS)

Also, in this category of underserved groups, one respondent mentioned foster care youth and indicated challenges with consumers being unable to follow-through with their service programming.

16. Other Populations

Other populations identified as unserved or underserved by four or less survey respondents include: veterans (experiencing homelessness, needing supported employment, and with disabilities), LGBTQ**,** diabetes, learning disability, low income or those not having a living wage, farmers, and migrant and displaced workers. In addition, five staff members hypothesized undiagnosed disabilities as a possible additional population based on observations of learning, cognitive, or mental issues in their service populations.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER IV

KEY INFORMANT INTERVIEW

PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY

Table of Contents

Table of Contents IV-1

Methods IV-2

- Key Informant Selection and Recruitment Procedures IV-2
- Data Analysis Procedures IV-3

Findings IV-3

- Unserved or Underserved Populations IV-3
  - Students and Youth with Disabilities IV-3
  - Individuals with Autism IV-6
  - Cultural Minorities IV-10
  - Returning Citizens Post-Incarceration IV-12
  - Aging Population IV-14
  - Individuals with Blindness or Visual Impairments IV-16
  - Individuals with Mental Illness and/or Substance Abuse Disorders IV-17
  - Individuals with Disabilities in General IV-21
  - Veterans with Disabilities IV-23
  - Individuals with Deaf-Blindness IV-25
  - Individuals with Deafness and Hearing Impairments IV-26
  - Homeless Population with Disabilities IV-27
  - Other Populations IV-28
- Future Trends IV-32

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, two committee meetings were held in which the committee members were asked to nominate potential key informants. In addition to a total of 86 key informants initially nominated, eight more professionals were recommended by the key informants who were interviewed.

Each potential informant was contacted by email that explained the purpose and importance of the federally mandated CSNA and requested their support and participation. When key informants did not respond immediately, Project Excellence (PE) staff contacted them by phone and left follow-up voice messages. As a result, a total of 52 key informants were interviewed between September 20, 2019 and November 20, 2019.

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

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

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

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

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

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

Data Analysis Procedures

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

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; (3) sharing strategies and recommendations that are direct responses to the identified needs; and (4) specifying future trends.

1. **Students and Youth with Disabilities:** A total of 17 key informants identified students and youth with disabilities as an un/underserved population.

<u>Students and Youth with Disabilities: Issues/Unmet Needs</u>

Inadequate Staffing. Two primary issues contribute to inadequate staffing: high staff turnover and funding issues. For example, informants explained that students and youth with disabilities fall through the cracks because of turnover in personnel as well as family dynamics that lead to barriers in identifying and engaging with the youth and their family. Informants indicated that staff turnover is an issue across agencies, including school districts, MRS, and CROs. Informants also expressed concern about high staff turnover across agencies because it negatively impacts the quality of services and the family's ability to navigate multiple systems efficiently. Furthermore, multiple informants cited funding issues as a direct contributor to inadequate staffing. Because of budget cuts and wage/reimbursement stagnation for direct care staff, informants have noticed a decrease in transition coordinators, school district staff, and CRO staff, which has resulted in an increase in students not receiving the services they need.

Difficulty Navigating Multiple Systems. Several informants discussed the challenges that individuals and their families face when navigating multiple systems. In addition to high staff turnover discussed above, informants indicated that agency staff and the general public are confused about how to navigate different referral processes and the appropriateness of a referral to one agency over another (e.g., when to refer to BSBP and when to refer to MRS). Contributing to this confusion, informants explained a lack of clear guidelines regarding which agency is responsible for which service, and this was especially the case when responsibilities overlap between agencies. Informants further explained that this confusion leads to miscommunication between agencies and service gaps for consumers.

Inadequate Skills Training Programs. Informants expressed a variety of concerns about inadequate skills training programs for students and youth with disabilities. Concerns were related to: lack of social skills training in high school and post-secondary settings; understanding differences between entitlement- and eligibility-based services; how to utilize accommodations in post-secondary settings and in the workforce; how to set realistic expectations and goals post-graduation; and being properly prepared for what occurs after high school. One informant also expressed concerns about limited employment exposure and training opportunities for younger students (14-16 years old), noting that transition curriculum generally focuses on relatively older youth (18-24 years old).

Limited Access to Services. Informants described several issues that contribute to this theme as well as specific subgroups of students and youth with disabilities that have limited access to services. One issue noted was that services are limited due to not having adequate accommodations (e.g., one-on-one supports, physically inaccessible buildings, inaccessible materials and technology). Another issue was related to a lack of community-based services if youth are not focused on employment or vocational training. A third issue was the need for more wraparound and extended follow-up services. An informant expanded on this issue noting that agencies have a tendency to cease services prematurely. This same informant suggested these combined issues contribute to higher rates of school-to-prison pipelines. Separately, informants identified two subgroups of students and youth that have less access to appropriate services and programming: students on a diploma track that may or may not have a 504 Plan, and young adults with disabilities (26+ years old).

Discontinuity of MRS Service Provision. Multiple informants described challenges with the continuity of MRS youth services as well as the consistency of services across regions. For example, informants reported confusion about the provision of Pre-ETS services, how they are similar/different from general VR services, and which program is appropriate for which students. Informants also expressed concerns about the availability of similar transition services across regions, also citing that the quality of services from region-to-region can vary substantially. One informant indicated a lack of innovative service delivery with counselors having a tendency to "not think outside the box." Another informant described difficulties with tracking Pre-ETS outcomes if these individuals don't proceed with applying for a general VR case.

Lack of Interagency Collaboration. Informants indicated a need for stronger working relationships between agencies and organizations with a particular focus on improved communications and collaborations.

Lack of Disability Trained Professionals. An informant noted that although specialists support transitions with this population, there continues to be stigma about the young adult's ability to work, which impedes the young adult from accessing developmentally appropriate services and sets low expectations for success. Another informant expressed concerns about MRS staff not having sufficient disability training or a degree in rehabilitation counseling, offering an example of the lack of staff knowledge and skill regarding interacting with persons on the autism spectrum.

Project SEARCH Implementation Challenges. Several implementation challenges were reviewed by informants from Project SEARCH sites. A common issue was related to educating employers at Project SEARCH sites. For example, informants noted how it takes time for employees to adjust to the program due to stigma, negative attitudes towards disability, and fear. Informants also reviewed how many employers underestimate Project SEARCH interns' capabilities, productivity, and reliability. Another issue identified by informants was obtaining buy-in from parents and families as many family members are concerned about their young adult working independently. A last challenge highlighted was Project SEARCH programming needing to be well-structured.

Students and Youth with Disabilities: Strategies and Recommendations

Targeted Transition Programming. Informants recognized numerous strategies for successful transition programming, including: employment programs being delivered in high school settings; obtaining grant funding for post-high school employment programming; summer work-based learning experiences; self-advocacy education; Autism Service Centers in colleges/universities; customizing Pre-ETS services to meet regional needs; standardized programming; using a case manager model to deliver wraparound services; and including families throughout the service provision process.

With regards to successful strategies specific to Project SEARCH programming, informants offered the following: coordinating a parent information night and alumni night with previous graduates; developing a work-based social exchange program to help integrate interns into the work setting; and setting up the work setting so that both interns and employees are positively impacted (e.g., applying accommodations and universal design principles).

Improve Interagency Collaborations. Interagency collaboration strategies were highlighted as positively impacting MRS, BSBP, CILs, CROs, and school districts. Key elements to these successful relationships include regular communication to review successes and challenges, shared trainings and resources, and making efforts to understand different perspectives across systems. As a result, informants described outcomes related to stronger bridges between secondary and post-secondary settings and the development of a resource booklet that supports equitable access to services across the state.

Educate and Support Partners. Informants reviewed the following successful strategies for educating and supporting partners: educate employers and families about the benefits of having high (and realistic) expectations of students and youth with disabilities, and view

employers as clients. Specifically for Project SEARCH sites: support the employer to (a) focus on the human element and social impacts of the program both within the work setting and the broader community, and (b) welcome the interns and their families while thinking about how the organization can provide opportunities for them.

Develop and Improve Innovative Transition Programs Aligned with the Legislation and Policies. Informants indicated that legislation and policy adjustments have positively shifted service delivery for students and youth with their needs being better met through innovative programming. One informant further stressed the importance of continuing this momentum by ensuring multiple voices are represented across systems.

Provide Professional Development Training to Staff. Providing professional development training on a variety of disability-related topics was highlighted as a successful strategy, especially for employers and other community members and professionals with little to no disability training. Collaborating with partners in the development and delivery of professional development training was another successful strategy suggested by informants.

Focus on Community Outreach. Outreach strategies reviewed by informants include: meeting with partners monthly; using technology and social media; exchanging information about resources and ensuring staff and partners are kept updated on any changes; and developing a transition professional learning community platform where information is shared via newsletters and mailings.

Students and Youth with Disabilities	
Issues/Unmet Needs	***Strategies & Recommendations***
• Inadequate Staffing • Difficulty Navigating Multiple Systems • Inadequate Skills Training Programs • Limited Access to Services • Discontinuity of MRS Service Provision • Lack of Interagency Collaboration • Lack of Disability Trained Professionals • Project SEARCH Implementation Challenges	• Design and Provide Targeted Transition Programming • Improve Interagency Collaborations • Educate and Support Partners • Develop and Improve Innovative Transition Programs Aligned with the Legislation and Policies. • Provide Professional Development to Staff • Focus on Community Outreach

2. **Individuals with Autism:** A total of 16 key informants identified individuals with autism as an un/underserved population.

<u>Individuals with Autism: Issues/Unmet Needs</u>

Lack of Staff with Autism Training and Expertise. Numerous informants described a variety of issues related to lack of staff with autism training and expertise. For example, an

informant from MRS indicated many new staff enter their jobs not having adequate understanding, training, and exposure to autism-related topics. Furthermore, another informant mentioned that many professionals demonstrate theoretical understanding but lack applied skills to effectively work with the population. Another informant additionally added that there is a lack of expertise in strengths-based practices, which has perpetuated limited access to opportunities for youth with autism transitioning into adulthood. Lack of autism expertise was also cited as especially affecting individuals' opportunities on the opposite ends of the spectrum and that providers don't recognize that autism is uniquely individualized. Lack of adequate training and expertise was indicated in contributing to professional burnout, high turnover, stigma towards the population, and professionals having unrealistic expectations for the population.

Another informant expressed concerns about professionals both across and within organizations lacking understanding, application, and obligations associated with legislation and policy regulations (e.g., IDEA, WIOA). Furthermore, another informant stressed the importance of professionals staying educated about autism and the available resources and services. Finally, an informant highlighted the need for organizations, and especially those that don't typically serve persons with disabilities, to provide specific training to their employees about disability and autism-related topics.

Inadequate Life Skills Training. Several informants identified life skills training as an area of need for persons with autism. Life skills training topics included: employment skills (how to obtain and maintain employment), social skills (especially for older youth transitioning into adulthood), advocacy skills, sexual intimacy, transportation skills and driver's training, and general life skills that support a successful transition into adulthood. One informant noted there's a high demand for social skills groups for adolescents and youth, but it is difficult to fit this type of programming into an already dense educational curriculum. Another informant further cited a lack of evidence-based social skills programming options. Inadequate life skills training was also described as a function of challenges in accessing community-based vocational programming, transition services that focus on practicing skills in the community, and college/university-based transition programming. Lastly, multiple informants stressed a need for more peer group mentoring, support groups, and the development of social outlets for this population.

Inadequate Supports and Resources. Several informants reported a lack of access to supports and resources, incongruence in quality, and lack of available services for specific subpopulations. For example, one informant noted there is a lack of inclusive opportunities in general education classrooms for students with autism. A second informant expressed concerns about the lack of long-term care services, including adequate wages for direct care staff. This same informant was also concerned about rehab agencies not being able to serve persons with complex, significant disabilities and an overall lack of outreach to the autism community. Multiple informants reported significant barriers in accessing services due to a lack of transportation options. Furthermore, informants reported incongruence in both the availability and quality of services across counties, and that funding cuts at the state level have significantly impacted ASD services and programming. Specific subpopulations that have been particularly affected by inadequate supports and resources are children and families, and individuals with autism (without co-occurring intellectual disability) who don't fit within typical ASD services and don't qualify for other disability-related services.

Need to Educate Employers. Various topics emerged related to educating employers. First, multiple informants described a need to educate employers about how to navigate social-communication exchanges with persons with autism. Second, informants noted a need to educate employers about how to utilize accommodations and external supports and resources available to them. Third, informants indicated a need to educate employers about job matching strategies, benefits to their bottom line when hiring neuro-diverse employees (e.g., productive, detail oriented, reliable), and how to apply universal supports and design across employment settings.

