

MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT



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INTRODUCTION

The Rehabilitation Act of 1973, as amended, mandates that state Vocational Rehabilitation (VR) agencies and State Rehabilitation Councils (SRCs) 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:

- Individuals with the most significant disabilities, including their need for supported employment services
- Individuals with disabilities who are minorities
- Individuals with disabilities who have been unserved or underserved by the VR programs
- Individuals with disabilities served through other components of the statewide workforce investment system, for example those served by Michigan Works!

In addition, the MCSNA must include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State.

Interagency Collaborative Planning Committee

In prior years, the Michigan Comprehensive Statewide Needs Assessment (MSCNA) was jointly conducted by Michigan Department of Energy, Labor and Economic Growth -Michigan Rehabilitations Services (MRS), Michigan Commission for the Blind (MCB) and the Michigan Rehabilitation Council (MRC). The data collection, analyses and report focused only on the vocational rehabilitation needs of Michigan's residents with disabilities. MRS and MCB are required to include and address key findings from the triennial MCSNA in their State Plans. In addition, key findings from the MCSNA are used by MRC to inform their state plans and to ensure that the vocational rehabilitation needs of Michigan residents are being met.

For the 2011 MSCNA, it was decided that needs assessment data would also be collected and reported for Michigan Statewide Independent Living Council (MiSILC). The Michigan Disability Network is composed of 15 federally recognized Centers for Independent Living (CILs). All 15 centers are private non-profit organizations that are locally controlled. At least 51% the board and staff of each CIL are individuals with disabilities. In addition to the four basic core services identified within the Rehabilitation Act, each center works within its respective community to coordinate services and strives to avoid duplication through multi-level interactions and collaborations.

In accordance with federal regulations 34 CFR364.27 none of the planned services provided through the State Plan for Independent Living (SPIL) goals and objectives are duplicated with Special Education Services, Vocational Rehabilitation Services, Developmental Disabilities Services, Public Health, Community Mental Health, local housing boards or public transportation services, Veterans Administration programs, Medicare Services, Medicaid Services, state social services programs or MCB's Older Blind Program. The emphasis underscoring all MiSILC activities is to encourage each CIL to serve their catchment areas more effectively with the funding currently available and to avoid duplication of services as funding

revenues increase. Michigan's individual CILs do not presently set service priorities. Each funded center must provide all state and federally mandated services and each center has a diversity plan to bring it into alignment with its service priorities. Service priorities beyond this minimum are determined by each community based on local needs, as determined by their board of directors.

An interagency CSNA committee was formed in June 2010 that included members of each agency. Project Excellence: A Program Evaluation Partnership (PE) staff provided consultation services to the committee and was responsible for data collection, analyses and the development of the draft report. The primary resource used to guide the work of the committee was newly published (May 2010) *RSA VR Needs Assessment Guide*. In addition, a comprehensive literature review was conducted by PE staff, and the committee also reviewed the last two MCSNA reports and collected and reviewed recent CSNA reports from other state agencies. The committee then developed the project plan which included the specific project goals, research questions, data collection methods and a reporting and dissemination plan.

Definitions of Unserved and Underserved

The definitions used to determine if a population of people with disabilities is unserved or underserved by the public vocational rehabilitation (VR) agencies are:

Unserved – any category of individuals with disabilities (of working age, interested in working) in the state's population that are not receiving VR services from MCB/MRS.

Underserved – the percentage of those served by MCB/MRS is less than the percentage of the group in the general population.

The definitions used to determine if a population of people with disabilities is unserved or underserved by the Centers for Independent Living (CILs) in Michigan are:

Unserved – any category of individuals with disabilities in the state's population that are not receiving IL services.

Underserved – the percentage of people with disabilities served by CILs is less than the percentage of the group in the general population.

MCSNA Goals for 2011

In addition to the federally mandated requirements stated above for the vocational rehabilitation programs, the MCSNA specific goals for this year included the identification of:

- the potential unmet service needs of older Michigan residents who are blind or have low vision
- the potential unmet needs of transition age youth and
- the independent living needs of Michigan residents.

Data Collection and Reporting Methods

Early in the discussions, the committee recognized that a significant limitation of the prior MCSNA projects was that the information was collected and reported only at the state level and therefore had limited use at the local level. In addition, because the national population survey data collected self-reported disability specific data based on a limited number of functional limitations (e.g., the American Community Survey), it was difficult to identify specific groups by disability, race/ethnicity and location in the state that were potentially unserved or underserved. The third limitation was that data collected at the state level did not address the adequacy or sufficiency of the vocational rehabilitation or independent living needs of people with disabilities at the local level. As a result, the information about these populations was largely anecdotal. Finally, the committee determined that there was a need to develop a system to track changes in service needs at the local level over time.

In order to address these issues, the committee decided to revise the data collection and reporting methods for the 2011 project. The *RSA VR Needs Assessment Guide* provided examples of a wide array of methods for collecting and reporting CSNA data. The committee used the *Guide* to revise the CSNA protocol to address both the federally mandated requirements for a CSNA as well as the district/regional need to collect and track the service needs people with disabilities at the district local level. It was decided that the revised protocol would include both quantitative and qualitative data collection methods and that a ‘rolling’ data collection and reporting process would be used.

This report includes the state level data collected to meet the federally required mandates and to inform the state plans of the four collaborating organizations. The specific data collection methods used included a review of extant data (e.g., RSA 911 data, American Community Survey data, Special Education data, etc.), Key Informant interviews, and a series of surveys conducted with MRS, MCB and MiSILC staff as well as the directors of MARO member community rehabilitation Organizations. In addition, electronic surveys were developed to collect needs assessment information from Michigan residents with disabilities and family and friends of people with disabilities. In FY 2012, targeted focus groups of Michigan residents with disabilities that have been identified as potentially underserved populations will be conducted throughout the state. In addition, a needs assessment report will be developed for each geographical district/region in Michigan.

Report layout

There are a total of six sections in the report. The first section, the Summary of Key Findings, prioritizes the needs of Michigan residents with disabilities based on the data collected, analyzed and reported in the remaining five sections. Each section of the report was designed to be a standalone document that can be disseminated as appropriate.

SUMMARY OF KEY FINDINGS

With the inclusion of MiSILC in the Michigan Comprehensive Statewide Needs Assessment (MSNCA) process this year, the scope of information and data collected about the needs of Michigan residents with disabilities was extended beyond the vocational rehabilitation related needs of Michigan residents with disabilities to include the independent living and community based needs of people with disabilities. Although this added information does provide a more comprehensive picture of the needs of Michigan's residents with disabilities, it also illustrates that the needs are extensive, multifaceted and complex. In addition, as illustrated in the Key Informant Interview section of this report, people have a wide variety of opinions about the needs of Michigan residents with disabilities and how those needs should be addressed, based on their personal and professional perspectives. In order to prioritize possible unserved and underserved populations and unmet needs, Project Excellence completed a cross-walk of all data to identify the populations and needs that were most frequently cited.

Unserved Populations

Based on analyses the American Community Survey (ACS) report, IDEA data (Section I), RSA 911 data for MRS and MCB (Section II), and Key Informant interview findings (Section IV) there are no categories of people with disabilities that are not receiving VR services by MRS or MCB in Michigan.

MiSILC Data and Recommendations:

In relation to CIL services, there are 16 counties that are not formally affiliated with a CIL. The 16 counties which compose the catchment area are not a part of any federally recognized service area and are not being served with Part C funds although they are tentatively associated with a CIL. MiSILC's data indicated that only about 22% of Michigan's total residents are in areas the CILs have the capacity to serve, 37% are in areas that are under served and 41% in areas that are classified as unserved.

Recommendations:

- Continuation of the IL strategic alliance initiative (between, MRS, MRC, SILC, CILs). This collaborative is working to transform service delivery systems into a holistic approach for the employment and independence of individuals with disabilities served by MRS.
- Continued inclusion of mandated partners with everyone being seen as equal regardless of size or funding involved. All voices are equal; value honesty, integrity and respect.
- Continued usage and possible expansion of the CIL networks CFAL system. Need to assure consistent compressive state wide data.
- SILC and the CIL's need to fully operationalize a statewide consumer satisfaction survey system which meets local CIL and SILC statewide needs.

Underserved Populations with Severe Disabilities

Michigan Residents with Mental Illness

Michigan adult residents with mental illness who need mental health services and supported employment services were the number one population identified to be underserved across multiple data collection methods at both the state and local levels. Although the proportion of Michigan residents with mental illness served by MRS has remained relatively stable over the last three years, Key Informants and agency staff (MRS, MCB and CIL) reported that the availability of services from Community Mental Health (CMH) has continued to diminish across the state over the last five years. The primary issue identified was the on-going reduction in CMH funding over the last five years as Michigan continues to struggle with a failing economy and high unemployment. As a result, it was reported that CMH does not have the resources necessary to provide mental health services and/or supported employment services to individuals with severe diagnoses unless the person presents as a risk to self or others. In addition, MRS staff (48.7%), MCB staff (45.5%) and CIL staff (44.7%) indicated that 'Affordable Mental Health Services' in their service areas were unavailable and/or insufficient to meet the needs of people with disabilities in their communities.

Recommendations:

Although MRS, MCB and CILS do not provide mental health services directly to consumers, the availability, or lack thereof, of these essential supportive mental health services impacts the ability of a customer with a significant mental health disability to secure and maintain employment and maintain a safe, independent living environment.

- MRS, MCB, MRC and MiSILC need to advocate at the state level on behalf of Michigan's residents with mental illness and the Michigan Department of Community Health for increased funding for mental health services.
- In order to increase the availability of supported employment (SE) services for this population, MRS and MCB may need to increase and/or develop alternative SE service options at the local level via contracts with Community Rehabilitation Programs (CRPs).

Autism Spectrum Disorder (ASD)

Youth with ASD are the primary emerging population that both Key Informants and MRS and CIL staff indicated are either currently or soon will be an underserved population. Although the number of youth with ASD applying for MRS services has been slowly but steadily increasing, the 2009 IDEA data indicates that adult agencies should be prepared for those numbers to begin to drastically increase annually over the course of the next three years as higher numbers of students begin to reach age 14 to 16. Concern was expressed at all levels about the job readiness preparation this group will have as they exit school, the preparedness of the adult vocational rehabilitation agency staff to provide services to this population and the availability of supported employment services for this population.

Although the IDEA data indicates that the number of students with autism is increasing annually, it does not provide information about level of severity. There are, however, two data findings that can be cautiously viewed as possible indicators of the post-secondary needs of this

population. First, approximately 82% of students diagnosed with autism graduate from high school with a diploma. This suggests that many of these students may have the capacity to complete post-secondary training or secure employment following high school. The second indicator is that the data shows there has been in a slow but steady increase in the number of students with autism continuing to receive special education services after their peers have graduated. In 2004, there were 219 students with autism age 20 or older still in school as compared to 585 students in the same age bracket in 2009. This finding suggests that these students may require more intensive adult services, including supported employment services, than their peers who graduated with a high school diploma prior to age 20.

Recommendations:

- Training programs should be developed for MRS, MCB and CIL staff to ensure that they have the knowledge and skills necessary to provide appropriate and effective vocational rehabilitation and independent living services for transition age youth and young adults with Autism Spectrum Disorder.
- MRS, MCB, MRC and MiSILC need to advocate at the state level on the behalf of Michigan's students with ASD and the Michigan Department of Community Health for increased funding for supported employment services for this population.
- Given the high graduation rate for this population, there is a strong possibility that the primary services needed may be in the areas of career exploration services such as job shadowing experiences, job related 'soft skills' (e.g., social skills and work readiness) and independent living skills. MRS, MCB and MiSILC should work collaboratively to ensure that CILs and/or CRPs at the local level have the necessary programs specifically designed to meet the unique needs of this population.

Minority Residents with Disabilities

Three minority populations were identified by multiple quantitative and/or qualitative data as being underserved by MRS in relation to their proportion in the population: Hispanic/Latino residents specifically in the mid- and southwestern section of Michigan; Native Americans in the Upper Peninsula and Northern Michigan; and Asian or Pacific Islanders specifically Arab and Arab Americans and Hmong residents in southeastern part of the state. As illustrated in Section II, African American residents apply for MRS services at higher rates than their proportion in the population, but are statistically less likely to be determined eligible for services. White and Asian customers are statistically more likely to close with an employment outcome while Native Americans were least likely to have a successful outcome.