Lack of Customized Employment Strategies. Four subtopics were discussed by informants that each speak to a lack of customized employment strategies for the autism community. For example, one informant stated that there are very few evidence-based transition practices for youth and young adults that focus on the discovery process and customized employment strategies. Another informant expressed concerns about mismatches between families, advocacy agencies, and transition professionals regarding how youth and young adult's career should develop, noting that career development and progression requires incremental goal attainment that begins by scaffolding short-term career goals. Two informants additionally stressed the need for more job carving strategies, with an emphasis on carving out niche jobs that match the strengths, talents, and skillsets of individuals with autism.

Difficulty Navigating Systems. Multiple informants discussed how navigating multiple systems is extremely difficult for individuals with autism and their families. More specifically, informants stated that families struggle with navigating different systems because systems operate differently and often have varying expectations, required documentation, communication strategies, entitlement versus eligibility requirements, etc. An informant from an advocacy organization reported that families often express uncertainty about how to initiate disability services in school settings for their child with autism. Another informant indicated that high staff turnover across agencies negatively impacts both the quality of services and a family's ability to navigate multiple systems efficiently.

Lack of Collaborations Across Agencies. Informants reported that, in general, there needs to be more collaborations across systems to improve the same messaging to the public and reduce the risk of working against each other.

Individuals with Autism: Strategies and Recommendations.

Collaborate with Other Agencies. Numerous current collaboration strategies were reviewed by informants. For example, multiple informants cited the Michigan Interagency Transition Team (MITT), a collaboration across several agencies that is developing a statewide transition plan (e.g., decision tree, map of services) for students in high school and their families so they will know what options they have as the student transitions into adulthood and develops the necessary life skills to succeed beyond their high school experiences. Systems-level collaborations were cited by numerous informants as a strategy to leverage resources and funding to more efficiently meet the needs of the autism community; these type of collaborations are occurring between employers, MRS and BSBP, Workforce Development, Department of Corrections, Veterans Affairs, Department of Education, advocacy groups (e.g., Autism Alliance

of Michigan), colleges/universities, Developmental Disabilities Council, etc. Specific collaborations were also cited as particularly effective, namely vocational rehabilitation being more present on college and university campuses (e.g., autism programming between Western Michigan University and MRS, and the Careers Collaborative programming between Michigan State University and MRS). Project SEARCH programs (19 sites statewide) was also discussed as a successful collaboration between intermediary school districts, MRS, and employers. An informant from an autism advocacy group reviewed a variety of successful collaboration strategies, including working with board members to develop opportunities, collaborating with media for positive messaging, coordinating a variety of community-based events, and helping to connect individuals and families to service systems.

Provide Individualized/Customized Supports. Informants discussed a variety of effective individualized support strategies. The most reported successful strategies were (1) peer mentoring programs across K-12, post-secondary, and employment settings, (2) positive behavioral supports, (3) on-site job coaching, and (4) utilizing natural supports in the community and at job sites. Expanding on these successful strategies, one informant also noted that universal supports have been effective throughout intermediary school districts she provides consultation and technical assistance to (e.g., applying functional communication systems, visual supports, and self-management systems across environments). Another informant stressed the importance of supporting families and students with autism with wraparound services where each agency works directly with them and all meetings are attended by cross-agency representatives. Specific to employment-related strategies, informants indicated customized employment strategies and having highly qualified volunteers supporting pre-employment phases were important strategies. Lastly, an MRS informant described how implementing one-on-one orientations, individualized programming that begins at intake, and ensuring the customer is involved in all decision-making throughout every step of the process has contributed to stronger working alliances between consumers and VR counselors.

Provide Comprehensive Training. Social, communication and employability skills training as well as sexual health education were described as important components of comprehensive training strategies. One informant indicated these strategies are particularly effective when funding is available through public agencies. Another informant shared that work-based learning experiences and job development have been successful in helping students explore their emerging interests. Specific training programs were also highlighted by several informants, including: (pre)apprenticeship programs, Michigan Career and Technical Institute (MCTI), UCLA-PEERS (social skills training), Project SEARCH, and SHARE (Sexual Health and Relationship Education).

Provide Education and Training to Professionals. Promising and successful strategies that were described include: providing IDEA training to staff at all levels across school districts throughout the state; administrators across systems communicating and developing programs for respective One-Stop Job Center workforces to identify and assess needs early-on prior to referring to VR programming; delivering trainings in groups and web-based platforms to minimize staff time and maximize resources; and educating new MRS staff about autism.

Develop and Implement Advocacy and Outreach Strategies. Examples of successful advocacy and outreach strategies include: getting involved in the community with service clubs; business-after-hours events; employer outreach; contributing to ongoing community development efforts; fundraising to compensate for reimbursement limitations; bringing information to families through fairs, webinars, in-person trainings, and student- and parent-focused events; networking; and using technology and social media.

Individuals with Autism	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Staff with Autism Training and Expertise • Inadequate Life Skills Training • Inadequate Supports and Resources • Need to Educate Employers • Lack of Customized Employment Strategies • Difficulty Navigating Systems • Lack of Collaborations Across Agencies	• Collaborate with Other Agencies • Provide Individualized/Customized Supports • Provide Comprehensive Training • Provide Education and Training to Professionals • Develop and Implement Advocacy and Outreach Strategies

3. **Cultural Minorities:** Eleven key informants identified individuals from cultural minorities as an un/underserved population.

Cultural Minorities: Issues/Unmet Needs

Lack of Culturally Sensitive Services. Key informants indicated that traditional service models do not work for individuals with specific cultural backgrounds. Key informants also expressed concerns about providers not applying culturally sensitive practices (e.g., ways of communicating, understanding the culture of time, cultural norms, etc.) and recognizing that developing rapport and building trust with consumers from cultural minority populations takes time. More specifically, one key informant suggested that not enough service systems operate outside of standard business hours. Two key informants reported issues with assessments and psychological evaluations that are not culturally sensitive and do not take into consideration the consumer's cultural norms. Two informants additionally cited a lack of trauma-informed training and practices across service systems. As a result of the negative effects of not applying culturally sensitive service models, key informants indicated that many consumers from cultural minority populations (a) terminate services prematurely and (b) continue to mistrust and be skeptical about working with government agencies. One key informant further suggested that persons from cultural minority populations may more frequently seek services through faith-based and/or ethnicity focused organizations.

Difficulty Accessing Services. Key informants reviewed the difficulties in accessing appropriate resources and services for many individuals in the cultural minority populations; this was reported as a result of braiding different cultural perspectives on seeking assistance with a lack of outreach and awareness of service options as well as issues with geographic barriers that

limit access to services. For example, one key informant cited that for various communities (e.g., Native Americans) living in the Upper Peninsula, they have to travel long distances to receive services. Another key informant explained that there are generations of poverty that live in regions with the least resources, and especially salient with Native American communities, state agencies continue to be the least accessible. A third key informant indicated there are not enough liaisons between state agencies and cultural minority communities. Lastly, an informant stated that although MRS representatives attend different community events and organizations to present about services, there continues to be gaps in how people from cultural minority communities access service systems.

Communication/Language Barriers. Communication and language barriers were identified as issues due to clients from cultural minorities not speaking or having minimum understanding of the English language. A key informant described how language barriers are evident in skill assessments that are only offered in English and can lead to skill discrepancies and determining appropriate services to support goal attainment. Another key informant expressed concerns about numerous underemployment issues that result from language barriers and lack of qualified interpreters.

Difficulty Transferring Education and Training to U.S. Workforce. Key informants described the difficulties for immigrant and refugee populations transferring their education and training to the U.S. workforce. For example, multiple informants indicated that the MRS system struggles to provide appropriate support for these individuals, and especially immigrants and refugees with terminal degrees (e.g., doctors, lawyers). Informants further described the challenges that immigrants and refugees experience in trying to prove their previous employment experiences, and as a result, these individuals are often underemployed in-service industry jobs.

Cultural Minorities: Strategies and/or Recommendations

Develop Liaisons with Other Agencies. Numerous informants cited their relationships with MRS staff and how representatives from community agencies and MRS meet regularly to share respective programmatic updates. One MRS informant reviewed how WIOA legislation has helped to strengthen cross-agency collaborations with core and strategic partners. Another key informant discussed the benefits of having a tribal liaison who is a member of the Native American community to help build trust and positive working relationships between tribal members and government agencies. This informant also reviewed Hannahville Works (a collaboration between the tribal community and MRS) that helps tribal members successfully transition back into the community after participating in in-patient treatment or having been involved with the legal system.

Engage in Advocacy and Outreach. Multiple key informants described numerous successful results tied to advocacy and outreach strategies. For example, advocacy and outreach has positively impacted returning citizens reintegrating into their communities, making direct connections to businesses and industry, educating communities about VR services, and addressing needs (e.g., poverty, family dynamics, transportation) of cultural minority populations in school settings. 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. Hiring qualified interpreters or bilingual staff was identified as an effective strategy to deal with the language translation difficulties among Arabic and Hispanic populations and to facilitate community outreach.

Provide Professional Development Training. Key informants reported that professional development trainings have been successful strategies to mitigate the lack of culturally sensitive services. Additionally, one informant indicated having success with providing disability awareness trainings to businesses and industry.

Conduct Needs Assessments. Key informants reviewed how their respective agencies are conducting service- and training-related needs assessments to determine how to better address barriers and service gaps.

Cultural Minorities	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Culturally Sensitive Services • Difficulty Accessing Services • Communication/Language Barriers • Difficulty Transferring Education and Training to U.S. Workforce	• Develop Liaisons with Other Agencies • Engage in Advocacy and Outreach • Provide Professional Development Training • Conduct Needs Assessments

4. **Returning Citizens Post-Incarceration:** Eleven key informants reported that returning citizens post-incarceration are an un/underserved population in Michigan.

Returning Citizens Post-Incarceration: Issues/Unmet Needs.

Unavailability or Lack of Housing. Numerous key informants reported that the unavailability or lack of housing for people in this population is a significant barrier. Key informants were unanimous in citing difficulties with securing housing that subsequently contributes to myriad basic needs not being met. Furthermore, informants indicated issues with few landlords accepting applications from people with legal histories, and with court restrictions, limitations on housing options is further compounded. One informant expressed concerns about the lack of supportive temporary housing options while people look for more permanent housing. Another informant explained that housing issues makes it difficult for service providers to maintain contact with and provide services to consumers.

Lack of Personal Capital. Key informants highlighted how returning citizens often struggle with developing personal capital and have limited access to resources that can help them successfully transition back into the community. Depending on the duration of incarceration, informants explained that returning citizens may be challenged with large gaps in employment

history, economic instability that contributes to poverty, pre-existing health and mental health issues that are not well managed, limited social and family supports, lack of soft skill development, difficulty maintaining employment, and challenges with changing unhealthy habits. Lack of personal capital was cited as contributing to difficulties with rapid engagement needed to reduce recidivism (e.g., obtaining employment or participating in skills training programs that support employability).

Lack of Community Services. Key informants expressed concerns about long waitlists for services and an overall lack of community services for returning citizens. More specifically, one informant explained how services to help adjudicated youth navigate various systems is lacking, especially when youth are relocated from one program to another and are in and out of systems. This informant further explained the difficulties with providing transition and vocational supports when youth are not fully integrated into the community while they are still connected to legal systems. Another key informant reported that inter-agency collaborations are inadequate when addressing the needs of this population. Furthermore, an informant discussed the employment challenges for people who have had long incarcerations and need enhanced assistance with identifying employment interests and transferable skills. Another key informant reported that lack of community services contributes to recidivism because issues are not adequately addressed and intervened sooner. Finally, key informants reviewed a lack of counselors with adequate skillsets and resources to support this population, citing a need for counselors who are specifically trained to address mental health and other disability-related barriers.

Negative Attitudes Towards People with Legal Histories. Negative attitudes towards people with legal histories were noted by informants as significant barriers to successfully transitioning back into the community. For example, an informant suggested that resolving employer bias due to legal histories is very difficult, and especially if the legal history is related to a violent or sexual offense. Another informant highlighted how fear impedes professionals' ability to provide unbiased, quality services. Two informants discussed public perceptions of persons with felonies and how this label contributes to apprehension for offering second chances and an overall devaluation as human beings.