In comparison to the 2008 American Community Survey^[1] report (21% of Michigan residents with disabilities as being African American), African Americans are not considered underserved in MRS (28%). As for Hispanic/Latino as an ethnicity group, 2.8% of MRS closed cases in 2009 were Hispanic/Latino (2.5% in 2008; 2.4% in 2007). Compared to the 2008 ACS report (3% of

^[1]Erickson, W., Lee, C., & von Schrader, S. (2010). 2008 Disability Status Report: Michigan. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics. Retrieved from http://www.ilr.cornell.edu/edi/disabilitystatistics/StatusReports/2008-PDF/2008-StatusReport_SD.pdf?CFID=1990386&CFTOKEN=22939085&jsessionid=f03085526e78790a762c2c6d52362e3c1a74.

Hispanic/Latino), this ethnic group appears to be underserved, but the magnitude is minimal and the proportion of Hispanic/Latino MRS customers has been increasing each year. Asian/Asian Americans, however, appeared somewhat underserved (0.6%) by MRS when compared to the ACS report (0.9%). Despite a very small difference in percentage points (0.3%), this finding represents a 30% difference in the proportion of customers served compared to their proportion in the population (0.3% / 0.9%). Furthermore, it is noteworthy that Michigan has the second largest Hmong and Arab/Arab American populations in the country. Although the self-reported disability rate (4.3%) for Asian/Asian Americans is the lowest rate among all the racial/ethnic groups, there is a strong possibility that due to cultural attitudes about disability, this may be an artificially low estimate.

Recommendations:

- The current outreach and service delivery models MRS has in place to increase the number of Hispanic/Latino residents that are served by MRS appear to be having a positive impact and should continue.
- Community outreach programs designed to meet the specific needs of Hmong and Arab/Arab Americans with disabilities should be developed and/or enhanced by MRS, MCB and local CILs.
 - Outreach materials should be available in local offices and on-line in both Arabic and Hmong.
 - Community leaders should be approached to provide staff training about the Arab and Hmong cultures and how disability is perceived within each culture.
 - A list of translators that are trusted by each community should be developed and shared by all agencies.
 - MRC may want to consider recruiting Hmong and Arab/Arab Americans with disabilities for the MRC board.
- Because the race/ethnicity data fields in the AWARE case management system mirror those required by RSA, there is currently no way to identify specific the service rates for specific race ethnicity groups such as Hmong or Arab/Arab American customers. It is recommended that the modification of the race/ethnicity categories to be more representative of Michigan's diverse population be given top priority on the list for future revisions to AWARE.

Since the number of some minority groups served by MCB was so small, statistical analysis could not be conducted, however, it can be said that African American customers appear to be underserved as compared to White customers. In addition, both key informants and staff survey qualitative data indicated that Native Americans are also an underserved population. Similarly, because of the issues some CILs experienced when converting to the new data collection and reporting software, Project Excellence is unable to determine if there are any racial or ethnic minority groups unserved or underserved by CILs in Michigan.

Recommendations:

- MCB should increase and/or modify current outreach efforts in urban areas to ensure that African American residents who are blind or have low vision are aware of the range and availability of the services provided by MCB.
- In order to improve outreach and services to Native Americans who are blind or have low vision, MCB should work collaboratively with tribal leaders to identify the specific needs and a service delivery model to address the needs on or near the reservations in Northern Michigan and the Upper Peninsula.
- MiSILC should work with the local CILs to identify underserved populations and to develop outreach plans and service models to meet the unique needs of each community.

Age Related Underserved Population

Older Michigan Residents who are Blind or have Low Vision and VR Services

There has been a slow but notable decrease in the proportion of older customers receiving vocational rehabilitation services from MCB during the past three years (5.3% in 2009; 6.0% in 2008; 11.3% in 2007). The need for improved services for this population was also identified in the Key Informant and staff survey qualitative data. These combined findings suggest that older blind and low vision customers are an underserved population at MCB.

Recommendation:

- MCB need to increase outreach efforts to older Michigan residents who are blind or have low vision. These efforts could include providing medical doctors, ophthalmologists who specialize in low vision and gerontologists with information and brochures.

Older Michigan Residents with Physical Disabilities and CIL

According to the 2009 ACS data, 36.9% of all non-institutionalized people with disabilities in Michigan are age 65 and older. CIL staff identified senior citizens transitioning home from nursing homes and those with physical disabilities as an emerging population as the baby boomer generation hits retirement age. They reported an increased demand from seniors for personal attendant services, income, housing, and training in the use of assistive technology.

Recommendation:

- CILs need to increase outreach efforts to older Michigan residents who may not be aware of the services available at and provided by CILs. These efforts could include providing medical doctors, gerontologists, hospital social workers and case managers and nursing home administrators with information and brochures about the services available to older Michigan residents with disabilities.

Transition Youth

A considerable number of MRS and CIL staff and several Key Informants identified transition age youth with severe disabilities as a potentially (re)emerging underserved population. Staff

indicated a great deal of concern in terms of how the newly implemented Michigan Merit Curriculum will impact the graduation rates, dropout rates and the employability of all students with disabilities.

Recommendation:

- Because this is the first year of implementation, there is no data to indicate the impact of the Michigan Merit Curriculum (MMC) will have on the graduation rates of Michigan students with disabilities. It is recommended that each agency use this year as a baseline to determine potential impact the MMC has on the number of students referred for services with a Certificate of Completion, what effect the change in graduation requirements has on the employability of these students and the types of services these students need to secure employment and/or attend a community college or post-secondary vocational training program.

Service Needs of Michigan Citizens with Disabilities

Staff from MRS, MCB, and CILs responded to questions about the availability and sufficiency of 45 services for persons with disabilities in their service area. Directors (or their designees) of MARO member Community Rehabilitation Organizations were asked to assess the availability and sufficiency of 10 community based services and report whether or not their agency provided any of the remaining 35 remaining vocational and other services. Data were organized for each service so that we could determine the proportion of respondents from each organization who indicated that a service was ‘Available and Sufficient’ or ‘Not Available and/or Not Sufficient.’ For the purposes of this report a criterion of 30% of the staff reporting that the service was ‘Not Available and/or Not Sufficient’ indicated a statewide need.

Services Provided by Community Rehabilitation Organizations (CRO)

The majority MRS, MCB and CIL staff reported that most vocational rehabilitation related services provided by CROs and other vendors were at least somewhat available and sufficient. Over 30% of MCB and CIL staff indicated that there was a need for on the job supports and post employment services in the areas they provide services. These findings are consistent with the services the CRO survey participants identified that they do or don’t provide.

Recommendation:

- Because, as reported in the 2008 MSCNA report, 85% of the CROs in Michigan provide services in a limited geographical area, findings at the state level have little generalizability at the local level. For this reason, the 2011 MSCNA committee decided that the CRO related service needs data collected in 2011 will be analyzed and reported for each geographic region/district in 2012.

Services Provided by Other Workforce Investment Act (WIA) System

Interestingly, there were no comments or recommendations from Key Informants, MRS, MCB, and CIL staff or CRO directors about services provided to people with disabilities by Michigan

Works! The extant data (i.e., WIA State Annual Report, Wagner-Peyser Act data) indicated that non vocational rehabilitation WIA related programs (e.g., Michigan Works!) are providing services to a very limited population of people with disabilities in Michigan. This finding may indicate that people with disabilities are not disclosing their disability status to Michigan Works! when they are applying for services and/or that Michigan Works is underserving Michigan residents with disabilities.

Recommendation:

- It is recommended that MRS continue to be a visible and available resource to Michigan's residents with disabilities by continuing to have an MRS counselor assigned to each MI Works! office.

Community Based Service Needs

The staff member responses from all three agencies indicated that the greatest unmet needs for people with disabilities across the state are community-based services (e.g., affordable mental health services, affordable medical care, affordable legal services, and language translators) that are not provided directly by the responding organizations. These services, however, are critical in light of the differentially high rate of poverty felt in the disability community.

Recommendation:

- CIL, MRC, MCB and MRS staff need to continue their advocacy efforts, at both the state and local levels, to increase access for people with disabilities to affordable, accessible community based services

Interagency Communication at the Local Level

We observed a pattern of responses from staff regarding service availability and sufficiency that seemed to indicate a differential awareness of the services provided by the other organizations surveyed. For example, staff from MCB rated the need for services for persons who are blind or have low vision as 'available and sufficient' at a much higher rate than staff from MRS and the CILs. Also, CIL staff rated independent living services as 'Available and Sufficient' at a higher rate than MRS and MCB staff. While these differences may be considered local phenomena, an alternate explanation might be that staff are unaware of services that are provided by or familiar to the staff of other organizations.

Recommendation:

- It may be beneficial to reinstate opportunities for staff from MRS, MCB and CILs to meet to at least annually to share information about the services each agency provides as well as information about services provided by other agencies in their service areas.

Customer Satisfaction

The overall customer satisfaction rates for MRS customers (80.6%) in 2009 and for CIL consumers (80%) in 2010 indicate that the majority of customers served by these agencies were satisfied or very satisfied with the services they received.

CONCLUSION

For the 2011 MCSNA, MRS, MCB, MRC and MiSILC worked collaboratively to identify the vocational rehabilitation, independent living and community based needs of Michigan residents with disabilities. Data were collected and analyses were conducted on quantitative and qualitative information gathered from extant data sources, staff surveys, and Key Informant interviews with the intent to identify populations of persons with disabilities that are unserved or underserved in Michigan, as well as services that are not available and/or not sufficient to meet the needs of residents. According to the CSNA definition, there are no groups of persons considered to be unserved. A few populations were identified as underserved, including: adults with mental illness, individuals with Autism Spectrum Disorder, individuals from specified racial and ethnic communities, older Blind individuals, older residents with physical disabilities, and transition youth. Services that are not available and/or not sufficient were highlighted, particularly in the area of affordable and accessible community based services. Recommendations have been provided for all four participating organizations.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

SECTION I

MICHIGAN DISABILITY STATISTICS

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MICHIGAN DISABILITY STATISTICS

National Household Surveys

American Community Survey (ACS)

As a large demographic survey, 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. ACS includes some disability questions along with other census characteristics such as age, race/ethnicity, employment status (especially “unemployed”), poverty status, and median earnings.

Since 2008, ACS has employed the following six questions in relation to disabilities:

- **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 American Community Survey (ACS), the resident population in Michigan was estimated to be 9,969,727 individuals, 3.2 percent of the US population in 2009¹.

Resident Population

	U.S.	MI	
		Number	Percent (%)
2006	298,593,212	10,082,438	3.4%
2007	301,579,895	10,050,847	3.3%
2008	304,374,846	10,002,486	3.3%
2009	307,006,550	9,969,727	3.2%

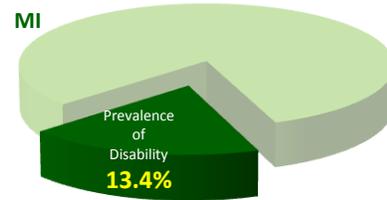
¹ Source: U.S. Census Bureau, Annual Estimates, Table NST-EST2009-01; www.census.gov/popest/states/NST-ann-est.html.

Disability Prevalence Rate

Based on the 2009 ACS data, 1,317,247 (13.4%) of 9,834,865 non-institutionalized individuals living in Michigan reported they had a disability. This proportion is higher than the national prevalence rate of 12%².

Prevalence of Individuals with Disabilities

	U.S.	MI
Total Number	301,472,074	9,834,865
Individuals with Disabilities	36,150,710	1,317,247
% of Total	12%	13.4%



Age

Estimates of the proportion of individuals with disabilities by age group include the following: 6.2% of Michigan residents are ages 5 to 17 years, 11.8% ages 18 to 64 years, and 36.9% ages 65 years and over.

Individuals with Disabilities by Age

	US			MI		
	Total	Individuals with Disability	% of Total	Total	Individuals with Disability	% of Total
5-17 yrs	53,151,830	2,748,524	5.2%	1,727,299	106,942	6.2%
18-64 yrs	189,181,224	19,054,587	10.1%	6,203,210	730,733	11.8%
65 yrs and older	37,932,497	14,189,006	37.4%	1,288,862	475,736	36.9%

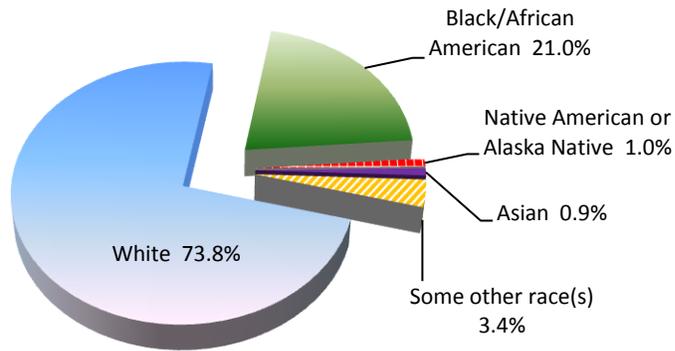
Race/Ethnicity

As of March 2011, the 2009 ACS race/ethnicity data for people with disabilities was not yet available. Therefore, the 2008 ACS racial distribution estimations of individuals with disabilities was used for this report. It is important to note that Hispanic/Latino ancestry is considered an ethnicity not a race by the federal government therefore this data is not displayed in the following figure. As illustrated, of the estimated 1,317,247 residents with a disability, 73.8% were White, 21% were Black/African Americans, 1% were Native Americans and .9% were Asian³.

² U.S. Census Bureau, 2009 American Community Survey, American FactFinder, Table B18101; <http://factfinder.census.gov>.

³ Source: 2008 American Community Survey from <http://www.ilr.cornell.edu/edi/disabilitystatistics/>.

Individuals with Disabilities by Race (2008)



The rate of disability reported varies within each racial group ranging from 20.8% of Native Americans to 4.3% of Asians reported having disabilities⁴.

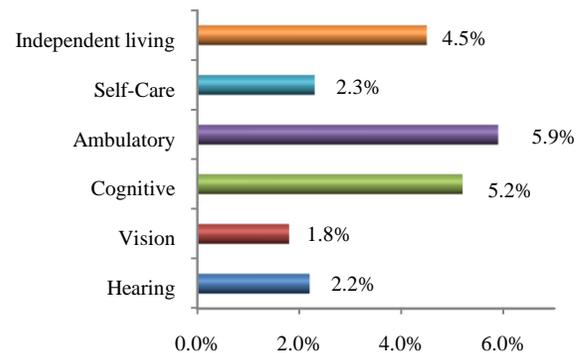
Individuals with Disabilities within Racial/Ethnic Group

% within Racial Group	U.S	MI	% within Racial Group	U.S	MI
White	10.2%	10.8%	Black/African American	14.3%	19.1%
Native American or Alaska Native	18.8%	20.8%	Asian	4.6%	4.3%
Some other race(s)	9.8%	13.5%			
Hispanic	8.4%	9.8%	Non-Hispanic	12.7%	13.4%

Type of Disabilities

With regard to the six types of disabilities identified in the ACS data in 2009, of the 6,203,210 Michigan residents, ages 18 to 64 years, it is estimated that:

- 4.5% had an independent living disability,
- 2.3% had a self-care disability,
- 5.9% had an ambulatory disability,
- 5.2% had a cognitive disability,
- 1.8% had a vision disability, and
- 2.2% had a hearing disability⁵.



Note that a respondent could report more than one disability type, so sum of the percentages would not be equal to 13.4%.

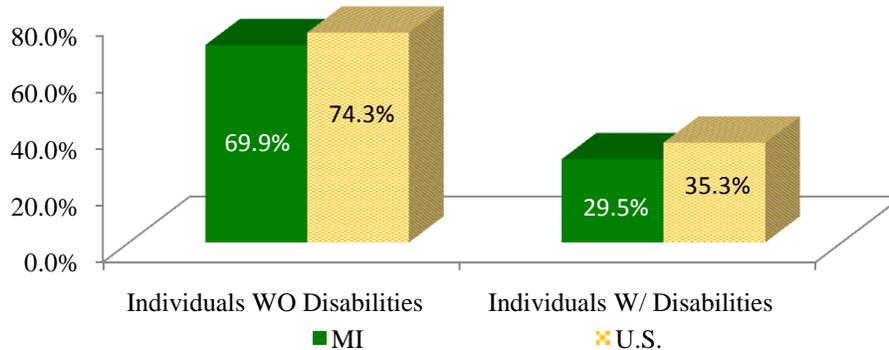
⁴ Source: 2008 American Community Survey from <http://www.ilr.cornell.edu/edi/disabilitystatistics/>.

⁵ Source: U.S. Census Bureau, 2009 American Community Survey, American FactFinder, Table B18101-B18107; <http://factfinder.census.gov>.

Employment

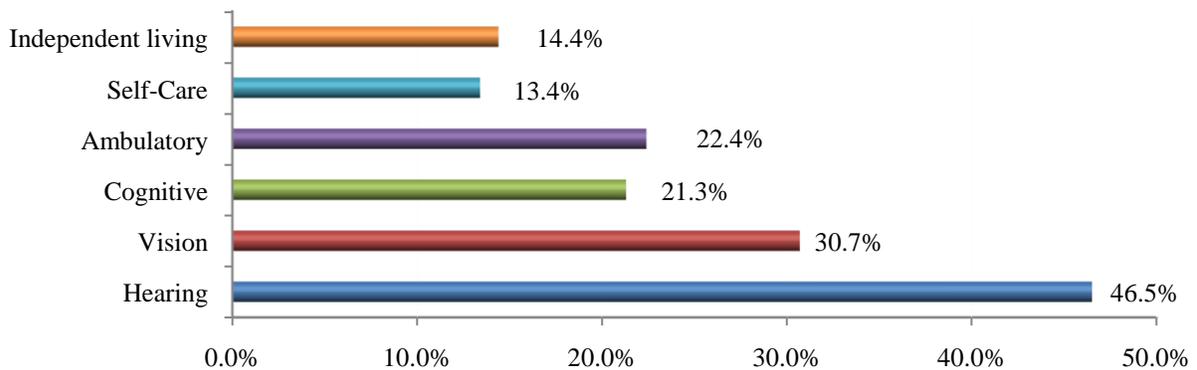
According to the 2009 ACS data, of the Michigan residents with self-reported disabilities ages 18 to 64 years, 29.5% were employed. In contrast, 69.9% of the individuals without disabilities reported being employed. The employment rates of both groups were slightly lower than the national rates (35.3% and 74.3%)⁶.

Employment Rate by Disability Status



The following figure illustrates the employment rates by each disability category identified in ACS. As illustrated, employment rates vary greatly between disability groups. For example, while 46.5% of individuals with hearing disabilities and 30.7% with vision disabilities reported they were employed, only 13.4% with self-care disabilities reported they were employed⁶.

Full Time Employment Rate by Disability Type



In addition, 14.6% of Michigan's working age residents with disabilities reported they were employed in full-time, year-round positions as compared to 43.9% of Michigan residents without

⁶ Source: U.S. Census Bureau, 2009 American Community Survey, American FactFinder, Table B18120; <http://factfinder.census.gov>.

disabilities. This finding clearly demonstrates that disability status is a crucial factor in the likelihood of having a full-time, full-year job⁷.

Full-time, Full-year Employment Rate by Disability Status

	US		MI	
	Individuals without Disabilities	Individuals with Disabilities	Individuals without Disabilities	Individuals with Disabilities
Employment Rate (Full-time/Full-year)	50.8%	20.4%	43.9%	14.6%

Economic Well-being

In 2009, 30.4% of the Michigan residents with disabilities compared to 13.4% without disabilities were considered to be living in poverty⁸. As would be expected given the disparity in employment rates, Michigan has a higher poverty rate than the national average, regardless of disability status. The median earning of the working age residents with disabilities was \$14,904. In contrast, among individuals without disabilities the median earning was \$26,351⁹. This represents a gap of \$11,447.

Poverty Rate and Median Earnings by Disability Status

	US		MI	
	Individuals without Disabilities	Individuals with Disabilities	Individuals without Disabilities	Individuals with Disabilities
Poverty Rate	11.7%	26.4%	13.4%	30.4%
Median Earnings	\$28,779	\$18,831	\$26,351	\$14,904

⁷ Source: U.S. Census Bureau, 2009 American Community Survey, American FactFinder, Table C23023; <http://factfinder.census.gov>.

⁸ Source: U.S. Census Bureau, 2009 American Community Survey, American FactFinder, Table B18130; <http://factfinder.census.gov>.

⁹ Source: U.S. Census Bureau, 2009 American Community Survey, American FactFinder, Table B18140; <http://factfinder.census.gov>.

Survey of Income and Program Participation (SIPP)

The Survey of Income and Program Participation (SIPP), conducted by the Demographic Statistical Methods Division of the United States Census Bureau, is designed to estimate information about the income of individuals and households and the participation of these people in income transfer programs. In addition to the core questions, the SIPP includes a topical module focused on the ability of respondents to perform functional activities, instrumental activities of daily living and the presence of a work disability. The benefit of this data is that it is collected continuously and is much more specific in identifying disability related factors than the American Community Survey (ACS) data. The major limitations of the SIPP are the small sample size of the survey, the inability to easily correlate the SIPP disability categories to the American Community Survey (ACS) categories and the limited reliability of the estimates below the regional level. In addition, the disability related data is not released as frequently as the ACS data. Because the state level data was unavailable, this section briefly reviews the relevant data to individuals with disabilities at the national level¹⁰.

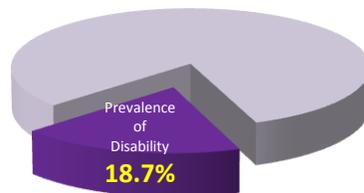
There are 13 disability related questions and four additional questions for the level of severity. Thirteen types of disabilities are as follows:

- *Used a wheelchair, a cane, crutches, or a walker*
- *Had difficulty performing one or more functional activities (seeing, hearing, speaking, lifting/carrying, using stairs, walking, or grasping small objects)*
- *Had difficulty with one or more activities of daily living (ADLs), which includes getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting*
- *Had difficulty with one or more instrumental activities of daily living (IADLs), which includes going outside the home, keeping track of money and bills, preparing meals, doing light housework, taking prescription medicines in the right amount at the right time, and using the telephone*
- *Learning disability or some other type of mental or emotional condition*
- *Mental retardation or another developmental disability, or Alzheimer's disease*
- *Had any other mental or emotional condition that seriously interfered with everyday activities*
- *Had a condition that limited the ability to work around the house or made it difficult to remain employed*
- *Autism, cerebral palsy, mental retardation, or another developmental disability*
- *Had difficulty performing one or more functional activities (seeing, hearing, speaking, walking, running, or taking part in sports)*
- *Developmental delay*
- *Difficulty walking, running, or playing*
- *Difficulty moving arms or legs*

Disability Prevalence Rate

The 2005 Survey of Income and Program Participation (SIPP) report estimated 54.4 million (18.7%) people with any form of disabilities and 35.0 million (12.0%) people with severe disabilities of the 291.1 million non-institutionalized civilian in the U.S.

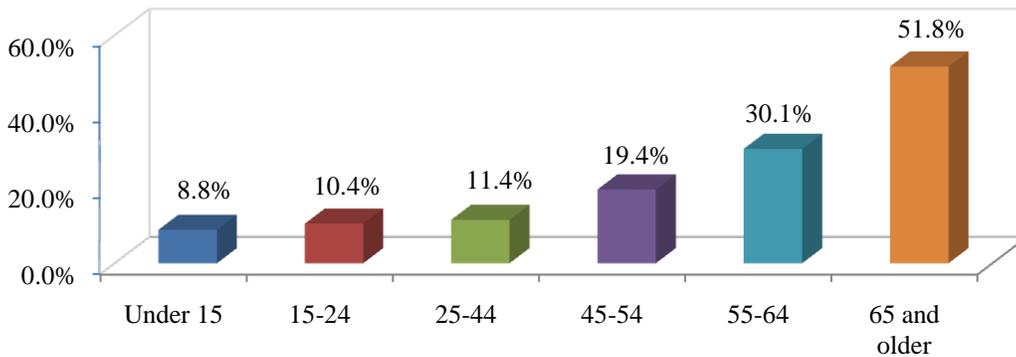
¹⁰ Source: Brault, M. (Dec. 2008). Americans with Disabilities: 2005, U.S. C <http://www.census.gov/prod/2008pubs/p70-117.pdf>.



Age

According to the 2005 SIPP data, approximately 16.5% of the population ages 21 to 64 had disabilities. If the over age 65 population was included, SIPP estimated that 21.3% of U.S. population had disabilities in 2005. As seen in the figure below, one's age and having disabilities were positively correlated.