Policies that Create Barriers to Employment. Key informants cited the following policy issues that create barriers to employment for the returning citizen population: lack of funding for public mental health systems to adequately address consumer needs and reduce incarceration rates; lack of resource navigators to support returning citizens across systems; probation requirements that limit travel to different communities required by employers or limitations to travel to other communities to find work; and court-orders to find immediate employment upon release without consideration of the time and resources involved in developing employability skills (e.g., training on soft skills, professionalism, resume and interviewing, etc.), and this is especially the case for returning citizens who have had long incarcerations.

Returning Citizens Post-Incarceration: Strategies and Recommendations.

Collaborate and Promote Partnerships with Community Agencies. Two key informants shared that holding employment forums and awareness campaigns in the community have helped

link people with legal histories to individuals and agencies that can help with the transition process. In these engagements, discussions are centered on services available to returning citizens, stigma reduction, and provision of any information related to the transition process. One key informant reported partnerships with local organizations to help returning citizens acquire skill-based training (e.g. CDL, welding, manufacturing). Overall, key informants recommended an emphasis on supports to help expand social capital of returning citizens.

Focus on Individual Strengths. A successful strategy identified by key informants was focusing on individual strengths of returning citizens, which informants cite has helped improve self-efficacy and diminish self-doubt. One key informant further explained how changing their language (e.g., using the term "returning citizens") has helped adjust public perceptions so that individual strengths can be more recognized and appreciated. Oftentimes, finding employment helps a great deal with taking the negative attitudes and label off for someone with a criminal record. So, many of the services and discussions with members of this population focus so much on finding employment, receiving the skills or training required for employment, and then maintaining employment once it is achieved.

Develop Partnerships with Businesses and Landlords. Working closely with businesses has helped key informants better meet the needs of returning citizens. In addition, having a Memorandum of Understanding (MOU) between local businesses and service providers has offered opportunities to provide wraparound services in a timely manner. Key informants indicated other successful partnerships with businesses have included offering subsidized employment, the Work Opportunity Tax Credit, and fidelity bonding. Regarding partnerships with landlords, one informant reported their partnerships with landlords who are willing to offer tenancy to individuals with legal histories has helped reduce issues with housing for this population in their community.

Focus on Employment Services. One key informant shared that their Job Readiness Program includes job placement and job retention services which provides a holistic approach to their service provision. This agency's job placement services includes helping returning citizens obtain legal documents (e.g. birth certificate, social security card, driver's license or ID, etc.) and get connected with other services in the community (e.g. MRS, DHS, etc.). Their job retention services focus on ongoing supports to ensure returning citizens have the resources to be successful with maintaining employment. Another key informant reported focusing on transportation services (e.g., gas cards, taxi vouchers) as supplements to employment services.

Returning Citizens/Post-Incarceration	
Issues/Unmet Needs	***Strategies & Recommendations***
• Unavailability or Lack of Housing • Lack of Personal Capital • Lack of Community Services • Negative Attitudes Towards People with Legal Histories • Policies that Create Barriers to Employment	• *Collaborate and Promote Partnerships with Community Agencies*. • *Focus on Individual Strengths*. • *Develop Partnerships with Businesses and Landlords*. • *Focus on Employment Services*.

5. **Aging population:** Nine key informants identified older adults as an un/underserved population.

Aging Population: Issues/Unmet Needs

Lack of Awareness of Available Services and Resources. Not knowing the available resources and how to access services were indicated as a barrier for aging populations. One informant stated that older adults do not know where the resources are in general. Another informant also reported older adults do not know how to access resources that are already available in their community.

Challenges in Independent Living. Independent living was indicated as a barrier for aging populations. Key informants reported living situations can change as people age, so that accessible housing needs to be considered as a pivotal accommodation. However, key informants also reported that accessible housing is not affordable, which results in many older adults relying on help from their families or the community. Regarding this challenge, one informant stated that relying on families or the community can be problematic because of limited community resources and cases where families are not around.

Limited Service Providers and Lack of Resources. Limited service providers and lack of resources (e.g., health care, mental health, and psychiatric care) were identified as an issue for aging populations. One key informant reported many aging populations experience mental health issues such as anxiety, depression, and behavioral issues, but there are limited mental health providers to serve the population. Another key informant reported current service providers who serve aging populations are not sensitive to the uniqueness of this generation and seem to have difficulty in understanding the population's different perspectives and lifestyles.

Intersectional Discrimination. Intersectional discrimination was identified as a barrier for aging populations. A key informant reported that there are a prevalence of intersectional discrimination issues related to aging populations, disability, and race/ethnicity.

Unwillingness to Receive Services. Unwillingness to receive services was also identified as a barrier for aging populations. For example, a key informant reported a tendency of "proud populations" (e.g., older veterans) to not seek out services, which eventually led them to experience barriers.

Aging Populations: Strategies and Recommendations

Promote Available Services. Promoting available services to the population is identified as being effective strategies/recommendations by key informants. More specifically, representatives from a variety of agencies indicated that advertising, promoting, and coordinating available services for consumers were effective outreach strategies.

Develop Effective Programs. Developing effective service programs was the second dominating theme that key informants reported as both a proven strategy and a recommendation

for aging populations. One key informant who serves individuals with visual impairments stated that programs for older individuals with visual impairment are very limited compared to general senior programs. Thus, developing effective programs that meet the needs of this specific population should be considered. Another key informant reported an effective state job fair program that was developed in collaboration with different stakeholders and focused on strengths and talents of aging populations was an effective program for this population.

Aging Population	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Awareness of Available Services and Resources • Challenges in Independent Living • Limited Service Providers and Lack of Resources • Intersectional Discrimination • Unwillingness to Receive Services	• Promote Available Services • Develop Effective Programs

6. **Individuals with Blindness or Visual Impairments:** Nine key informants identified individuals who are Blind or have visual impairments as an un/underserved population.

<u>Individuals with Blindness or Visual Impairments: Issues/Unmet Needs</u>

Lack of Specialized Education and Services. Key informants indicated a need for more specialized education and training that focuses on functional communication skills, Braille literacy skills, independent living skills, mobility and travel skills, accessing the workforce, self-efficacy, and self-determination skills. Key informants especially emphasized how building independence should begin in childhood and adolescence, offering examples of folding their clothes and learning about the world of work as early as 6th grade. Key informants also emphasized the importance of ensuring that materials are more accessible to this population and especially to students in STEAM fields (e.g., 3D printing, accessible ways to do mathematics, etc.).

Key informants also expressed concerns about the lack of exposure to opportunities and specialized services available to persons who are Blind or have visual impairments, and this was particularly highlighted for persons living in rural areas who may have to relocate to a more accessible community. One informant specifically discussed how many persons with newly acquired blindness or visual impairments don't know where to go to access services. Informants additionally indicated a need for more job development, job readiness, and career advancement opportunities.

Issues with Accessing Technology. Key informants reviewed how the world is becoming more visual and how technology is changing rapidly. Although informants reported many benefits of technology and how advancements have helped persons who are Blind or who have visual impairments, they also expressed several concerns, including: apps that do not include accessible features, inaccessible software programs, not including persons with visual

impairments in designing technology and universal design systems, high costs of technology that are prohibitive, and unequal access to digital material for students with visual impairments.

Insufficient Transportation Systems. Key informants expressed concerns about issues with transportations systems that are contributing to a reduction in independence and an increase in isolation for this population. For example, one informant reported a lack of mobility training programs, limited route availability both locally and interstate, and structural and architectural barriers that make navigating sidewalks and crosswalks difficult. Another informant discussed difficulties in accessing transportation systems because Greyhound and Amtrack routes are being consolidated and private options, like Uber and Lyft, can be costly. A third informant indicated that accessing public transportation systems can be difficult due to multiple transfers that extend the amount of time to the destination.

Inadequately Trained Personnel. Key informants expressed concerns about the lack of professionals with niche expertise to adequately serve this population, especially in communication strategies like braille, relay services, sign language, and interpreting services. One informant specifically mentioned a need for more job coaches with specialized training in sensory related impairments. Two informants additionally reported challenges with cross-discipline coordination because many professionals lack adequate training and do not understand Blind and visual impairment issues.

Individuals with Blindness or Visual Impairments: Strategies and/or Recommendations

Provide Targeted Programming. Key informants stressed the importance of focusing on long-term, comprehensive skill development programming delivered in home settings or training centers with small student-teacher ratios. One key informant specifically highlighted the Kalamazoo training center as an example of a model program. Another key informant reviewed BSBP programming that focuses on specific skills (communication, independent living, activities of daily living, assistive technology) while utilizing community partnerships for other specific programming outside BSBPs expertise. A third informant reviewed successful strategies that include providing supports to families and offering annual retreats for children with visual impairments.

Provide Professional Development Training. A key informant reviewed successful strategies of utilizing subject matter experts to provide education and training to their staff, providing training on Motivational Interviewing skills, and offering technical assistance to customized employment programs.

Individuals with Blindness or Visual Impairments	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Specialized Education and Services • Issues with Accessing Technology • Insufficient Transportation Systems • Inadequately Trained Personnel	• Provide Targeted Programming • Provide Professional Development Training

7. **Individuals with Mental Illness and/or Substance Abuse Disorders:** Nine key informants identified people with mental illness and/or substance abuse disorder as an un/underserved population in Michigan.

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

Lack of Mental Health Services. Several key informants reported that mental health services are severely lacking for this population. Reasons for this lack stem from geographic concerns, lack of community supports, limited options for providers and inadequate treatment, and comorbidity concerns related to mental illness and/or substance abuse disorders.

Negative Attitudes Towards People with Mental Illness. Key informants explained that people with mental illness and/or substance abuse disorders have difficulty obtaining employment due to stigma and negative attitudes from future employers. In addition, one informant noted how people in this population also experience negative attitudes about themselves being a person with mental illness and/or substance abuse disorder which greatly limits them from accessing services in the community. Another informant further reported that this population does not seek treatment early on because of the stigma associated with this disability.

Lack of Psychoeducation Services. A key informant mentioned that not knowing what mental illness is and how it affects day-to-day life is a challenge for this population. This informant explained that, oftentimes, people in this population do not seek help for their mental illness until they're in a "crisis state" and by that time, it could be almost too late to help. Another informant suggested that others experience an ongoing fear about being prescribed drugs by physicians while having a personal history with drug abuse, and that there is a lack of understanding how certain legal drugs affect the body. In addition, a third key informant reported a lack of sexual and intimacy education for this population, and a forth informant reported that many people in this population believe that they are ineligible to apply for jobs if they have a history of mental illness and/or substance abuse disorders.

Lack of Health Services. Key informants suggested challenges with accessing adequate health services. In particular, one key informant expressed a lack of services to help mothers with mental illness and/or substance use disorder understand how substances affect prenatal development. Another key informant recounted that there is a lack of healthcare providers that will treat people with mental illness and/or substance abuse disorder due to not accepting publicly funded insurances (e.g., Medicaid). As a result, this informant explained that many people in this population receive no treatment or intervention to mitigate the limitations of their disability.

Lack of Personal Advocacy. Concern regarding inability to properly articulate personal needs was reported by four key informants. Two informants highlighted how this makes it difficult when talking to potential employers about accommodations or, simply, what they are looking for in a job. Another informant discussed how there are also people with mental illness and/or substance abuse disorders who rely on their parents to advocate for them; however, when

this parent is no longer able to do so, people with mental health and/or substance abuse disorders are challenged with needing to advocate for themselves. In addition, another informant suggested that this population experiences challenges with speaking to their healthcare providers about medication and medication management due to misperception about licit drug use.

Lack of Personal Disability Management. Key informants recounted that people with mental illness and/or substance abuse disorders are challenged with managing their disability symptoms. For example, one informant suggested the population lacks awareness of when symptoms exacerbate and would require intervention or treatment from a physician or mental health providers. Another informant indicated general unawareness in the population about how healthcare and mental health services play a role in their recovery and treatment which further adds to difficulties with disability management. One key informant expressed that self-denial could explain the lack of desire to seek services to help manage disability symptoms.

Issues Concerning Staff and Providers. Numerous 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. An informant described how people in this population are not assessed properly which contributes to a lack of services provided to this population. 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. Furthermore, key informants suggested that many professionals lack sufficient understanding of how mental illness symptoms impact people's jobs and their ability to maintain their jobs.