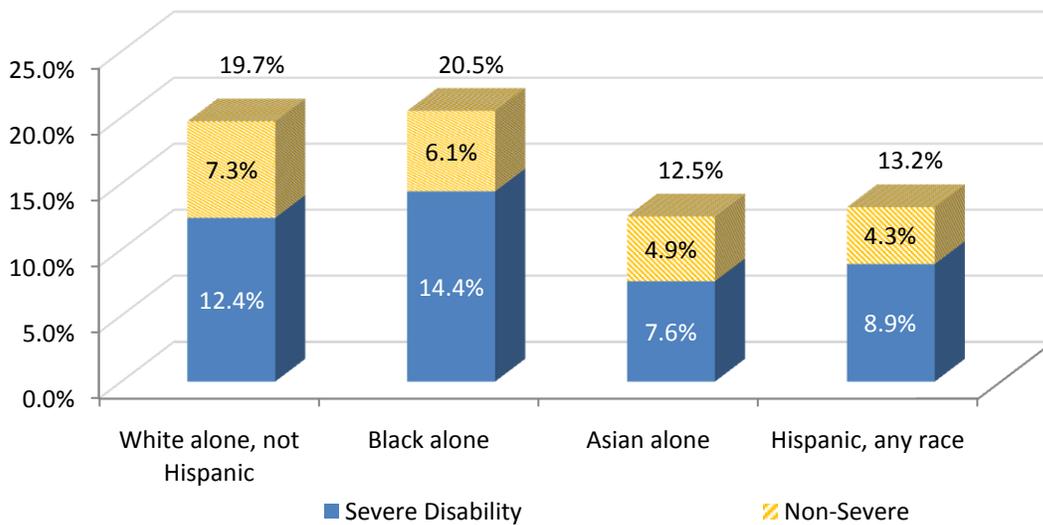
Disability Prevalence by Age



Race/Ethnicity

The SIPP data confirms that disability prevalence rates within each race/ethnicity group varies. A higher proportion of African/Black Americans (20.5%) were reported as having disabilities as compared to Asians (12.4%) and Hispanic/Latinos (13.1%). Similarly, African/Black Americans had the highest rate of severe disabilities (14.4%), compared to other groups.

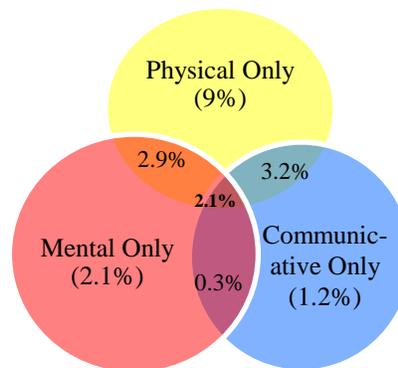
Disability Prevalence by Race/Ethnicity



Type of Disabilities (Functional Limitations)

As addressed above, the SIPP defines and categorizes disabilities based on functional limitations. In general, SIPP categorizes disabilities into three domains: communication (6.4%), mental (7.0%) and physical (18.2%) disabilities among the U.S. population aged 15 years and older. In the 2005 sample, 3.4% of the population had difficulty with seeing, 3.4% with hearing, 1.1% with speech, 11.9% had difficulty walking or using stairs, and 3.7% reported problems related to activities of daily living. Based on their functional limitations, it was estimated that 4.7% of the U.S. population ages 15 and over needed personal assistance with one or more activities of daily living. In addition, 7.0% reported difficulties finding a job or remaining employed due to their health condition.

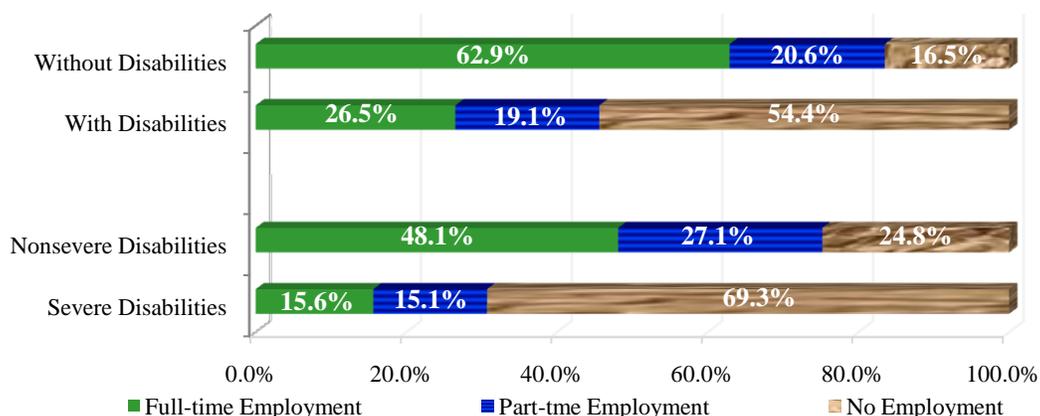
Type (Domain) of Disabilities (ages 15 yrs and older)



Employment

According to the 2005 SIPP data, 45.6% of the population with any types of disabilities, ages 21 to 64 years, and 30.7% with severe disabilities were employed. In contrast, the employment rate for people without disabilities was 83.5.

SIPP Employment Rates by Disability Status



Economic Well-being

In 2005, 27.1% of the individuals with severe disabilities, 12.1% with non-severe disabilities and 9.1% without disabilities, ages 25 to 64 years, lived in poverty. In addition, 2005 median earnings of the civilian non-institutionalized U.S. population were \$1,458 for people with a severe disability, \$2,250 for people with a non-severe disability, and \$2,539 for people with no disability.

Poverty Rate and Median Earnings by Disability Status

	Without Disabilities	With Disabilities	
		Non-severe Disabilities	Severe Disabilities
Poverty Rate	9.1%	12.1%	27.1%
Median Monthly Earnings	\$2,539	\$2,250	\$1,458
Median Monthly Family Income	\$4,669	\$3,801	\$2,182

Behavioral Risk Factors Surveillance Survey (BRFSS)

The Behavioral Risk Factors Surveillance Survey (BRFSS), the state based system of health surveys, is to collect information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Each year, the state health departments conduct this 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, especially for people ages 18 and above, from which public health policies and programs are developed and evaluated¹¹.

As the health related survey, BRFSS includes two questions in the core section to identify the population with disabilities. Two questions focus on whether one has general activity limitations and needs special equipment for their current health problem. The actual questions are as follows:

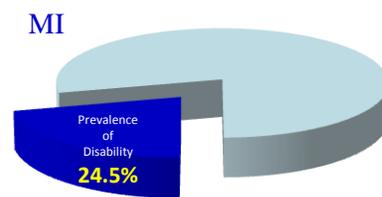
- *Are you limited in any way in any activities because of physical, mental, or emotional problems?*
- *Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone?*

Disability Prevalence Rate

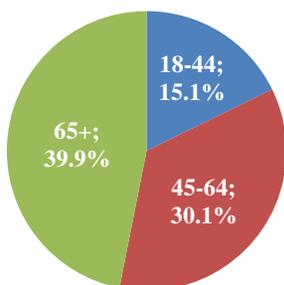
According to the 2008 BRFSS data, 1,859,293 MI residents ages 18 years and above had disabilities—a prevalence rate of 24.5%.

Disability Prevalence Rate

	U.S.	MI
Total Number	227,771,537	7,599,411
Individuals with Disability	50,577,252	1,859,293
Pct. of Total	22.2%	24.5%



Age



According to BRFSS, Of the MI residents with disabilities ages 18 years and over, 15% were 18-44 years; 30% 45-64 years; and 40% were aged population (ages 65 years and over) in 2008.

¹¹ Source: U.S. Centers for Disease Control and Prevention. Disability and Health State Chartbook (2008). Retrieved from http://www.instantatlas.com/samples/CDC-NCBDDD/sm/disabilities3_with_IAS_data/atlas.html.

Health Behaviors and Health Insurance Coverage

The following table is to compare several risk behaviors related to health between individuals with and without disabilities. More individuals with disabilities were likely to engage in smoking and have obesity, compared to individuals without disabilities. However, more people without disabilities were likely to engage in binge drinking although the gap in difference was relatively smaller compared to smoking or obesity. The BRFSS survey results indicated that a slightly higher proportion (88.4%) of people without disabilities had health insurance coverage than people with disabilities (85.6%).

Risk Behavior and Health Care Coverage Rates by Disability Status

Health Behaviors	US		MI	
	Individuals without Disabilities	Individuals with Disabilities	Individuals without Disabilities	Individuals with Disabilities
Smoking	16.7%	27.0%	18.2%	31.7%
Obesity	23.5%	36.9%	25.9%	38.9%
Binge Drinking	16.0%	13.2%	19.4%	14.8%
Health Care Coverage	84.7%	83.3%	88.4%	85.6%

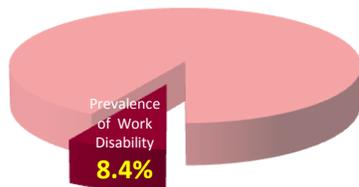
Current Population Survey (CPS)

The Current Population Survey (CPS) is the primary source of information on the labor force characteristics of the U.S. population, jointly conducted by the U.S. Bureau of the Census and the Bureau of Labor Statistics. The CPS is used to compute the federal government's official monthly statistics on total employment and unemployment, focusing on those ages 16 and over. The CPS currently uses the ACS questions to estimate employment, unemployment, earnings, and hours of work (among other measures) for those who have a disability.

First, the [CPS Annual Social and Economic Supplement \(ASEC\)](#)¹², a one yearly additional questionnaire that collects information on topics such as income and noncash benefits, was reviewed. Since the measure only specifies people with limitations in work, it artificially lowers the employment rate when used to describe the population of people with any form of disability. Many people with non-work related disabilities are employed. The CPS-ASEC asks the following work limitation question:

- *"Does anyone in this household have a health problem or disability which prevents them from working or which limits the kind or amount of work they can do? [If so,] who is that? Anyone else?"*

Disability Prevalence Rate



The 2009 March CPS-ASEC data estimated 8.4% work disability prevalence rate for the working-age population, ages 21 to 64 years (7.9% in 2008).

Employment

In March 2009, the employment rate of working-age people with and without disabilities was 16.8% and 76.5% (17.7% and 79.7% in 2008), respectively. In addition, 7.2% of working-age individuals with disabilities reported working full-time/full-year while 60.8% of working-age individuals without disabilities in 2008 (2009 data unavailable).

Economic Well-being

In 2008, 28.2% of the working-age individuals with disabilities and 9.1% without disabilities lived in poverty. The median household income was \$32,161 for people with disabilities and \$60,949 for people without disabilities.

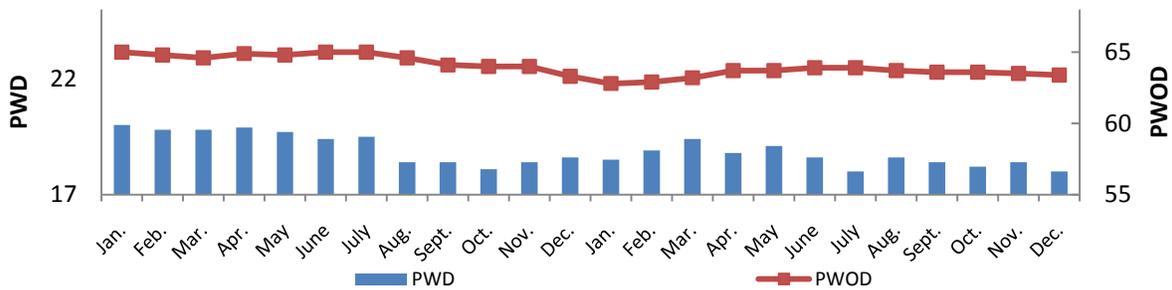
¹² Source: Bjelland, M., Burkhauser, R., von Schrader, S., & Houtenville, A. (2009). 2009 Progress report on the economic well-being of working age people with Disabilities. Employment and Disability Institute, Cornell University. Retrieved from <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1283&context=edicollect>.

Poverty Rate and Median Household Income by Disability Status

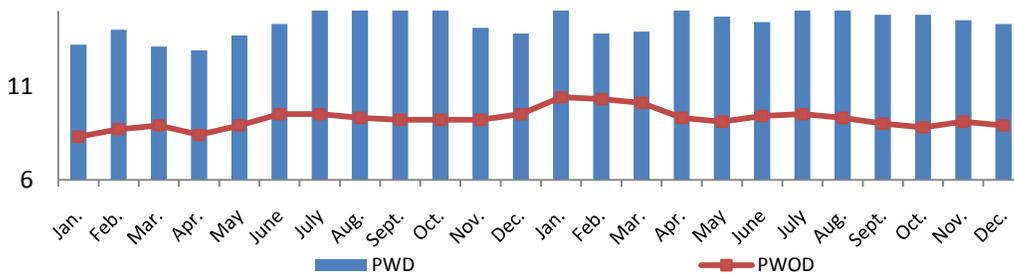
	With Disabilities	Without Disabilities
Poverty Rate	9.4%	28.2%
Median Household Income	\$32,161	\$60,949

Second, the [CPS Monthly Survey](#) report was reviewed for the employment and unemployment rates of the U.S., according to disability status. Each month, the Census Bureau for the Bureau of Labor Statistics (BLS) collects the information on the labor force characteristics of the U.S. population from about 50,000 households, for people 15 years and over. The following two graphs especially show huge discrepancies in employment and unemployment rates between people with and without disabilities over the past two year period (2009-2010). In 2010, on average, 18.6% of people with disabilities (vs. 63.5% of people without disabilities), aged 15 years and over, were employed. The annual average unemployment rate of people with disabilities was 14.8% in 2010 while that of people without disabilities was 9.4%¹³.

Employment Rate by Disability Status (Jan., 2009 - Dec., 2010)



Unemployment Rate by Disability Status (Jan., 2009 - Dec., 2010)

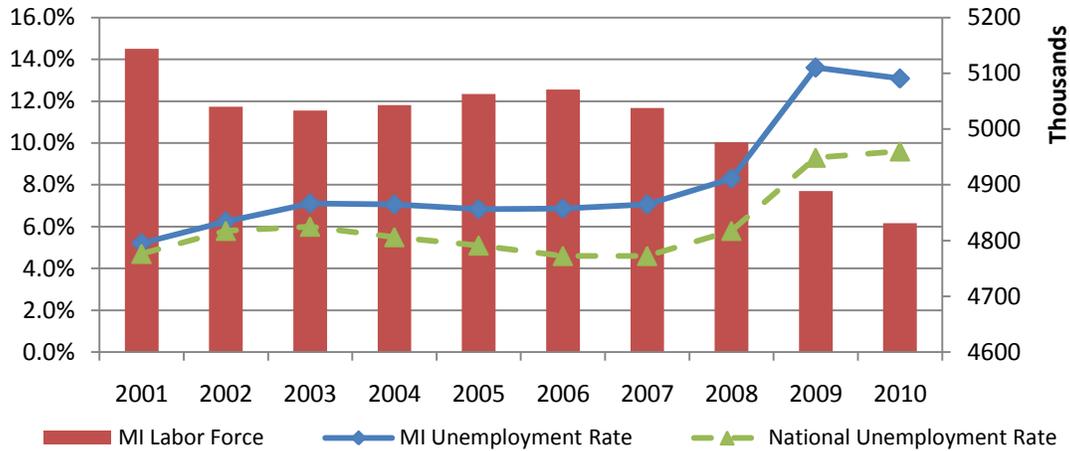


The following figure indicates both changes in number of labor force participants in Michigan and in unemployment rates of the U.S. and Michigan over past 10 years. In terms of labor force participants (the bar graph), though some fluctuations were observed during a ten year period, a trend showed a tremendous and consistent decrease in the number of labor participants, especially since 2006, in Michigan.

¹³ Source: Bureau of Labor Statistics, U.S. Department of Labor. Employment Situation (Table A-6). Retrieved from http://www.bls.gov/schedule/archives/empsit_nr.htm.

There has been a concurrent increase in unemployment rate has been observed (solid line). Although there was a remarkable increase (13.6%) in unemployment rate in 2009, there was a slight improvement in 2010 (0.5% decrease in unemployment from 2009). However, Michigan had much higher unemployment rates than the nation as a whole, (9.6% in 2010; see the broken line)¹⁴. Note that the information includes all Michigan residents, regardless of having disabilities.

Labor Participants and Unemployment Rates of Michigan (2001 - 2010)



¹⁴ Source: Labor Market Information. Mi Fast Facts: Employed/Unemployed. Retrieved from <http://www.milmi.org>.

SOCIAL SECURITY ADMINISTRATION PROGRAMS

Social Security Administration defines disabilities in a different way from other disability program. Disability under Social Security is based on one's inability to work.

Supplemental Security Income (SSI)

In December 2009, of a total of 242,983 SSI recipients (2.4% of Michigan population), 92.3% received benefits on Disability, 7% on Aged, and 0.7% on Blindness. The table below also presents the average monthly payment amount according to each eligibility category; the average monthly payment for beneficiaries on Aged, Blind, and Disability is \$366, \$481, and \$515, respectively. 4.6% on aging and 0.8% on blindness, respectively¹⁵.

Number of SSI Beneficiaries and Amount of Annual SSI Payment

Age 18 and older	2008			2009		
	Aged	Blind	Disabled	Aged	Blind	Disabled
Number of SSI Recipients	16,309	1,593	214,679	16,404	1,583	224,996
Average Monthly Payment	\$339.83	\$457.29	\$485.60	\$366.06	\$480.51	\$514.62

In December of 2009, of 229,513 SSI beneficiaries with disabilities ages 18-64 years, 5.6% were working. Looking at trends for past three years, the proportion of SSI beneficiaries who were working decreased annually.

SSI Beneficiaries with Blindness and Disabilities Who Work

Year	Total Number of Blind and Disabled Recipients	Blind and Disabled Recipients Who Work	Employment Rate
2007	214,949	13,580	6.3%
2008	219,412	13,119	6.0%
2009	229,513	12,788	5.6%

¹⁵ Source: Social Security Administration. SSI Annual Statistical Report. Retrieved from http://www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/.

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 2009, of the 342,481 Michigan residents, ages 18 years and older, who received cash benefit from SSDI, 85.6% were disabled workers. The average amounts of SSDI monthly payment for them was \$1,021.90, with a median of \$1,025.50¹⁶.

SSDI Beneficiaries and Amount of Monthly SSDI Payment

SSDI Recipients	2008			2009		
	Number of Recipients	Average Monthly Benefit	Median of Monthly Payment	Number of Recipients	Average Monthly Benefit	Median of Monthly Payment
Disabled Worker	273,884	\$1,021.80	\$1,028.40	293,299	\$1,021.90	\$1,025.50

During 2009, a total of 22,816 SSDI recipients had their SSDI benefits terminated. Of them, 904 individuals exited the SSDI program because their earnings exceeded the standard amount under the Substantial Gainful Activity (SGA)¹⁷. During the year of 2009, 959 had their SSDI benefits withheld because of successful return to work.

Termination of SSDI Benefits (and Reasons)

	2008	2009
Number of SSDI Recipients whose SSDI benefits were terminated (Disabled Worker)	20,536	22,816
Michigan Workers with benefits withheld because of SGA level	965	904
Michigan Workers with benefits terminated because of successful return to work	1,272	959

Ticket to Work

In Michigan, as of February 2011, of a total of 476,861 tickets had been issued, 709 tickets had been assigned to Employment Network providers with ED awards and 34 to the state VR agency or agencies¹⁸.

¹⁶ Source: Social Security Administration. Annual Statistical Report on the SSDI. Retrieved from http://www.socialsecurity.gov/policy/docs/statcomps/di_asr/2009/index.html.

¹⁷ The monthly SGA amount for 2009 was \$1,640 for the blind and \$980 for non-blind individuals and for 2008 \$1,570 for the blind and \$940 for non-blind individuals.

¹⁸ Source: Social Security Administration. Ticket to Work: Ticket Tracker. Retrieved from <http://www.socialsecurity.gov/work/tickettracker.html>.

SPECIAL EDUCATION

Transition Youth Enrolled in Special Education, under IDEA-Part B

In the fall of 2009, there were 77,868 youth ages 14-21 years that received special education services under IDEA-Part B. Of them, 42.7% were 14-15 years of age; 21.2% were age 16; 19.2% age 17; 13.7% were 18-19 years old, and 3.3% were age 20-21¹⁹.

Enrollees in Special Education, under IDEA Part B

Under IDEA, Part B Recipients	2008		2009	
	Number	Pct	Number	Pct
14-15 Yrs	34,496	43.4%	33,222	42.7%
16 Yrs	16,608	20.9%	16,476	21.2%
17 Yrs	15,279	19.2%	14,940	19.2%
18-19 Yrs	10,713	13.5%	10,680	13.7%
20-21 Yrs	2,386	3.0%	2,550	3.3%
Total*	79,482	100%	77,868	100%

* Note: Total numbers are directly from the IDEA report. Some totals are not equal to the actual sum of each column in the original files.

The age distributions of Michigan residents, ages 14-21 years, who received special education services under IDEA-Part B in 2009 by the IDEA diagnostic categories is in the next table. The top five diagnostic categories reported were specific learning disabilities (51.1%), mental retardation (14.5%), other health impairments (10.6%), emotional disturbance (10.3%) and autism (5.8%). In addition, .2% (n = 156) were reported as having visual impairments.

It is notable that higher proportions of young adults (ages 20-21) with specific learning disabilities, mental retardation, multiple disabilities and autism, continued to receive special education services into adulthood as compared to their peers with other types of disabilities.

¹⁹ Source: Data Accountability Center. Individuals with Disabilities Education Act (IDEA) Data. Retrieved from <https://www.ideadata.org/StateLevelFiles.asp>.

Age Distributions of Special Education Enrollees by Diagnostic Category (2009)

Disability	Total (Age 14 to 21)		Age 14 to 15	Age 16	Age 17	Age 18 to 19	Age 20 to 21
	Number	Pct					
Mental retardation	11,262	14.5%	3,659	1,930	2,003	1,511	2,159
Hearing impairments	996	1.3%	436	218	182	110	50
Speech or language impairments	1,905	2.4%	1,152	333	309	93	18
Visual impairments	156	0.2%	52	60	x	33	11
Emotional disturbance	8,029	10.3%	3,443	1,906	1,582	728	370
Orthopedic impairments	943	1.2%	364	194	199	99	87
Other health impairments	8,272	10.6%	3,881	1,864	1,610	683	234
Specific learning disabilities	39,818	51.1%	17,783	8,861	7,977	4,175	1,022
Deaf-blindness	0	0%	x	0	x	0	x
Multiple disabilities	1,482	1.9%	362	203	203	182	532
Autism	4,516	5.8%	1,888	846	741	456	585
Traumatic brain injury	339	0.4%	135	61	74	41	28
Developmental delay	-	0%	-	-	-	-	-
Total*	77,868	100%	33,222	16,476	14,940	8,111	5119

Exiting Information, under IDEA-Part B

Of a total of 27,836 students ages 14-21 years who exited IDEA-Part B, special education services in 2008-2009, 10,359 (37.2%) graduated with a diploma, 309 (1.1%) received a certificate, 4,912 (17.6%) dropped out, and 70 (0.3%) died. The rest (N=12,186, 43.8%) were either transferred to general education or moved to other educational system, known to continue to receive any type of education.

Based on the information below, the graduation rate among students ages 14-21 years served under IDEA-Part B was 66.2% in 2008-9 (69.3% in 2007-8). The dropout rate was 28.1% and 31.4% for 2007-08 and 2008-09 academic years, respectively²⁰. From the school year beginning in fall 2007 to the school year beginning in fall 2008, the graduation rate decreased by 3.1 percentage points and the dropout rate increased by 3.3 percentage points.

The following table displays a comparison between the graduation/dropout rates and IDEA diagnostic category. The total number only includes students who graduated with a regular diploma or a certificate, died or were dropped out of school for the graduation/dropout rate computation. Students with mental retardation or emotional disturbance showed relatively lower graduation and higher dropout rates. In contrast, 100% of students with vision impairments and hearing impairments and 82% of students diagnosed with autism graduated with a high school diploma.

²⁰ Students transferred to regular education and moved to other places, known to be continuing education, were excluded for computation of the graduation and dropout rates.

Graduation/Dropout Rate by Diagnostic Category

	2007 – 2008			2008 - 2009		
	Number	Graduate Rate	Dropout Rate	Number	Graduate Rate	Dropout Rate
Mental retardation	1,597	56.5%	33.1%	1,847	51.8%	38.3%
Hearing impairments	188	87.2%	12.8%	152	100.0%	0.0%
Speech or language impairments	197	100.0%	0.0%	286	75.9%	24.1%
Visual impairments	42	100.0%	0.0%	51	100.0%	0.0%
Emotional disturbance	1,554	52.3%	47.7%	1,836	50.2%	48.6%
Orthopedic impairments	218	75.7%	24.3%	289	74.0%	21.1%
Other health impairments	1,257	77.9%	20.0%	1,404	76.0%	24.0%
Specific learning disabilities	7,992	72.9%	26.2%	9,144	69.5%	29.7%
Deaf-blindness	0	-	-	0	-	-
Multiple disabilities	47	0.0%	66.0%	57	0.0%	61.4%
Autism	378	82.0%	8.7%	428	82.2%	10.0%
Traumatic brain injury	55	100.0%	0.0%	75	85.3%	14.7%

Students with Disabilities Receiving Support under Section 504

Unfortunately, very little data is available for students receiving services under Section 504 of the 1973 Rehabilitation Act as amended. As a result, we can only report the total figures reported in Civil Rights data of the U.S. Department of Education. In 2006, a total of 7,928 (7,656 in 2004; 7,971 in 2000) students were receiving support services under Section 504, not under IDEA. These students had a physical or mental impairment that substantially limited one or more major life activities but did not result in learning issues that would have made them eligible for IDEA²¹.