Disconnect Between Policy and Service Delivery. Key informants expressed concerns regarding specific policies implemented by CMH that negatively affect consumers who are not community work-bound. One key informant specifically stated that without CMH funding there are very limited community involvement options for this subpopulation. As a result, this subpopulation is hesitant to return to programming for fear their funding will be eliminated again. In addition, the trend of privatized mental health programs affects the quality of services provided to this population because many of these organizations follow an economic business model instead of a consumer-driven model.

Individuals with Disabilities Having Limited or No Work History and/or Not Addressing Co-Occurring Conditions. Limited or no work history was identified by key informants as a barrier for people with mental illness and/or substance use disorders. Gaps in employment make it challenging for people in this population to find employment. For example, a key informant reported that employers' "trust factor" becomes an issue when they see gaps in employment, but this informant also noted that fidelity bonding and outreach to help educate employers has shown promise in reducing stigma and negative attitudes regarding employment gaps.

Key informants indicated that un- and underdiagnosed co-occurring conditions impact mental illness and/or substance use disorder symptoms which makes it difficult to effectively treat all conditions. One key informant further identified that some children and youth display symptoms that go undiagnosed because they are masked by other impairments and symptoms. Another key informant reviewed challenges in finding adequate treatment for both mental illness and

substance abuse disorders often because symptoms from one condition mask symptoms from the other condition.

Other Issues. Other issues discussed by the key informants pertain to lack of support after finishing school, lack of assessment services, homelessness, lack of funding to increase services, and lack of support system.

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

Collaborate with Community Partners. Collaboration with various agencies in the community was identified as a successful strategy for serving people with mental illness and/or substance abuse disorders. Examples of these partnerships include schools and colleges, businesses and employers, and health network agencies. One key informant stressed the importance that these collaborations are intentional, while another informant suggested that providers be willing to reach out to develop community collaborations as well as create opportunities to educate employers about this population's potential for positively contributing to their businesses.

Develop Stronger Working Alliances. Key informants stressed the importance of the working alliance, especially at intake as it sets the tone of the relationship, and how strong working alliances help people with mental illness and/or substance abuse disorders reach their goals. Key informants further described how being proactive, ensuring that all parties are engaged, and providing relevant services have helped to promote the working alliance with this population.

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 specifically reported success with exploring students' emerging interests using work-based learning experiences and job development services while using a trauma-informed practice throughout the process to be sensitive to the client's own experiences and background. In addition, another informant highlighted successes with incorporating client-specific concerns and needs throughout the decision-making process.

Expand Funding. Key informants recommended an expansion of funding for mental health services so that people in this population receive the services they need to be successful. One key informant from a community rehabilitation program suggested that community and family advocacy at the state level may help address reduced funding issues for this population.

Provide One-on-one Job Coaching. Key informants identified that job coaching supports for people with mental illness and/or substance abuse disorders have been helpful for maintaining employment. The successful job coaching services reviewed by informants tended to be one-on-one and on-site which informants indicated provide quality support, structure, and individualization for people in this population.

Expand Successful Programs. Key informants recommended expanding successful programs to help people with mental illness and/or substance abuse disorders. Specifically, developing ways to empower people such as an introductory course in college that focuses on setting a vision, healthy friendships, celebrating successes, positive role models, and developing practical ways to focus on attitude, health, eating and sleeping habits, exercise, and responsible use of technology. Another key informant suggested the Young Adult Project in Washtenaw County which provides wraparound services to youth and their families and is based on the case manager model. A third key informant who works in a school district described their successful "parachute services" that help with coordinating cross-agency services and activities for students and their families. This approach enables the school district and community agencies and organizations to work closely and directly with the families and students as all parties are represented during meetings and enables smoother service coordination and promotes accountability from all agencies involved.

Individuals with Mental Illness and/or Substance Abuse Disorders	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Mental Health Services • Negative Attitudes Towards People with Mental Illness • Lack of Psychoeducation & Health Services • Lack of Personal Advocacy & Disability Management Skills • Issues Concerning Staff and Providers (e.g., lack of expertise, high turnover) • Disconnect Between Policy and Service Delivery • Individuals with Disabilities Having Limited or No Work History and/or not Addressing Co-occurring Conditions.	• Collaborate with Community Partners • Develop Stronger Working Alliances • Address Client-Specific Concerns and Needs • Expand Funding • Provide One-on-one Job Coaching • Expand Successful Programs •

8. **Individuals with Disabilities in General:** Nine key informants identified individuals with general disabilities, including multiple disabilities, as un/underserved population.

Individuals with Disabilities in General*: Issues/Unmet Needs.*

Limited Service Providers and Resources. Limited number of service providers and resources was identified by key informants as the most dominating barrier of individuals with multiple disabilities and/or general disabilities. Representatives from various agencies reported that individuals with multiple disabilities and/or general disabilities have different levels of abilities and therefore have different levels of performance capacity. However, due to the limited numbers of service providers and lack of available resources, appropriate levels of supports and/or services are not provided.

For example, one key informant reported the extreme shortage of direct support professionals that limit program and service expansion for individuals with multiple disabilities and/or general disabilities. Another key informant reported that various needs of individuals with multiple disabilities (e.g., vision impairment with other disabilities) are not being addressed adequately because secondary disabilities are not taken into consideration when assessing needs, barriers, and functional limitations. This informant further indicated concerns of not enough qualified service personnel coupled with limited resources and professional development which lead to a lack of understanding to adequately serve individuals with multiple disabilities and/or general disabilities.

Regarding employment services and resources, an MRS representative reported that although customized and supported employment are helpful and needed for individuals with multiple disabilities and/or general disabilities, these supports are often not available. A key informant from a CRO additionally reported that higher success rates of employment would be promoted if there was enough time to focus on employability skills (e.g., soft skills, professionalism, resume and interviewing, etc.) for this population. Another informant discussed the issue of limited adult services and vocational exploration for young adults between the ages of 22-26 who are in out of school systems.

Regarding mental health services and resources, a key informant reported the increasing needs for more mental health service providers who understand psychosocial adjustment and adaptation, but according to this informant, mental health counselors with this skillset are limited.

Regarding services and resources in school settings, a consultant for school districts reported a lack of services for individuals with multiple disabilities and/or general disabilities in school systems; this informant specifically expressed concerns about the lack of transition planning information and services available to students and families.

Lack of Public Awareness. Key informants identified lack of public awareness as the second dominating barrier for individuals with multiple disabilities and/or general disabilities. A key informant reported that, in general, there's a public assumption that individuals with multiple disabilities "can't do" and that this perception creates significant barriers for the population. Additionally, another key informant discussed that individuals with multiple disabilities and/or general disabilities are still marginalized even though there are more jobs available. Another key informant also reported this population has historically had limited employment opportunities due to predetermined/prescriptive paths.

Lack of Collaboration Among Service Providers. Lack of collaboration among service providers was identified as a barrier for individuals with multiple disabilities and/or general disabilities. One key informant addressed that different agencies and organizations need to work together and communicate regularly in order to provide more efficient services. However, there is a lack of collaborations which causes consumers to experience service disconnections.

Lack of Awareness in Available Services and Resources. Lack of awareness in available services and resources was also identified as a barrier for individuals with multiple disabilities

and/or general disabilities. A key informant reported that due to changes in facility-based programming, parents of individuals with multiple disabilities and/or general disabilities are unsure of available services and programs that exist in community settings, which can contribute to additional issues such as unemployment and behavioral problems.

Individuals with General Disabilities: Strategies and Recommendations

Collaborate with Community Partners. Developing interagency collaboration and community partnerships was the most dominating theme that key informants reported as being impactful for individuals with multiple disabilities and/or general disabilities. Collaboration was described by numerous representatives as developing positive partnerships and consultative relationships with state agencies, school districts, private businesses, community providers, advocacy groups, and consumers and their families. Key informants indicated these partnerships will make differences in helping consumers to ensure that the consumer is being guided to the right resources and right programs.

Provide More Training to Consumers and Professionals. Educating consumers, employers, service providers, and communities was identified by key informants as the second dominating theme for effective strategies and recommendations for individuals with multiple disabilities and/or general disabilities. An informant indicated that professional development training for staff can be an effective way to overcome existing barriers and it strengthens the connection between service systems and field practice. On the consumers' end, providing short-term training (e.g., CNA and Comptia) has helped improve their wages and skills while still being able to participate in other important life events and activities.

Develop More Programs. It was recommended to develop more programs for individuals with general/multiple disabilities. One key informant reported that K-12 school districts are currently in the process of developing an "intervener" position who is trained to work individually with students experiencing deaf-blindness to build as much independence as possible. In addition, another key informant reported the importance of developing programs to help teachers learn about community services and resources for individuals with multiple disabilities and/or general disabilities.

Individuals with Disabilities in General	
Issues/Unmet Needs	***Strategies & Recommendations***
• Limited Service Providers and Resources • Lack of Public Awareness • Lack of Collaboration among Service Providers • Lack of Awareness in Available Services and Resources	• Collaborate with Community Partners • Provide More Training to Consumers and Professionals • Develop More Programs • Use Assistive Technology

Use Assistive Technology. A key informant suggested using assistive technology as an effective strategy for individuals with multiple disabilities and/or general disabilities. This key

informant specifically mentioned that with the development of technology (e.g., larger screens, GPS, voice assistant) and accessibility to internet, deaf and blind populations can more easily stay connected with society.

9. **Veterans with Disabilities:** Five key informants identified veterans as being an un/underserved population.

Veterans with Disabilities: Issues/Unmet Needs

Difficulty Accessing Service Systems. Key informants described multiple issues that contribute to veteran communities having difficulty accessing service systems. One informant described how many veterans are unfamiliar with the agencies and resources that are available in their respective communities. A second informant discussed challenges with maintaining contact with veterans due to relocation to less populated areas (e.g., the Upper Peninsula) where they may have to travel 2+ hours to the nearest VA center or outreach clinic. A third informant discussed challenges with maintaining contact with veterans due to homelessness or frequent moving between communities. This informant also expressed concerns about difficulties with cross-collaborations between MRS and VA-VR systems. A fourth informant explained there are siloed transportation programs in veteran services which limits options and negatively affects their ability to access the community. A fifth informant explained that some veterans experience 2-3 disability claim denials which contributes to them not pursuing other benefits, not accessing the appeals process, and an overall lack of trust in the process and support staff.

Not Enough Wraparound Services. Challenges with wraparound services that key informants cited include: vagueness about state and federal fiscal capacities so both funding sources can collaborate and coordinate without duplicating services, and limited supports and services especially for veterans who are also returning citizens.

Perpetuation of Stigma and Stereotypes. A key informant from the VA discussed how although there has been an improvement in employer attitudes about hiring veterans who are also returning citizens, stigma and stereotypes are still prevalent and especially when discussing mental health issues. This informant also discussed stigma and stereotypes that are prevalent within the veteran community regarding a reluctance report and/or seek services for a disability even if they are eligible, with veterans often stating that resources should be dedicated to other veterans.

Veterans with Disabilities: Strategies and/or Recommendations

Engagement with Multiple Partners. Numerous key informants cited their engagement with multiple partners, including: engaging with veterans to develop relevant programming and support networks; developing a Memorandum of Understanding (MOU) with Career and Technical Education (CTE) training programs; establishing a liaison position between MRS and VA-VR; Invest Vets programming where veterans and employers engage in monthly cultural exchanges; Veteran Community Action Teams (VCATs*)*, a community-engaged informational hub that disseminates and links veterans and their families to resources; and Veteran Treatment

Courts, an 18-month treatment program that supports veterans across a variety of areas (e.g., sobriety, parole/probation officers, mentors, VA health appointments, employment).

Develop Peer Support Programming. One key informant discussed the Buddy to Buddy program that focuses on the transition from active duty to the civilian community by linking individuals to volunteers who are themselves veterans to offer support, friendship, advocacy, and mentorship throughout the transition. Another informant discussed the UP Vet Serve program that offers peer supports and veteran-to-veteran contact throughout service delivery.

Veterans with Disabilities	
Issues/Unmet Needs	***Strategies & Recommendations***
• Difficulty Accessing Service Systems • Not Enough Wraparound Services • Perpetuation of Stigma and Stereotypes	• Engagement with Multiple Partners • Develop Peer Support Programming

10. **Individuals with Deaf-Blindness:** Six key informants identified Deaf-Blind individuals as an un/underserved population.

Individuals with Deaf-Blindness: Issues/Unmet Needs

Lack of Professionals with Deaf-Blind Training and Expertise. In general, informants described issues with professionals lacking specialized training to work with the Deaf-Blind community as well as lack of cross discipline coordination. One informant explained that persons with sensory impairments need to work with professionals who have niche expertise and who can provide comprehensive communication supports (e.g., braille, relay services, sign language, and interpreting services), but as another informant suggested, there are limited training programs that focus on Deaf-Blind needs. Additionally, informants indicated there are not enough counselors, educators, and job coaches who are trained in American Sign Language (ASL) and who understand Deaf culture and sensory impairments. One informant stated a need for more mental health counselors who understand Deaf-Blind issues and psychosocial adjustment and adaptation.

Lack of Access to Resources. Informants indicated that even though Deaf-Blind is a low incidence disability, there continue to be inadequate resources and appropriate evaluations for the population, and this was noted as especially being the case for students and youth with disabilities. Another concern expressed by an informant was the lack of inclusion of persons from the Deaf-Blind community in the design of technology and universal design systems.

Lack of Public Awareness. An informant reviewed the difficulties that Deaf-Blind persons experience with communication and independent living and how the general public overlooks the amount of information that is communicated and translated visually. There is a need to continually educate the public about Deaf-Blind conditions, developing inclusive opportunities, assistive technology applications, and adjusting the focus to emphasize abilities.

Inadequate Skills Training. An informant cited a lack of travel skill training and education about how to access the workforce.

Individuals with Deaf-Blindness: Strategies and Recommendations

Specialized Training. DB Central, a Deaf-Blind training and resource program at Central Michigan University, was described as a successful program offering both general and specialized statewide training related to Deaf-Blind issues. Another informant recommended that educators obtain Deaf-Blind endorsements, similar to teachers in the Oakland school district

Interagency Collaboration. An informant representing an advocacy organization for the Blind cited their collaboration with MRS as a successful strategy to addressing needs of the Deaf-Blind community.

Parent Advocacy. It was reported that advocacy from parents is a particularly effective strategy for establishing supports and programming for Deaf-Blind individuals.

Using Technology. A successful strategy described by an informant was using technology and GPS apps (e.g., the communication technology "I Can Connect") and then transitioning this technology to other adaptive equipment, like smoke alarms, etc.

Individuals with Deaf-Blindness	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Professionals with Deaf-Blind Training and Expertise • Lack of Access to Resources • Lack of Public Awareness • Inadequate Skills Training	• Specialized Training • Interagency Collaboration • Parent Advocacy • Using Technology

11. **Individuals with Deafness and Hearing Impairments.** Four 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. Informants described how serving the Deaf / hearing impaired communities requires a unique skillset and regular skills updating due to changing technologies. For example, one informant noted that some individuals who are placed in supportive living communities are surrounded by hearing neighbors and are being isolated because of language inaccessibility. A second informant suggested that, for individuals with multiple disabilities, service providers tend to prioritize one disability over another which makes it difficult for the individual to receive services that adequately address all their needs. A third informant highlighted concerns about teachers missing significant gaps for students who are Deaf / hearing impaired (e.g., lack of social skills, isolation, mental health symptoms). A fourth informant was concerned about the lack of CMH counselors and therapists with very little Deaf / hearing impairment training and who are unable to speak ASL. Finally, a fifth informant noted

that MRS and higher education staff at times have difficulty with understanding accessibility and accommodation needs of individuals who are Deaf / hearing impaired.

Lack of Qualified Interpreters. Multiple informants explained there is a shortage of qualified interpreters. One informant further indicated a lack of standards for qualifications with standards differing significantly across geographic regions.

Limited Advocacy and Outreach. Informants suggested there needs to be stronger advocacy for Deaf / hearing impairment issues. Examples reviewed by informants include: more advocacy and outreach for equitable access to programs for early childhood functional language development and MRS youth programming for students not in mainstream schools; advocacy for more visual aids, curriculum, and instruction; and advocacy for supporting individuals who want to go to schools for the deaf.

Reluctance (of the population) to Access Resources. One informant reviewed how persons experiencing hearing impairments are often reluctant to access and accept supports. Another informant explained that some parents experience denial about their child's co-occurring conditions and won't reach out for supports to address these secondary needs.

Individual with Deafness and Hearing Impairments: Strategies and Recommendations

Interagency Collaboration. Three successful interagency collaboration strategies were reviewed by informants. One informant said collaborations with Michigan Alliance for Families assisted with the successful delivery of programming for students attending Michigan School for the Deaf. Another informant from higher education cited collaborations with MRS to provide appropriate services and accommodations to students transitioning into the university community (e.g., conducting site visits to disability and financial aid offices, getting connected with staff and other students). A third informant reviewed collaborations with Gallaudet University to receive consultation on curriculum enhancements.

Community Outreach. An informant reviewed a strategy for community outreach that focused on shifting perspectives from employers, instructors, and consumers about understanding and utilizing various technologies across different settings.

Specialized Training. An MRS informant recognized how staff training on Deaf / hearing impairment issues improved service delivery to this population.

Individual with Deafness and Hearing Impairments	
Issues/Unmet Needs	***Strategies & Recommendations***
• Inadequately Skilled / Trained Staff • Lack of Qualified Interpreters • Limited Advocacy and Outreach • Reluctance (of the population) to Access Resources	• Interagency Collaboration • Community Outreach • Specialized Training

12. **Homeless Population with Disabilities:** Four key informants identified the homeless population as being un/underserved.

Homeless Population with Disabilities: Issues/Unmet Needs.

Lack of Wraparound Services. Informants reviewed several challenges that contribute to unavailable wraparound services. One of the challenges is a lack of funding to be able to provide adequate wraparound services; this is especially the case for nonprofit organizations. Barriers created by policy was another noted challenge as one informant indicated the requirement for consumers to provide a current address before a case can be opened limits the agency's ability to adequately serve the needs of the population. A third challenge is long waitlists for subsidized housing supports. A fourth challenge is limited access to consistent and long-term community living supports.

Lack of Affordable and Accessible Housing. Informants expressed concerns about ongoing issues with affordable and accessible housing, namely a lack of availability and long waitlists. One informant also highlighted the challenges that persons experiencing homelessness face when they also have a felony. He indicated a need for more temporary / transitional housing, landlords who are willing to rent to people with felonies, and community living support systems to help with managing activities of daily living.

Un/underdiagnosed Conditions. An informant cited issues with un- and underdiagnosed conditions that can contribute to ongoing challenges for the population.

Homeless Population with Disabilities: Strategies and Recommendations

Interagency Collaboration. An MRS informant cited successful interagency collaborations with Wagner-Peyser, Michigan Works, and Adult Education. Making direct connections with businesses and offering disability awareness trainings was also cited as a successful strategy. Another informant discussed successful strategies that included partnerships with local landlords (including those who rent to people with criminal and sexual offenses), subsidized housing programs, and public and nonprofit agencies.

Provide Wraparound Services. Informants cited strategies that contributed to successful wraparound services, including case management, individualized housing plans, income savings, employment supports, SSA application assistance, shelter diversion, critical time intervention strategies, basic needs assistance, and recuperative care.

Homeless Population with Disabilities	
Issues/Unmet Needs	***Strategies & Recommendations***
• Lack of Wraparound Services • Lack of Affordable and Accessible Housing • Un/underdiagnosed Conditions	• Interagency Collaboration • Provide Wraparound Services

13. **Other Groups:** The following sub-groups and their unmet needs or issues were discussed by a few key informants: individuals with learning disabilities (n=3), brain injuries (n=2), intellectual/developmental disabilities (n=2), and lesbian/gay/bisexual/transgender/queer [LGBTQ] (n=1).

Individuals with Learning disabilities

Lack of Paraprofessional Support. A key informant reported there is not enough paraprofessional support for K-12 classrooms to adequately meet the academic needs of students with learning disabilities.

Negative Attitudes Towards This Population. A key informant explained that despite the fact that their agency works with people with disabilities, their behavior specialists still have negative attitudes and stigma towards people in this population and their ability to work.

Difficulty Obtaining Resources. A key informant described how difficult it is for parents of students with learning disabilities to obtain necessary resources for their child to be academically successful. In particular, this informant explained that school systems can be resistant to offering support and to providing referrals to MRS Services and that a lack of innovation and creativity exists within service delivery systems.

Strategies and recommendations for this group are as follows:

Collaborate with Other Agencies. A key informant cited the Michigan Interagency Transition Team (MITT) as a successful statewide collaboration approach for students with learning disabilities. The same informant additionally recommended a stronger collaboration between the Office of Special Education within the Michigan Department of Education and other agencies, such as BSBP and MRS, to address the needs and best options for students with learning disabilities.

Improve Counselor Process in Service Provision. A key informant described how adjustments to the introduction of MRS services from public orientations to individual orientations was a beneficial strategy for this population, especially with individualized programming and working alliance development beginning at intake. This informant further stated that individualized programming greatly helps to make service provision more relevant to the client because it helps to ensure that clients are always involved in the decision-making process throughout the entire VR process.

Individuals with Brain Injury

Lack of Financial Support. Key informants commented on the lack of funding and financial support for people with brain injuries. Treatment authorized by healthcare insurances tend to be exhausted. Additionally, there are limited available options to lower costs which results in discontinuity of rehabilitative services.

Lack of Rehabilitative Services (e.g. PT, OT). Lack of Physical Therapy (PT) or Occupational Therapy (OT) services was reported as a significant issue for people with brain injuries. Key informants highlighted how people who, after receiving PT/OT services, return to the workforce or school are ill-prepared and not ready to engage in work or school activities. Furthermore, informants suggested that many people with brain injury do not receive long-term services for treatment after injury. One key informant specifically reported that cognitive and neurorehabilitation interventions are needed across the lifespan to ensure stability and disability management.

Unaddressed Brain Injury Diagnosis. Key informants stated that brain injury oftentimes is not treated as a primary disability because other disabilities are more prominent or are easier to address. One key informant expressed the possibility of brain injury diagnoses not being addressed during treatment and service provision. This key informant also speculated a potential under-diagnosis of brain injury throughout Michigan.

Lack of Insurance Coverage. Key informants highlighted how people with brain injuries tend to use up all their authorized PT or OT services while still requiring further rehabilitative services. One key informant reported that brain injury services often require time and that many people receiving services tend to require further treatment well beyond what is covered by their insurance.

Strategies and recommendations for this group are as follows:

Collaborate with Other Agencies. Key informants suggested that being intentional about cross-agency collaborations positively help people with brain injuries. Examples highlighted by informants include: talking to the school's financial aid department to ensure that students with brain injuries can maintain their school's financial aid, and talking to the Department of Health and Human Services to identify possible insurance options to supplement existing insurance coverage.

Suggest Lesser Course Load at School. Talking to students with brain injuries about reducing the number of courses at school was identified as an effective strategy by key informants. Informants further explained that members of this population may want to handle regular course schedules just like their peers, however, a reduced course load ensures that school responsibilities are met.

Provide Individualized Counseling. Key informants suggested that specifically tailoring counseling services to reframe the student's life situation positively affects adjusting to their disability. Informants further explained that students with brain injuries have a desire to be successful in school and using this desire to inform the counseling service helps to develop students' perspectives on what it means to be a student.

Be Present on School Campuses. Key informants suggested that the presence of a vocational rehabilitation counselor on college campuses helps to increase collaboration between vocational rehabilitation agencies and school departments. To ensure student success, informants further highlighted the importance of collaborations starting with providing services while at school and then later to providing services after graduation.

Conduct Agency Performance Assessments. Another effective strategy identified by key informants included gathering agency specific information and data to drive policies and procedures within the agency. One key informant shared that they have been able to improve their service delivery because they are closely involved in the agency and the agency's processes are informed by the results of the performance assessments.

Increase Advocacy. One key informant recognized that advocacy at community levels is important but expressed concerns about a lack of advocacy at legislative levels. In response, this agency has been proactive in advocating for the rights of people with brain injuries at the State Capitol in Lansing. This informant reported that maintaining conversations with legislators and policymakers about issues impacting this population has helped.

Individuals with Intellectual and Developmental Disabilities

Limited Service Providers and Resources. Limited service providers and resources were identified as an issue for individuals with intellectual and developmental disabilities. One key informant reported the following issues: not enough funding to provide services and support for individuals with intellectual and developmental disabilities; lack of professional training for practitioners and service providers; and limited numbers of direct service practitioners who serve the population.

Lack of Awareness of Available Services and Resources. Limited awareness regarding available services and resources was identified as a barrier for individuals with intellectual and developmental disabilities. A key informant from an advocacy agency reported there is little knowledge about available services for individuals with intellectual and developmental disabilities. This barrier was addressed by key informants as leading to additional issues such as lower employment rates and less employment opportunities for this population.