²¹ Source: U.S. Department of Education. Office for Civil Rights (OCR). Civil Rights Data Collection. Retrieved from <http://ocrdata.ed.gov/Downloads.aspx>.

EMPLOYMENT SERVICES (1): Workforce Investment System (MICHIGAN WORKS!)

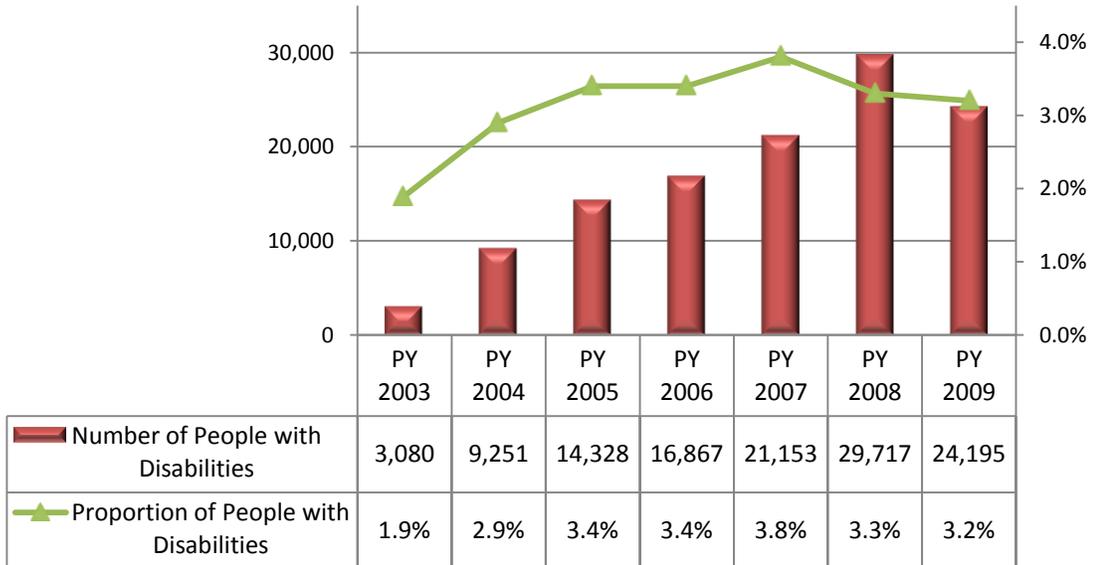
This section describes the outcome data of the workforce investment system that provides employment services to individuals with disabilities who may not be aware of, qualify for, or desire the state Vocational Rehabilitation (VR) services which is designed to provide services primarily to individuals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

Employment Services Funded by Wagner-Peyser Act

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

The following figure illustrates the number and the proportion of job seekers with disabilities who were served by the One-Stop workforce system (Michigan Works!) and whose services were funded by the Wagner-Peyser Act. During PY 2009, 24,196 (3.2% of a total 766,846 job seekers) individuals with disabilities received employment services with funding under the Wagner-Peyser Act²².

Michigan Wagner-Peyser Data (FY2003-FY2009)



²² Source: U.S. Department of Labor. Employment and Training Administration. Wagner-Peyser Act Employment Services. Retrieved from http://www.doleta.gov/performance/results/wagner-peyser_act.cfm.

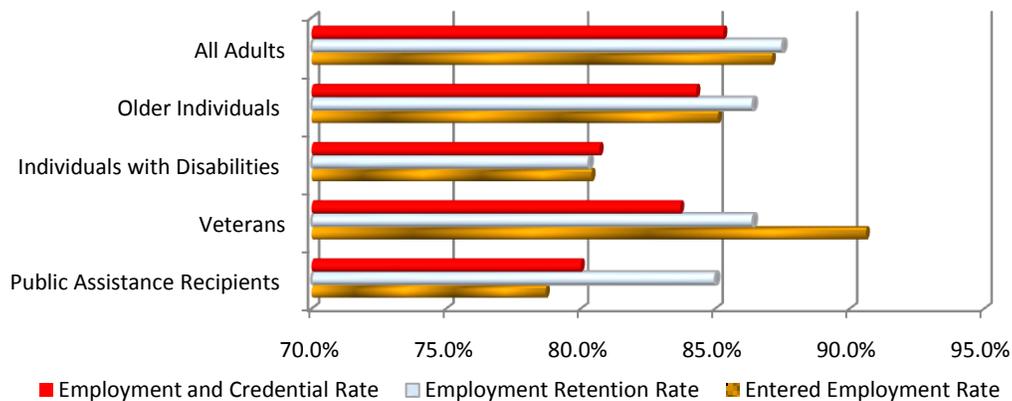
Employment Services Funded by Workforce Investment Act

The following four tables illustrate WIA outcomes for Adults, Dislocated Workers, and Youth with disabilities that exited WIA in Program Year (PY) 2007 to 2009. During PY 2009, 148 adults with disabilities of all exiters (n=184) entered new employment outcome, resulting in an employment rate of 80.4%. Retention and Employment/Credential Rates were pretty consistent with the Entered Employment Rate. The 2009 rate of Earnings Change in Six Months was \$9,026 (= \$1,200,515/\$133). Figure 7.2 displays the 2009 WIA outcome rates by Special Population groups. Compared to all other adult group and special groups, the outcome rates of individuals with disabilities and public assistance recipients were generally low²³.

Outcomes for Adults with Disabilities

Individuals with Disabilities	PY 2007		PY 2008		PY 2009	
	Rate	#	Rate	#	Rate	#
Entered Employment Rate	83.4	281	80.9	203	80.4	148
Employment Retention Rate	84.6	253	82.4	258	80.3	183
Earnings Change in Six Months	\$9,175		\$10,105		\$9,026	
Employment and Credential Rate ²⁴	80.7	117	80.0	108	80.7	96

Outcomes for Adults with Disabilities by Special Population



The following three tables illustrate outcome rates for Dislocated Workers, Older Youth²⁵, and Younger Youth²⁶ with disabilities who received employment services from the Michigan workforce investment system over the three years (PY 2007-2009).

²³ Source: U.S. Department of Labor. Employment and Training Administration. Workforce Investment Act (WIA) State Annual Reports. Retrieved from <http://www.doleta.gov/performance/results/Reports.cfm#wiarankings>.

²⁴ Credential Rate: Employed or in postsecondary education/advanced training in the quarter after exit and received credential among adults and dislocated workers who received training.

²⁵ Older Youth: youth ages 18-21 years

²⁶ Younger Youth: youth ages 14-17 years

Outcomes for Dislocated Workers with Disabilities

Individuals with Disabilities	PY 2007		PY 2008		PY 2009	
	Number	Rate	Number	Rate	Number	Rate
Entered Employment Rate	147	88	118	91.5	72	86.7
Employment Retention Rate	130	88.4	145	91.8	89	87.3
Earnings Change in Six Months	\$12,333		\$12,787		\$11,717	
Employment and Credential Rate	79	82.3	68	82.9	48	78.7

Outcomes for Older Youth with Disabilities

Individuals with Disabilities	PY 2007		PY 2008		PY 2009	
	Number	Rate	Number	Rate	Number	Rate
Entered Employment Rate	101	78.3	93	81.6	71	78
Employment Retention Rate	112	88.2	112	94.1	65	90.3
Earnings Change in Six Months	\$3,241		\$4,470		\$4,612	
Employment and Credential Rate	102	68.9	107	76.4	83	71.6

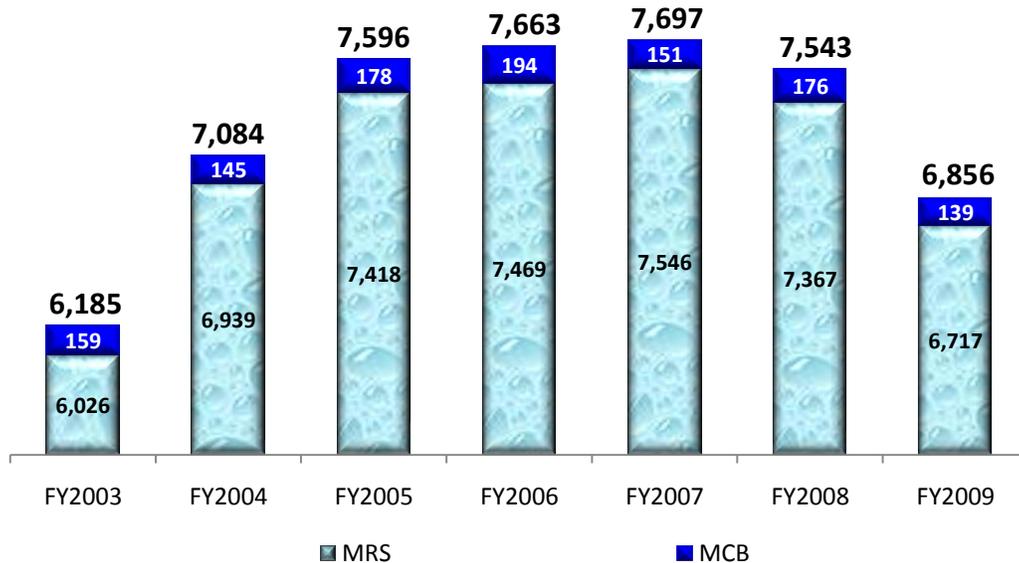
Outcomes for Younger Youth with Disabilities

Individuals with Disabilities	PY 2007		PY 2008		PY 2009	
	Number	Rate	Number	Rate	Number	Rate
Skill Attainment Rate	2,100	94.4	2,279	92	2,604	94.3
Diploma or Equivalent Attainment Rate	398	89.2	375	92.8	422	88.7
Retention Rate	349	76.2	408	80.8	370	80.6

EMPLOYMENT SERVICES (2): State-Federal Vocational Rehabilitation Services

The Michigan Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB) are designed to provide an array of vocational rehabilitation services to individuals with disabilities to help them to obtain and retain a job. In FY 2009 a total of 6,856 individuals with disabilities achieved a competitive employment outcome and stayed employed for at least 90 days after receiving VR services from MRS (n=6,717) and MCB (n=139). A competitively employed customer refers to an individual who achieved an employment outcome while earning at least minimum wage (\$7.40 per hour as of October 1, 2009) in one of the following employment situations: an integrated setting without supports, self-employment, or supported employment in an integrated setting²⁷.

Individuals with Disabilities Who Achieved a Competitive Employment after Receiving VR Services from MRS and MCB (FY 2003-FY 2009)



In FY 2009, MRS customers with a competitive employment worked 32.1 on average, hours a week and earned \$13.33 per hour. The average hours worked and hourly wage of MCB customers with a competitive employment were 29.5 hours and \$13.03, respectively, in 2009.

²⁷ Source: U.S. Department of Education. Office of Special Education and Rehabilitative Services. Rehabilitation Services Administration. RSA-911 Data.

Average Hourly Wage and Hours Worked in a Week at Closure of the Competitively Employed Customers from MRS and MCB (FY 2003-FY 2009)

	MRS			MCB		
	N	Mean Hourly Wage	Mean Hours Worked in a Week	N	Mean Hourly Wage	Mean Hours Worked in a Week
FY 2003	6,026	\$9.79	32.1	159	\$11.37	30.8
FY 2004	6,939	\$10.49	32.4	145	\$12.50	29.6
FY 2005	7,418	\$10.79	32.2	178	\$11.97	31.4
FY 2006	7,469	\$11.14	32.4	194	\$12.35	30.7
FY 2007	7,546	\$11.60	32.5	151	\$12.98	29.8
FY 2008	7,367	\$11.99	32.5	176	\$12.74	27.6
FY 2009	6,717	\$13.33	32.1	139	\$13.03	29.5

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

SECTION II

RSA-911 DATA (MRS & MCB) & RSA-704 (MiSILC)

**PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY**

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RSA-911 DATA (MRS & MCB) & RSA-704 REPORT (MISILC)

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

In order to determine if there are any populations of Michigan residents with disabilities that are unserved or underserved by Michigan Rehabilitation Services (MRS) or Michigan Commission for the Blind (MCB), the RSA-911 data for fiscal years 2007, 2008 and 2009 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, 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 [§Sec. 702 (1), Rehabilitation Act of 1973]. This section also presents services available in CILs in Michigan and their independent living outcomes using the 2010 RSA-704 Annual Performance Report which was provided by Michigan Statewide Independent Living Council (Mi-SILC).