Service Gaps due to Limited Providers and Resources. A key informant addressed that individuals with intellectual and developmental disabilities are one of the populations that have been underserved for a long time. As a result, service gaps were identified as an inevitable barrier for the population. The key informant further reported that even though there is a regulatory movement towards community inclusion for individuals with intellectual and developmental disabilities, agencies are still challenged with doing "a good job" regarding service discovery and development. Regarding the current service gap barriers, the key informant reported, "services are not really there."

Strategies and recommendations for this group are as follows:

Collaborate with Community Partners. Collaborating with community partners is identified as being an effective strategy by key informants. Key informants indicated that promoting community involvement by including diverse stakeholders such as education coordinators, case managers, support coordinators, and employment specialists is recommended.

Educate Consumers, Employers, Service Providers, and Communities. Educating consumers, employers, service providers, and communities was a recommendation offered by key informants. An informant reported that in order to effectively advocate for individuals with intellectual and developmental disabilities, better understanding of the population is needed, which can be accomplished through more professional trainings and educating the community, employers, consumers, and service providers.

LGBTQ with Disabilities

A key informant indicated that counselors don't understand and/or assist this group of people, because they are uncomfortable with the situation, sometimes preconceived notions and that the counselors get uneasy when working with this population. Even though it may be currently invisible, the key informant urged that MRS should plan and provide adequate and comprehensive training sessions to staff to better help them when needed.

	Issues/Unmet Needs	Strategies and Recommendations
Individuals with LD	Lack of paraprofessional support Negative attitudes towards this population Difficulty obtaining resources	Collaborate with other agencies Improve counselor process in service provision
Individuals with BI	Lack of financial support Lack of rehabilitative services (e.g., PT, OT) Unaddressed brain injury diagnosis Lack of insurance coverage	Collaborate with other agencies Suggest lesser course load at school Provide individualized counseling Be present on school campuses Conduct agency performance assessments Increase advocacy
Individuals with I/DD	Limited service providers and resources Lack of awareness of available services and resources Service gaps due to limited providers and resources	Collaborate with community partners Educate consumers, employers, service providers, and communities
LGBTQ with Disabilities	Lack of prepared/educated professionals	Provide adequate education or training to agency staff

Future Trends

Thirty-seven key informants described a variety of future trends organized around five primary themes.

Technology. Informants described this theme as having both positive and negative considerations. The majority of informants considered technological developments to be positive, suggesting numerous general improvements as well as more specific improvements to

accessing the community and improving service provision. A smaller group of informants expressed concerns about technology negatively impacting accessibility for persons with disabilities.

Regarding general improvements, one informant mentioned how the same technology can benefit multiple groups of persons with disabilities (e.g., technological interventions used in the autism community also benefiting persons with cognitive impairment). Another informant suggested that technology increases the possibility of living independently, especially for individuals with sensory impairments. A third informant reviewed how automated vehicles will change the face of mobility and that designers are currently developing technology that is acceptable to all people across all abilities. Two additional informants discussed how technology (internet and smart phones) reduces isolation by offering a variety of networking opportunities as well as connection to a depth and breadth of knowledge.

Future Trends
• Technology • Education and Training • Partnerships and Collaborations • Implications for Systems • Transportation

Regarding accessing the community, one informant mentioned how technology can help reduce isolation for some populations in the state's geographically isolated regions (e.g., Native American and veteran communities living in the Upper Peninsula). Other examples included audio features on devices (e.g., smart phones, tablets, Alexa, Google Home, etc.), global positioning systems (GPS), and way-finding apps to transportation locations (e.g., bus stops) and within buildings.

Regarding improving service provision, informants noted technology being utilized for telehealth and tele-counseling exchanges and for case management systems in order to communicate more efficiently and facilitate improvements in information sharing. An MRS informant additionally suggested that equipping counselors with technology helps them to be mobile in order to provide services to a variety of communities.

Informants expressed a variety of concerns regarding technology negatively impacting accessibility. Several informants explained that as the world becomes more complex and visually driven, technology can actually compound these complexities instead of making the world more accessible. For example, informants explained that many websites are inaccessible, do not interact well with screen-readers, and are not adaptive and accessible across device formats. Furthermore, with rapid advancements in technology, online assessments and digital curriculum (textbooks and learning platforms) lag behind in accessibility making this content difficult to access for individuals with sensory impairments. And with communication being driven by visual formats, not only is braille transcription challenged to accurately represent what is portrayed visually informants also shared that access to materials for students in STEAM fields is imperative (e.g., 3D printing, accessible ways to engage with mathematics, etc.). Informants were also concerned with how complicated technology is becoming, the high learning curve required with newer technologies, the lack of integration across technologies, and the increasing costs associated with maintaining access to technologies. Lastly, an informant questioned the role that technology plays in contributing to increasing mental health problems.

Education and Training. Informants offered numerous perspectives on future trends in education and training that can be further understood across three subthemes: educating the public, educating persons with disabilities, and training needs and opportunities.

Informants suggested trends in providing information and education to the public about disability. As a result of these efforts, informants highlighted positive trends in people truly celebrating diversity, acceptance, community inclusion, and equitable opportunities for persons with disabilities. Additionally, an informant described trends in effectively informing the public about people experiencing homelessness with the goal of reducing stigma and negative stereotypes, including: community outreach to share information about organizations that serve homeless populations; interacting with Downtown Business Associations; having booths at fairs and community events; and working with media to share stories and increase awareness about issues and solutions.

Informants identified trends in education and training that is targeted to disability communities. For example, one informant suggested trends in providing benefits counseling and coordination. Another informant described trends in education and training that focus on addressing skill gaps in networking, effectively marketing individual strengths and talents, social-communication skills, health and wellness skills, building resiliency, finding positive role models, improving self-efficacy, and celebrating successes.

Training needs and opportunities was a third subtheme that emerged from informant dialogues on future trends. Regarding training needs, numerous informants stressed the importance of having well-trained staff but there continues to be lack of qualified professionals entering professions that serve persons with disabilities as well as currently practicing professionals who lack updated knowledge and skills to effectively serve different disability communities. For example, one informant expressed concerns about universities cutting funding for programs that focus on training professionals to work with disability populations. An informant from MRS indicated that not enough university programs in human services (outside of rehabilitation counseling) include disability topics in their curriculum. A third informant suggested that new career professionals entering school and rehab settings lack foundations in evidence-based practices and adequate preparation for what the real career entails, both of which contribute to higher rates of turnover and professional burnout. A fourth informant suggested there needs to be more disability-specific professional development opportunities for current staff. A fifth informant indicated a need for more disability-trained professionals in rural areas. In addition to these aforementioned concerns about training needs, multiple informants discussed the need for competency-based training that will offer direct support professionals and service providers in education, behavioral health, and private sectors recognized credentials for serving persons with disabilities.

Regarding future trends in training opportunities, informants cited a greater focus on having a credentialed workforce, which translates to more short-duration certificate and vocational training programs as well as postsecondary education opportunities. One informant reviewed how postsecondary institutions are developing programs for individuals with intellectual and developmental disabilities to participate in training and be part a part of the campus community

without needing to be a degree-seeking student. Specific to practicing counselors, informants suggested (re)training opportunities in trauma-informed practices, autism spectrum disorders, and evidence-based practice for psychiatric disabilities.

Partnerships and Collaborations. Informants described future trends related to the ongoing development of partnerships with businesses, state departments, and community organizations. Although collaborations have always existed, informants described the current and future focus is on improving and leveraging resources and funding, as exemplified by IDEA and WIOA legislation. Interagency partnerships and collaborations will streamline service efficiency by reducing redundancy across agencies and addressing unintended service gaps. However, as informants explained, the key to achieving this strategy is improved communication and coordination both within and between systems that is driven by a steadfast client focus and not solely funding focused. Informants further explained that interagency partnerships and collaborations positively impact various communities, including (but not limited to) returning citizens after incarceration, students and youth with disabilities, Native American communities, veteran communities, and the ageing population.

Implications for Systems. This theme is composed of four subthemes: employment impacted by the economy, legislation implications, service systems implications, and customized employment strategies. Multiple informants discussed how vocational trends are driven by the labor market and the strength of the economy. In other words, employers look for alternative talent pools (e.g., persons with disabilities, persons with legal backgrounds, etc.) when the economy is strong, but informants expressed concerns about a recession on the horizon which will adversely impact employment opportunities for persons with disabilities.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

CHAPTER V

CONSUMER SURVEY

PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY

Table of Contents

Table of Contents	V-1
Methods	V-2
Survey Instrument	V-2
Data Collection Procedures	V-3
Survey Participants and Data Cleaning Process	V-3
Consumer Survey Findings	V-3
Survey Participants	V-3
Perceived Agency Involvement & Level of Satisfaction	V-5
Participants' Relationship or Role to IWD	V-5
Perceived Level of Service Needs for IWD	V-6
Service Needs by Geographical Area	V-9
Secondary Students with Disabilities	V-12

CHAPTER FIVE

CONSUMER SURVEY FINDINGS

In order to identify unserved or underserved groups and their unmet needs of individuals with disabilities residing in Michigan, a variety of stakeholders (e.g., service agency staff, key informants) were surveyed or interviewed. In addition, the 2020 Comprehensive Statewide Needs Assessment (CSNA) project provided individuals with disabilities and their family or friends with an opportunity to participate in the consumer survey and share their opinions. This chapter reports the survey findings collected from Michigan residents with disabilities and their family or friends in relation to their service needs.

Methods

Survey Instruments

For the 2020 CSNA consumer surveys (i.e., individuals with disabilities, family/friends of individuals with disabilities), the CSNA committee members reviewed the survey instruments used in 2020 and provided some suggestions for modification. Project Excellence (PE) integrated all feedback and finalized the survey questions.

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

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

Data Collection Procedures

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

Using the *Qualtrics Survey Software*, the data were collected for over five months, from mid-September of 2019 to February of 2020. Several individuals also called PE and were able to complete telephone interviews with PE staff who vicariously entered the data into the online survey system for the consumers. The current report reflects two datasets pulled from *Qualtrics* on March 2, 2020.

Survey Participants and Data Cleaning Process

As of March 2, 2020, a total of 509 individuals with disabilities and 188 family or friends had participated in the survey and answered at least one of the service availability or need questions. Of those, 28 secondary students participated in the consumer surveys and 39 family members or friends completed survey questions for the secondary students and completed at least one of the additional questions. The secondary student data were separately analyzed and presented at the end of this chapter.

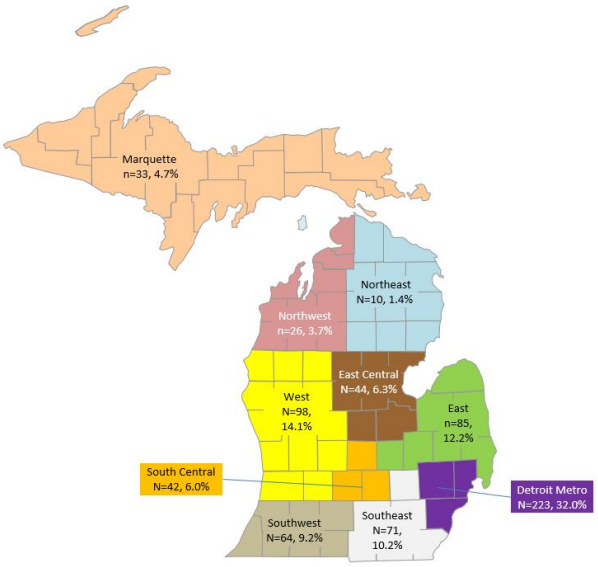
Consumer Survey Findings

Survey Participants

Geographic Distribution

The figure presents the geographic distribution of all 697 survey participants (i.e., individuals with disabilities [IWD], family/friends, students) by the Michigan Prosperity Region. Approximately one-third of the survey respondents (32.0%) were from Prosperity Region 10 (Detroit Metro Area). Two distribution characteristics should be noted: one participant did not provide their county information, and the overall distribution of survey respondents is similar to that of Michigan population, when employing the prosperity region system.

Geographic Distribution of All Survey Participants



Characteristics of Survey Participants

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

Of the 509 consumer survey respondents (i.e., individuals with disabilities), 64.2% were female and the majority were either White/European American (70.7%) or Black/African American (16.7%). Almost half of the respondents (46.8%) were between 41 and 64 years old, and 16.9% reported being younger than 26 years old. Representing approximately 72% of the survey respondents, the top five disability categories most frequently reported were: psychiatric disability (24.0%), multiple disabilities (22.2%), chronic illness (9.8%), orthopedic impairment (8.5%), and hearing impairments, including deaf-blindness (7.9%).

Characteristics of Survey Participants (IWD)

	Freq (N)	Percent (%)		Freq (N)	Percent (%)
Gender			**Type of Disabilities**		
Male	168	33.0	Blind/legally blind	16	3.1
Female	327	64.2	Other visual impairment	2	0.4
Other	7	1.4	Deaf or hard of hearing	40	7.9
Missing	7	1.4	Communicative impairment	1	0.2
Race/Ethnicity			Orthopedic impairment	69	8.5
Black/African-American	85	16.7	Neurological impairment	22	4.3
Latino/Hispanic	7	1.4	Chronic illness	50	9.8
White/European American	360	70.7	Learning disability	27	5.3
Asian, Native, Middle Eastern, Other	18	3.5	Psychiatric disability	122	24.0
Multiracial	34	6.7	Intellectual disability	12	2.4
Missing	5	1.0	Traumatic brain injury	14	2.8
Age			Autism spectrum disorder	26	5.1
<= 25	86	16.9	Spinal cord injury	14	2.8
26-40	153	30.1	Multiple disabilities	113	22.2
41-64	238	46.8	Other	3	0.6
>= 65	19	3.7	Missing	5	1.0
Missing	13	2.6			

Employment Status and Relevant Information

As indicated in the following table, over one-third of the respondents (n=184) indicated they were working in either full-time (14.1%), part-time (19.1%), or temporary/seasonal (2.9%) jobs while almost half of the respondents reported currently being unemployed but looking for work. Forty-four respondents (8.6%) checked “other” to the question about their current employment status, and many of them provided reasons they are not currently working, such as retirement, severe disability, and involvement in volunteer work or school (i.e., students).

Of the 183 participants who reported currently working and provided job-related information, the majority (approximately 8% and 10%, respectively) reported working either 11-20 hours per week or 36-40 hours per week.

With regard to hourly wage, the majority of the employed individuals (approximately 11% and 14% respectively) reported making between $8.00 and $11.99 an hour or $12.00 and $21.99 an hour. Only 5% of employed individuals reported earning $22.00 or more an hour.

Employment Status and Relevant Information

		Freq (N)	Percent (%)
Employment Status (n=509)	Full-time	72	14.1
	Part-time	97	19.1
	Temporary/Seasonal work	15	2.9
	Unemployed, looking for work	209	41.1
	Unemployed, not looking for work	69	13.6
	Other	44	8.6
	Missing	3	0.6
Hours Worked Per Week (n=183)	1-10 hours	31	6.1
	11-20 hours	41	8.1
	21-35 hours	31	6.1
	36-40 hours	55	10.8
	41 + hours	25	4.9
Hourly Wage (n=183)	Less than $7.40	20	3.9
	$7.41 - $7.99	9	1.8
	$8.00 - $11.99	57	11.2
	$12.00 - $21.99	71	13.9
	$22.00 or more	26	5.1

Previous Agency Involvement & Level of Satisfaction

A relatively high proportion of the respondents indicated that in the past three years they had received services from Michigan Works!, Community Mental Health, and Michigan Rehabilitation Services. When asked about how well their needs were met, 33.3%, 26.5% and 25.0% of the individuals with disabilities who had received services from MRS, MWA, and CIL/DN, respectively, marked “Not at all.” The dissatisfaction rates of the family/friend survey were 41.7% (CROs), 36.4% (CIL/DN), and 33.3% (MRS), respectively. Although dissatisfaction appeared higher from the family/friend survey, careful interpretation is necessary due to a smaller number of survey participants.

	IWD (n=481)			Family/Friend (n=113)		
	Received Services		Needs Not Met	Received Services		Needs Not Met
	Freq	%		Freq	%	
Michigan Rehabilitation Services (MRS)	66	13.7%	33.3%	34	30.1%	33.3%
Bureau of Svcs for Blind Persons (BSBP)	12	2.5%	16.7%	12	10.6%	25.0%
Center for Independent Living / Disability Network (CIL/DN)	20	4.2%	25.0%	11	9.7%	36.4%
Michigan Works (MWA)	83	17.3%	26.5%	45	39.8%	25.0%
Community Rehabilitation Organizations	22	4.6%	13.6%	13	11.5%	41.7%
Community Mental Health (CMH)	108	22.5%	22.2%	13	11.5%	33.3%

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

The survey for family/friends asked the participant’s role or relationship to IWD. Of the 188 survey respondents, 96 (51.1%) identified themselves in one type of relationship. The remainder

of the respondents indicated two or more roles/relationships, such as a family member and advocate. The biggest number of participants (n=151; 80.3%) identified themselves as a family member, followed by guardian (n=56), advocate (n=72), friend (n=56) and school administrator/teacher/staff (n=23) of IWD.

Perceived Level of Service Needs for IWD

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

The perceived level of service availability is presented for each stakeholder group and also compared between two groups. Results are presented below in a table format which includes the number of participants who responded 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, 425 individuals with disabilities elected to answer an employment question related to the availability of career or vocational counseling services in their community. Of those that responded, 60.5% (n=257) answered they did not know whether the services were available and 5.4% (n=23) perceived the career or vocational counseling services as unavailable in their community. It can be interpreted that the rest of the respondents (n=145; 34.1%) perceived the career or vocational counseling services were available for IWD in their local community. Due to the high "unknown" rate, the adjusted rate of unavailability was computed [23 / (145+23)*100=13.7%], which means 13.7% of the respondents who marked either "available" or "unavailable" perceived that the specific service was not available in their residential area.

It should be noted that the availability questions were not asked to secondary students (n=67); therefore, this section reports the responses of a total of 630 individuals (i.e., IWD=481; Family/Friend=149) who did not identify themselves or the target of their responses as a secondary student. It is worth noting the overall high rate of responses to "I don't Know" would indicate that the marketing or education of available services designed for IWD would be a priority.

<u>Employment Services</u>

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

percent of people indicated specific employment services that were not available: services for self-employment/small business**,** students and youth with disabilities, on-the-job supports and job retention.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Career or vocational counseling	425	105	60.5%	49.5%	5.4%	8.6%	13.7%	17.0%
Vocational assessment	424	105	63.2%	47.6%	5.2%	9.5%	14.1%	18.2%
Job training programs	425	103	61.4%	47.6%	5.4%	9.7%	14.0%	18.5%
Basic reading instruction	400	104	69.8%	56.7%	5.3%	7.7%	17.4%	17.8%
Help with completing a GED or other degree after high school	410	105	62.0%	47.6%	4.9%	2.9%	12.8%	5.5%
Help looking for work	424	105	51.7%	39.0%	4.2%	5.7%	8.8%	9.4%
Help getting a job	425	103	52.7%	46.6%	5.9%	5.8%	12.4%	10.9%
Long-term on-the-job help	420	105	66.7%	50.5%	7.9%	7.6%	23.6%	15.4%
Short-term on-the-job help	413	105	68.3%	54.3%	5.6%	7.6%	17.6%	16.7%
Follow-up support	416	104	68.3%	68.3%	7.9%	8.7%	25.0%	27.3%
Help keeping a job	420	103	66.4%	68.0%	8.1%	7.8%	24.1%	24.2%
Self-employment services	411	105	74.9%	75.2%	7.3%	6.7%	29.1%	26.9%
Help with the transition from high school to work	404	105	73.8%	56.2%	6.2%	9.5%	23.6%	21.7%

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

General Services

Compared to employment and other services, a higher proportion of the respondents perceived services related to general community involvement as not sufficiently available. Both the consumer and the family/friends of IWD indicated affordable child care, affordable and accessible housing, and legal services as the areas of primary concern. In addition, a high percentage of consumers with disabilities endorsed temporary disaster relief as an area that needs improvement. Furthermore, family/friends identified adult day care services as the service areas to be improved for IWD. It is important to note these findings were consistent with the results of the staff surveys.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Accessible public transportation	421	106	41.1%	22.6%	8.6%	17.0%	14.5%	22.0%
Accessible non-public transportation such as cabs and rental cars	412	104	53.2%	39.4%	16.3%	23.1%	34.7%	38.1%
Affordable accessible housing	417	107	56.4%	41.1%	18.0%	30.8%	41.2%	52.4%
Affordable child care	404	102	68.3%	59.8%	12.6%	20.6%	39.8%	51.2%
Affordable medical services	410	104	52.9%	43.3%	11.0%	14.4%	23.3%	25.4%
Affordable mental health services	417	104	51.3%	45.2%	13.2%	17.3%	27.1%	31.6%
Adult day care services	402	101	71.6%	61.4%	10.0%	17.8%	35.1%	46.2%
Affordable legal services	406	102	67.5%	67.6%	14.3%	16.7%	43.9%	51.5%
College and/or University	410	103	57.3%	38.8%	10.2%	16.5%	24.0%	27.0%
Temporary disaster relief	402	102	74.9%	69.6%	10.2%	9.8%	40.6%	32.3%

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

Independent Living Services

Based on the adjusted rates of unavailability, both stakeholder groups reported unavailability of assistance with finding affordable and accessible housing, locating recreation programs, and access to buildings and facilities in the community, work, or home. In addition, a higher proportion of consumers endorsed a lack of assistance with transitioning into the community from nursing facilities or group homes, whereas family or friends of IWD endorsed needs for supports to transition from school to adult life.

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Disability information and/or referral to resources	418	63	65.1%	68.3%	6.9%	14.3%	19.9%	45.0%
Help standing up for my rights and/or the rights of individuals with disabilities	410	61	69.5%	68.9%	9.0%	14.8%	29.6%	47.4%
Support to develop my skills to live independently	409	63	68.5%	66.7%	7.6%	17.5%	24.0%	52.4%
Connecting to other individuals with disabilities	404	62	70.8%	62.9%	8.7%	17.7%	29.7%	47.8%
Assistance to move out of a nursing home or group home to the community	397	63	78.1%	74.6%	7.1%	12.7%	32.2%	50.0%
Supports to transition from school to adult life	397	63	75.3%	71.4%	6.3%	19.0%	25.5%	66.7%
Assistance with accessing benefits	408	63	65.2%	61.9%	8.6%	20.6%	24.6%	54.2%
Assistance with accessing transportation	406	62	63.8%	58.1%	9.9%	21.0%	27.2%	50.0%
Assistance with locating recreation programs	403	64	73.0%	68.8%	10.9%	18.8%	40.4%	60.0%
Assistance with find affordable and accessible housing	410	63	67.1%	66.7%	11.0%	22.2%	33.3%	66.7%
Help with community, work, and home access to buildings/facilities	401	63	71.3%	71.4%	9.2%	17.5%	32.2%	61.1%

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

Other Services

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

	Valid N		I don't know		Unavailable		Adjusted Rate of Unavailability*	
	IWD	F/F	IWD	F/F	IWD	F/F	IWD	F/F
Low vision clinics and services	402	98	79.1%	72.4%	6.5%	16.3%	31.0%	59.3%
Orientation and mobility training	402	99	78.1%	74.7%	7.7%	11.1%	35.2%	44.0%
Adapted daily living skills training	398	98	77.9%	76.5%	7.8%	11.2%	35.2%	47.8%
Assistive technology support services (help with existing devices)	409	99	72.1%	65.7%	8.1%	20.2%	28.9%	58.8%
Assistive technology evaluations (help identify technology needs)	408	97	72.3%	67.0%	9.1%	18.6%	32.7%	56.3%
Training in assistive technology use on the job	410	99	74.6%	65.7%	7.8%	17.2%	30.8%	50.0%
Repair services for wheelchair and other accommodations	404	98	76.0%	70.4%	10.1%	16.3%	42.3%	55.2%
Language translators	406	98	71.4%	59.2%	7.4%	12.2%	25.9%	30.0%
English as a second language education programs	405	100	71.1%	62.0%	7.7%	13.0%	26.5%	34.2%
Sign language interpreters	406	100	70.7%	58.0%	7.4%	12.0%	25.2%	28.6%

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

Overall, both individuals with disabilities and their family or friends saw general services, independent living services and services for those with blindness or low vision as not available; in other words, those services were perceived as needed more in their community. For both groups, the most common services perceived as unavailable were: affordable accessible housing; affordable legal services; assistance with locating recreation programs; access to buildings and facilities in the community, work, and home; low vision clinics and services; orientation and mobility training; and adapted daily living skills training.