MICHIGAN REHABILITATION SERVICES (MRS)

MRS Customers at a Glance

Each year, an average of 20,000 individuals with disabilities exited MRS either with or without a successful employment outcome. According to the table below, slightly over 57% of MRS customers were male. About two thirds were White with no Hispanic Origin and 28% were African Americans. Regardless of their race classification, 2.8% reported having Hispanic/Latino ancestry. About 28% of MRS customers were transition youth who were either younger than 21 years old at application or age 22 to 25 years at application who were referred by a K-12 school system. Less than 2% of MRS customers were over 65 years of age at application.

In a comparison to the 2008 American Community Survey report¹ (21% of Michigan residents with disabilities as being an African American), African Americans are not considered underserved in MRS (28%). As for Hispanic/Latino *as an ethnicity group*, 2.8% of MRS closed

¹ Erickson, W., Lee, C., & von Schrader, S. (2010). 2008 Disability Status Report: Michigan. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics. Retrieved from http://www.ilr.cornell.edu/edi/disabilitystatistics/StatusReports/2008-PDF/2008-StatusReport_SD.pdf?CFID=1990386&CFTOKEN=22939085&jsessionid=f03085526e78790a762c2c6d52362e3c1a74.

Individual Characteristics of MRS Customers Closed in FY 2007, 2008 & 2009

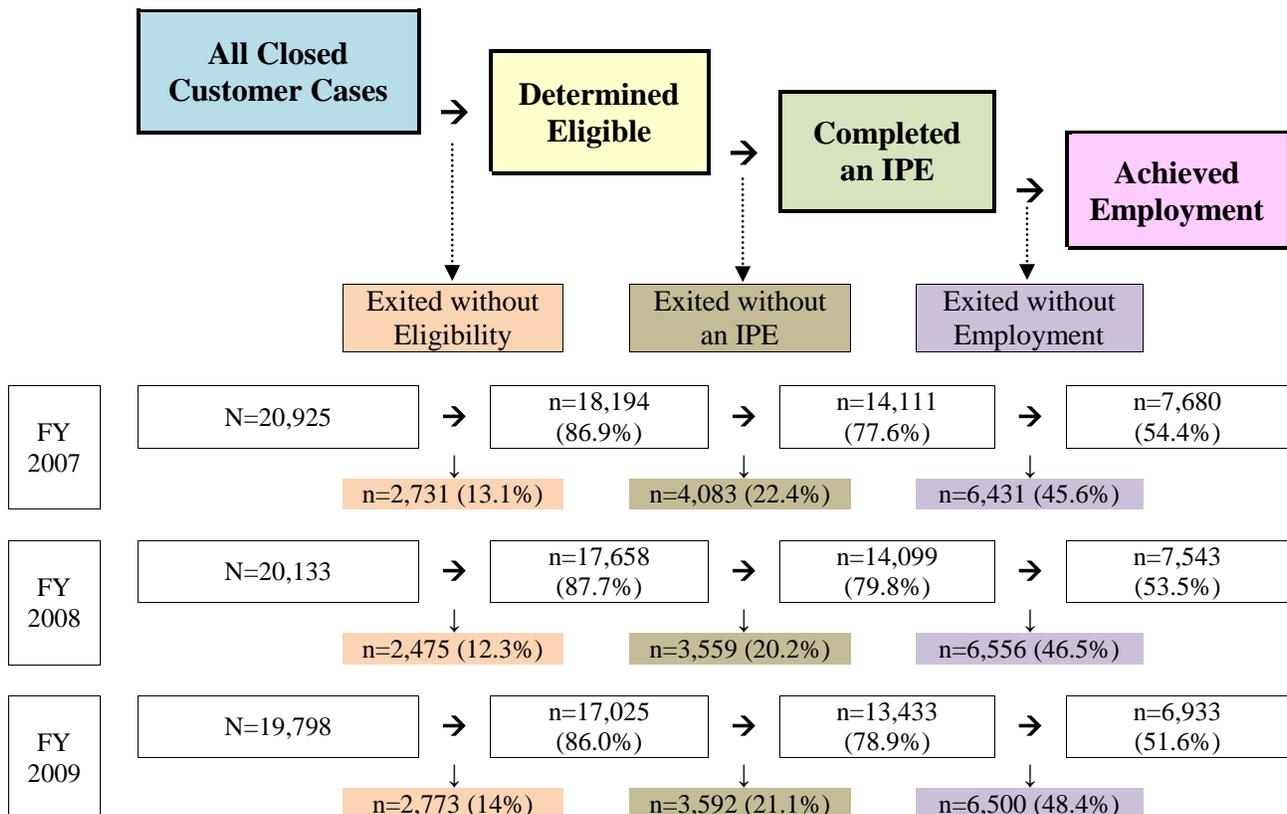
		2007 (N=20,925)		2008 (N=20,133)		2009 (N=19,798)	
		N	%	N	%	N	%
Gender	Male	11,942	57.1%	11,676	58.0%	11,333	57.2%
	Female	8,983	42.9%	8,457	42.0%	8,465	42.8%
Race/ Ethnicity	White, no Hispanic Origin	13,955	66.7%	13,271	65.9%	12,987	65.6%
	Black or African American	5,895	28.2%	5,786	28.7%	5,706	28.8%
	Native American	224	1.1%	199	1.0%	201	1.0%
	Asian American	107	0.5%	131	0.7%	116	0.6%
	Native Hawaiian or Other Pacific Islander	20	0.1%	21	0.1%	21	0.1%
	Hispanic or Latino	449	2.1%	439	2.2%	454	2.3%
	Multiracial	275	1.3%	286	1.4%	313	1.6%
Age	Transition Youth	6,070	29.0%	5,683	28.2%	5,587	28.2%
	19-64	14,608	69.8%	14,185	70.4%	13,843	69.9%
	=>65	247	1.2%	265	1.3%	368	1.9%
Sig. Disability	Not Reported	2,417	11.6	2,234	11.1	2,449	12.4
	Not Significant Disability	842	4.0	665	3.3	463	2.3
	Significant Disability	17,666	84.4	17,234	85.6	16,886	85.3
Type of Disability	No Impairment	248	1.2	236	1.2	192	1.0
	Blindness/Visual Impairments	142	0.7	153	0.8	128	0.6
	Deafness/Hearing Impairments including Deaf/Blindness	1,748	8.4	1,753	8.7	2,114	10.7
	Physical Impairments- Orthopedic/Neurological	2,366	11.3	2,015	10.0	1,934	9.8
	Other Physical Impairments	2,764	13.2	2,917	14.5	2,786	14.1
	LD	3,975	19.0	3,558	17.7	3,498	17.7
	ADHD	611	2.9	582	2.9	621	3.1
	MR	1,505	7.2	1,325	6.6	1,141	5.8
	Autism	257	1.2	264	1.3	293	1.5
	Mental Illness	4,252	20.3	4,227	21.0	4,228	21.4
	Substance Abuse	2,134	10.2	2,215	11.0	2,007	10.1
	TBI	257	1.2	249	1.2	237	1.2
Communicative/All Other Mental Impairments	666	3.2	639	3.2	619	3.1	
Work Status at Applica- tion	Working without Support	3,477	17.3	3,613	17.3	3,603	18.2
	Working-Others	556	2.8	536	2.6	561	2.8
	Not working	16,100	80.0	16,776	80.2	15,634	79.0
Highest Level of Ed at Applica- tion	Missing	2	0	2	0	0	0
	Less than 12 years of Ed	4,749	22.7	4,570	22.7	4,285	21.6
	Spec Ed Certificate Completers or Students	2,505	12	2,202	10.9	2,429	12.3
	High School Diploma	9,284	44.4	8,900	44.2	8,442	42.6
	Some college and more	4,385	21	4,459	22.1	4,642	23.4
SSI/DI	SSI/DI	4,380	21.8	5,043	24.1	4,188	21.2

cases in 2009 were Hispanic/Latino (2.5% in 2008; 2.4% in 2007). Compared to the 2008 ACS report (3% of Hispanic/Latino), this ethnic group appears to be underserved, but the magnitude is minimal and the proportion of Hispanic/Latino MRS customers has been increasing each year. Asian/Asian Americans, however, appeared somewhat underserved (0.6%) by MRS when compared to the ACS report (0.9%). Despite a very small difference in percentage points (0.3%), this finding represents a 30% difference in the proportion of customers served compared to their proportion in the population (0.3% / 0.9%). Although the self-reported disability rate (4.3%) for Asian/Asian Americans is the lowest rate among all the racial/ethnic groups, there is a strong possibility that due to cultural attitudes about disability, this may be an artificially low estimate.

In FY 2009, over 21% of MRS customers had some type of mental illness, 17.7% had learning disabilities and 11.3% had visual and/or hearing impairments. With regard to the highest level of education at application, 43% reported having a high school diploma, 22% less than 12 years of education and 23% had one or more years of post-secondary education. Approximately 12% of MRS customers reported that they currently were or had been a special education student. About 80% were not working at application and 21% were receiving cash benefits from SSA at the time of application.

VR Process and Outcomes

Figure 1: VR Process and Outcomes



The state-federal VR program is designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that such individuals may prepare for and engage in gainful employment (Section §100 (a)(2)(B)). As everyone with disabilities is not eligible for VR services, the VR counselor determines eligibility based on the diagnosis/documentation of disabilities and the initial interview. Once determined eligible, the customer, with assistance from the VR counselor, develops an Individualized Plan for Employment (IPE) which serves as a roadmap for VR services. A case is considered successful when a customer completes the services outlined in the IPE and secures (or retains) employment for 90 days. As illustrated in Figure 1, each VR process is a milestone toward a successful employment outcome.

How to read Figure 1:

In FY 2009, of a total of 19,798 customers who exited MRS, 17,025 (86%) were determined eligible; in other words, 2,773 (14%) applicants exited before or without being determined eligible.

Of the eligible customers (n=17,025), 79% developed their own IPE; the other 3,592 customers were determined eligible but exited MRS without an IPE.

In the same way, 52% (n=6,933) customers with an IPE (n=13,433) achieved a successful employment outcome.

Figure 1 also presents the same information of FY 2008 and FY 2007. Looking at the trends over the past three years, closure rates from eligibility and IPE development fluctuates but the employment rate has been in continuous decline .

Factors Related to VR Process and VR Outcomes

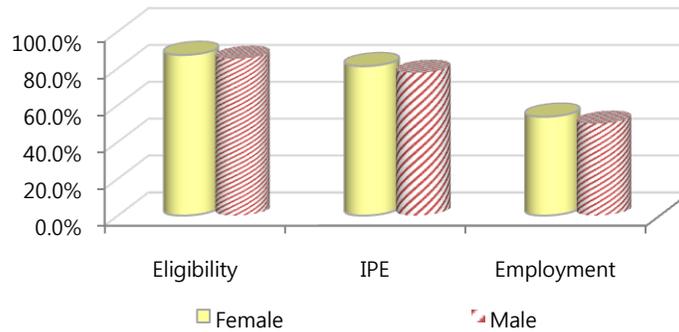
By examining the proportion of MRS customers reaching each of the three VR milestones information about and potential associations between MRS customer characteristics and VR milestones can be investigated. For example, 88% of 12,987 White customers were determined eligible for MRS; of those eligible customers, 81% developed an IPE, and of those customers who developed an IPE, 54% achieved an employment outcome. With regard to the African American customers, the second largest racial group, all three process/outcome rates were significantly lower than those of White customers (81%, 75% and 47%, respectively). More detailed information of each variable is discussed below.