Service Needs by Geographical Area

Although the proportion of the survey participants, excluding secondary students, is similarly distributed in the 10 prosperity regions according to the MI population, the actual number of participants varied, ranging from 9 (Northeast) to 201 (Detroit Metro). Note that the overall adjusted rate of unavailability mostly reflects opinions of those from the three biggest regions (Detroit, East, West), which represents approximately 59% of the total survey participants.

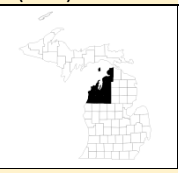
The figures below present the number of adult survey participants and the number and type of services endorsed by a relatively high proportion (using the cut-point of 40% of the adjusted rate of unavailability) of the survey participants by the Prosperity Region. Given the limitations of the data drawn from the small participant number, however, a cautious interpretation is recommended; specifically, it should be noted that the results were skewed from regions with a small number of survey participants (i.e., Northeast, Northwest, Upper Peninsula Regions).

Service Needs by Geographical Area

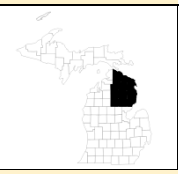
Michigan	
594	Number of Survey Participants, excluding Secondary Students
5	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Affordable legal services (45.1%), Affordable accessible housing (43.9%), Affordable child care (42.3%)
Reported by less than 25% of participants	Repair services for wheelchair and other accommodations (44.8%), Assistance with locating recreation programs (43%)

Region 1 (Upper Peninsula)	
27	Number of Survey Participants, excluding Secondary Students
11	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	English as a second language education programs (88.9%), Language translators (70%), Assistive technology evaluations (help identify technology needs) (60%), Assistive technology support services (help with existing devices) (60%), Training in assistive technology use on the job (55.6%), Sign language interpreters (55.6%), Affordable child care (50%), Affordable legal services (50%), Repair services for wheelchair and other accommodations (50%), Orientation and mobility training (50%), Adapted daily living skills training (50%), Low vision clinics and services (45.5%), Adult day care services (40%)

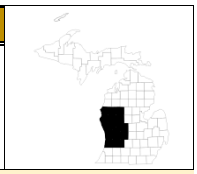
Region 2 (Northwest)	
24	Number of Survey Participants, excluding Secondary Students
15	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Affordable legal services (85.7%), Affordable accessible housing (71.4%), Affordable child care (62.5%), Follow-up support after job is secured (57.1%), Low vision clinics and services (50%), Help standing up for my rights and/or the rights of individuals with disabilities (50%), Assistance with find affordable and accessible housing (50%), Adult day care services (44.4%), Assistance with locating recreation programs (42.9%), Help with community, work, and home access to buildings/facilities (42.9%), Help keeping a job (42.9%), Help with the transition from high school to work (42.9%)



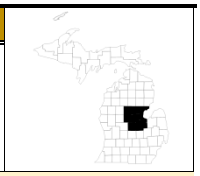
Region 3 (Northeast)	
9	Number of Survey Participants, excluding Secondary Students
24	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Repair services for wheelchair and other accommodations (100%), Accessible non-public transportation such as cabs and rental cars (75%), Affordable accessible housing (66.7%), Vocational assessment (50%), Career or vocational counseling (50%)
Reported by less than 25% of participants	Affordable child care (100%), Low vision clinics and services (100%), Help standing up for my rights and/or the rights of individuals with disabilities (100%), Assistance with find affordable and accessible housing (100%), Assistance with locating recreation programs (100%), Disability information and/or referral to resources (100%), Assistive technology evaluations (help identify technology needs) (100%), Training in assistive technology use on the job (100%), Assistive technology support services (help with existing devices) (100%), English as a second language education programs (100%), Sign language interpreters (100%), Affordable legal services (50%), Follow-up support after job is secured (50%), Help keeping a job (50%), Assistance with accessing transportation (50%), Connecting to other individuals with disabilities (50%), Assistance with accessing benefits (50%), Short-term on-the-job help (50%), Language translators (50%)



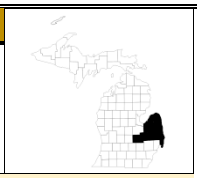
Region 4 (West)	
72	Number of Survey Participants, excluding Secondary Students
7	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Affordable legal services (68.4%), Affordable accessible housing (56.7%), Accessible non-public transportation such as cabs and rental cars (51.7%)
Reported by less than 25% of participants	Temporary disaster relief (53.3%), Assistance with locating recreation programs (50%), Affordable childcare (46.7%), Connecting to other individuals with disabilities (45.5%)



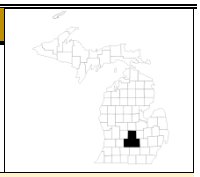
Region 5 (East Central)	
38	Number of Survey Participants, excluding Secondary Students
4	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Affordable childcare (45.5%)
Reported by less than 25% of participants	Affordable legal services (50%), Low vision clinics and services (50%), Adult day care services (50%)



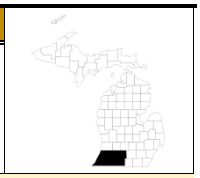
Region 6 (East)	
74	Number of Survey Participants, excluding Secondary Students
5	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Repair services for wheelchair and other accommodations (60%), Low vision clinics and services (47.4%), Adult day care services (42.3%)
Reported by less than 25% of participants	Adapted daily living skills training (46.7%), Orientation and mobility training (44.4%)

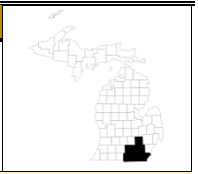
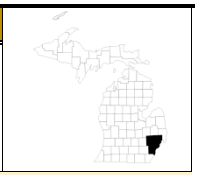


Region 7 (South Central)	
33	Number of Survey Participants, excluding Secondary Students
18	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Repair services for wheelchair and other accommodations (50%), Sign language interpreters (45.5%), English as a second language education programs (45.5%), Adapted daily living skills training (42.9%), Orientation and mobility training (42.9%), Basic reading instruction (40%)
Reported by less than 25% of participants	Language translators (41.7%), Low vision clinics and services (40%)



Region 8 (Southwest)	
58	Number of Survey Participants, excluding Secondary Students
14	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Accessible non-public transportation such as cabs and rental cars (57.7%), Adult day care services (47.1%), Affordable child care (41.2%), Affordable legal services (40%)



Reported by less than 25% of participants	Adapted daily living skills training (70%), Training in assistive technology use on the job (58.3%), Supports to transition from school to adult life (55.6%), Assistance with locating recreation programs (55.6%), Assistance to move out of a nursing home or group home to the community (50%), Assistive technology evaluations (help identify technology needs) (41.7%), Assistive technology support services (help with existing devices) (41.7%), Orientation and mobility training (40%), Low vision clinics and services (40%), Temporary disaster relief (40%)
Region 9 (Southeast)	
57	Number of Survey Participants, excluding Secondary Students
8	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Affordable accessible housing (43.5%), Affordable child care (41.2%), Assistance with locating recreation programs (40%), Assistive technology evaluations (help identify technology needs) (40%), Assistive technology support services (help with existing devices) (40%), Affordable legal services (40%)
Reported by less than 25% of participants	Adapted daily living skills training (44.4%), Orientation and mobility training (44.4%)
Region 10 (Detroit Metro)	
201	Number of Survey Participants, excluding Secondary Students
12	Number of Services with over 40% of the Adjusted Rate of Unavailability
Reported by more than 25% of participants	Affordable accessible housing (55.4%), Assistance with locating recreation programs (53.2%), Assistance with find affordable and accessible housing (52.9%)
Reported by less than 25% of participants	Help with community, work, and home access to buildings/facilities (51.2%), Assistance to move out of a nursing home or group home to the community (50%), Temporary disaster relief (48.8%), Affordable child care (47.5%), Affordable legal services (45.2%), Repair services for wheelchair and other accommodations (43.8%), Help standing up for my rights and/or the rights of individuals with disabilities (43.5%), Connecting to other individuals with disabilities (42.6%), Supports to transition from school to adult life (42.4%)

Secondary 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 67 participants answered questions for students with disabilities (i.e., 28 consumers and 39 family/ friends).

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

<u>Employment and Postsecondary Education Goals</u>

Regarding employment and postsecondary education goals, one-third of the respondents provided multiple answers (e.g., have a part-time job and have volunteer work). When consumer and family/friend survey respondents were considered *together*, almost half indicated their goal was to have a full-time job, and approximately one-third a part-time job. In addition, approximately one-third of IWDs and their family/friends expressed an interest in having a job but indicated they would need additional supports to find and/or keep a job. No individuals were interested in not working and approximately 15% indicated they did not know yet.

In regard to education goals, three most frequent responses were four-year college/university (32.1%), vocational technical school (21.4%), and two-year community college (21.4%). Approximately one-quarter of the participants did not know yet about their educational goal after high school graduation, and a very small number of respondents were not interested in further education.

The tables below separately display the percentage of respondents who endorsed employment and postsecondary education goals for each consumer group. For example, 46.4% of 28 individuals with disabilities reported that their employment goal is to have a full-time job.

Employment Goals

	IWD N=28	F/F N=39
Have a full-time job	46.4%	46.2%
Have a part-time job	35.7%	25.6%
Have a job but I need additional supports to find and/or keep a job	28.6%	35.9%
Have volunteer work	14.3%	10.3%
Serve the military	7.1%	2.6%
Be self-employed	3.6%	7.7%
I am not interested in working	0.0%	12.8%
I don't know yet	14.3%	23.1%

Postsecondary Education Goals

	IWD N=28	F/F N=39
Four-year college/university	32.1%	30.8%
Two-year community college	21.4%	30.8%
Vocational technical school	21.4%	28.2%
Adult-continuing education (without degree or certification)	10.7%	10.3%
I am not interested in further education	10.7%	15.4%
I don't know yet	21.4%	38.5%

Pre-Employment Transition Service Needs

The survey results highlight a strong need for pre-employment transition services as perceived by secondary students with disabilities and their parents. As presented in the table below, most of the services listed were rated as a high need. However, a relatively lower proportion of both students and their parents indicated a need for assistive technology services and help with applying to college.

As most services were rated high, the following table also presents the percentages of the responses marked "strongly need." Note that the series of questions adopted a three-point Likert scale (i.e., *strongly need*, *somewhat need*, and *do not need*). While students and their parents indicated a high interest in exploring career and job opportunities, parents additionally expressed concerns regarding decision-making, goal-setting, and problem-solving skills as well as learning how to talk to employers about their disability.

Pre-Employment Transition Service Needs

		Need to Receive		Strongly Need	
		IWD	F/F	IWD	F/F
Self-Advocacy	Gain knowledge on my disability and self-advocacy skills	80.8%	89.7%	53.8%	56.4%
	Obtain decision making/goal setting/problem-solving skills	92.0%	100%	56.0%	74.4%
	Learn when and how to talk about my disability with employers	88.5%	94.9%	65.4%	74.4%
	Learn how to ask for equipment or changes to the job to help me perform as a worker with disabilities	84.6%	87.2%	69.2%	53.8%
Job Exploration	Know my job interests and aptitudes	92.3%	94.9%	73.1%	53.8%
	Explore career and job opportunities	92.9%	94.9%	85.7%	74.4%
	Talk to people working in a job I am interested in	92.6%	100%	77.8%	66.7%
	Participate in workplace tours/field trips	92.6%	94.9%	66.7%	64.1%
Job Readiness	Gain communication skills	84.6%	89.7%	53.8%	56.4%
	Learn social/Interpersonal skills	80.0%	89.7%	48.0%	53.8%
	Receive assistance with applications and interviews	84.6%	94.9%	73.1%	61.5%
	Obtain help searching or keeping jobs	92.0%	87.2%	76.0%	66.7%
	Learn how work affects my disability benefits	80.8%	76.9%	65.4%	53.8%
Work-based Learning	Participate in work experiences (e.g., volunteer work, service learning, practicum, internship)	80.8%	92.3%	61.5%	66.7%
	Receive support/training on the job	100%	89.7%	65.4%	71.8%
Postsecondary Education	Obtain information about education or training after high school	92.3%	86.8%	65.4%	71.1%
	Visit college or vocational technical schools	84.6%	76.9%	69.2%	43.6%
	Learn about financial aid and grant options	92.3%	82.1%	76.9%	61.5%
	Receive help with applying to college	77.8%	64.1%	66.7%	48.7%
Other	Obtain and use assistive technology	69.2%	69.2%	50.0%	33.3%
	Receive independent living skills training	88.0%	84.6%	68.0%	46.2%