MRS Customer Characteristics and VR Outcomes (FY 2009)

		N (19,798)	Eligibility (86.0%)	IPE (78.9%)	Employment (51.6%)
Gender	Male	11,333	85.1%	77.5%	49.8%
	Female	8,465	87.2%	81.1%	53.6%
Race/ Ethnicity	White, no Hispanic Origin	12,987	88.4%	80.7%	53.6%
	African American	5,706	81.1%	75.3%	47.2%
	Native American	201	83.6%	79.2%	34.6%
	Asian/Pacific Islanders	137	87.6%	80.0%	58.3%
	Hispanic or Latino	454	84.6%	77.6%	45.3%
	Multiracial	313	80.2%	73.3%	47.3%
Age	Transition Youth	5,587	90.5%	77.0%	37.4%
	22-64	13,843	83.9%	79.5%	56.1%
	65+	368	95.1%	92.0%	90.4%
Type of Primary Disability	No Impairment	192	.0%	-	-
	Blindness/Visual Impairments	128	79.7%	76.5%	53.8%
	Deafness/Hearing Impairments including Deaf/Blindness	2,114	95.7%	93.3%	85.5%
	Physical Impairments- Orthopedic/Neurological	1,934	90.1%	84.5%	63.7%
	Other Physical Impairments	2,786	81.2%	73.2%	46.3%
	LD	3,498	89.1%	77.2%	41.2%
	ADHD	621	87.0%	75.4%	39.6%
	MR	1,141	96.1%	81.5%	46.4%
	Autism	293	91.5%	77.6%	43.3%
	Mental Illness	4,228	84.9%	73.4%	39.1%
	Substance Abuse	2,007	77.8%	79.6%	52.1%
	TBI	237	83.1%	74.1%	38.4%
Communicative/All Other Mental Impairments	619	84.7%	76.1%	45.6%	
Significant Disabilities	Not Reported	2,449	0%	-	-
	Not Significant	463	98.3%	89.5%	80.3%
	Significant Disability	16,886	98.1%	78.8%	50.6%
Level of Ed at App	<12 th Ed	4,285	85.6%	76.3%	38.7%
	Certificate of Completion	2,429	92.0%	78.5%	42.3%
	HS Diploma	8,442	83.3%	78.1%	51.9%
	Some college+	4,642	88.2%	83.3%	66.2%
Work Status at App	Working w/o supports	3,603	93.7%	92.1%	82.2%
	Working-Others	561	93.6%	92.2%	75.6%
	Not working	15,634	83.9%	75.2%	40.7%
SSI/DI	No SSI/DI	15,610	85.2%	81.1%	54.7%
	SSI/DI	4,188	89.1%	71.7%	38.6%

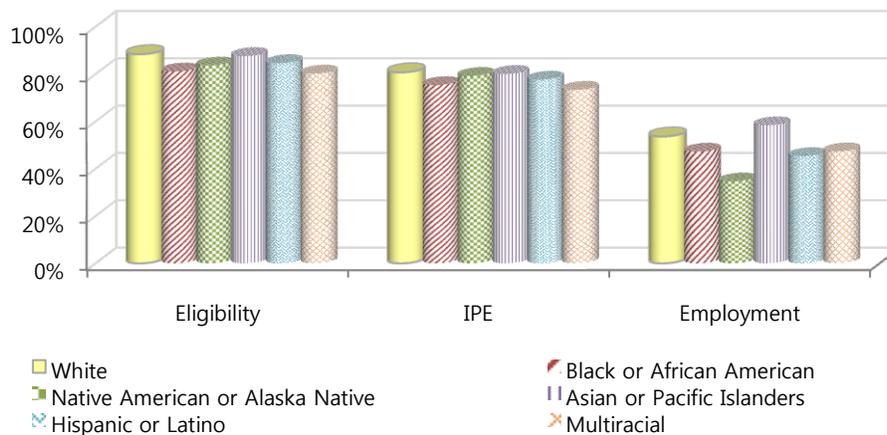
Gender

Historically, more men have applied for MRS services than women. However, women are more likely to proceed through the process from eligibility to employment than men. In reviewing the 2007-2009 data, both trends continue to be true with differences being statistically confirmed by a series of independent t-tests².



Race/Ethnicity

As seen in the following table and graph, White and Asian customers were more likely than other racial and ethnic groups to be determined eligible and to achieve an employment outcome in MRS. A series of ANOVA tests³ found significant differences between racial groups across all three VR milestones or outcomes. According to further post-hoc test (*Scheffe*) results, multiracial and African American customers were less likely than other racial groups to be determined eligible. Scheffe test also found the employment rate of Native Americans to be statistically lower than the employment rates of White and Asian customers. In 2007 and 2008, the same trends were observed; Native Americans and Multiracial customers were less likely to have an employment outcome than other racial groups.

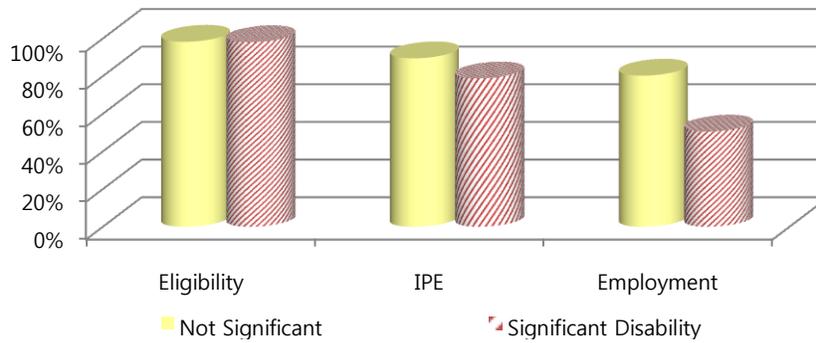


² Eligibility rate: $t(19,796) = 4.29, p < .001$; IPE rate: $t(17,023) = 5.87, p < .001$; Employment rate: $t(13,455) = 4.38, p < .001$

³ Eligibility rate: $F(6) = 32.1, p < .001$; IPE rate: $F(6) = 11.8, p < .001$; Employment rate: $F(6) = 11.8, p < .001$

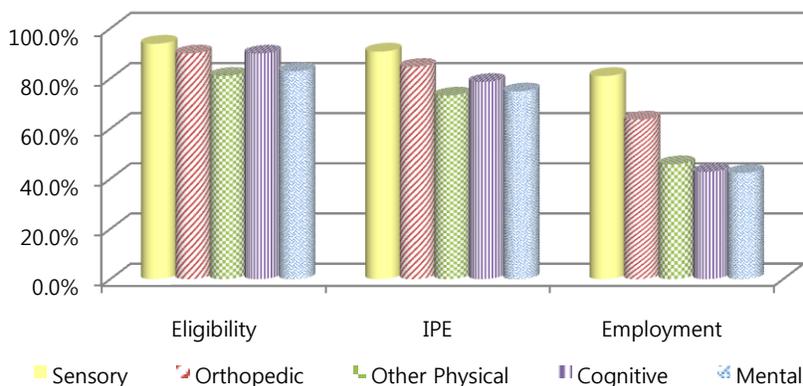
Significant Disabilities⁴

Of the 18,194 customers that were determined eligible for services, 97.3% had significant disabilities and 463 did not have a significant disability. As would be expected, customers without a significant disability were more likely to write a plan and close with an employment outcome than customers with significant disabilities.



Type of Primary Disabilities

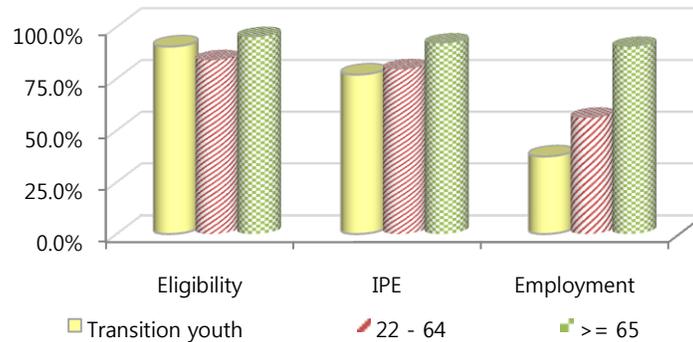
Customers with sensory disabilities were positively associated with all VR processes and outcome; customers with other disability types showed more complex relationships to VR processes and outcomes. This observation indicates that there is a great deal of variation between types of disabilities in terms of VR process and outcomes. As seen in the next table and figure, customers with physical disabilities (e.g., respiratory illness, cancer, diabetes) other than mobility/orthopedic impairments (e.g., amputation) and customers with mental impairments were less likely to reach each milestone. Customers with cognitive disabilities (e.g., learning disabilities, mental retardation), though more likely to be determined eligible for services were less likely to exit MRS with an employment outcome.



⁴ Significance of disability is reported if a customer has been determined eligible for services.

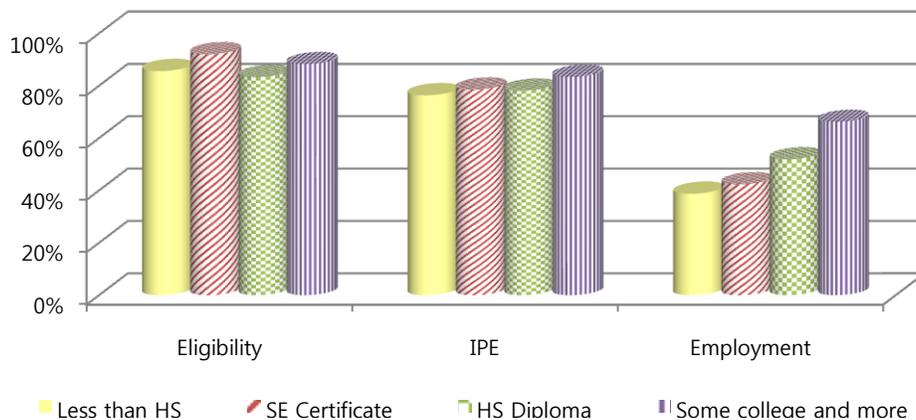
Age at Application

All process and outcome rates for older customers (i.e., ages 65 and older) exceeded those of transition youth and working age customers (ages 22-64) in MRS. Although transition youth were almost as likely to be determined eligible for MRS services as older adults, they were much less likely to achieve successful employment outcomes than both comparison groups. These findings were confirmed statistically by ANOVA⁵ and ad-hoc test results.



Level of Education at Application

Higher levels of education at application were positively related to employment outcome at closure. Transition age youth or adults with a certificate of completion were more likely to be determined eligible for services compared to other education groups; however, the employment rate was significantly lower for these customers than for those with a high school diploma or college education.



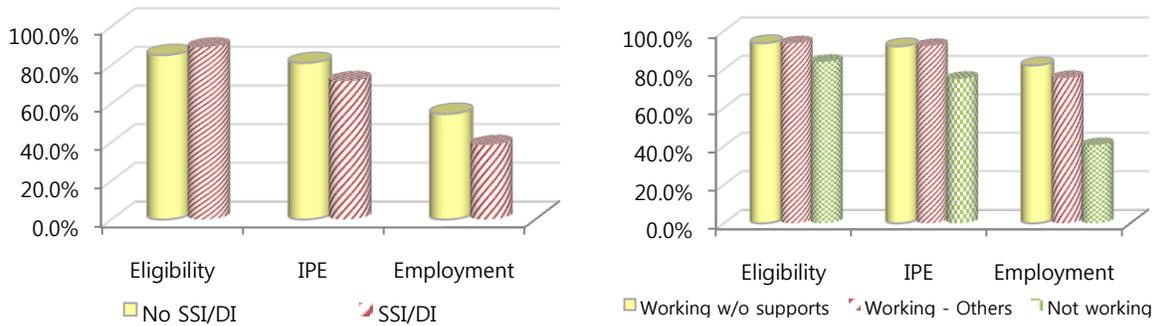
⁵ Eligibility rate: $F(2) = 83.4, p < .001$

IPE rate: $F(2) = 25.8, p < .001$

Employment rate: $F(2) = 300.9, p < .001$

Social Security Beneficiaries and Work Status at Application

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



Summary

According to the results above, African and Multiracial Americans, customers with other physical disabilities (e.g., respiratory illness, cancer, diabetes), and customers with not significant disabilities were more likely to exit MRS before eligibility determination. Customers reported as being Native Americans and Hispanic/Latinos, transition youth, customers with other physical and mental disabilities, and SSI/DI beneficiaries were less likely to achieve an employment outcome. Having lower levels of education or a certificate of completion was also related to unsuccessful outcomes but this would be intertwined with age, which represented transition youth group.

Further Investigation for Special Populations

Transition Youth

MRS defines transition youth as customers who are age 21 or less at application or ages 22 to 25 years who were referred by a K-12 school system. In 2009, of 5,587 MRS youth customers, 65% reported having cognitive disabilities and another 20% having mental/psychiatric disabilities. Of those youth, 23% had high school diploma at the time of application and the remainder had less than a high school diploma. As seen above, 90.5% transition youth were determined eligible for MRS and 77% of eligible youth established their own IPE. However, a very low proportion of youth with an IPE (37.4%) achieved their employment goal at closure.

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

Supported Employment Customers

Receiving supported employment services through MRS indicates that the customer was determined eligible and that an IPE that included supported employment services was developed. Thus, looking at rates of eligibility and IPE development is meaningless. In 2009, 761 customers specified an employment outcome/ vocational goal in a supported employment setting in their IPE. The majority of these customers had either mental illness (40%) or mental retardation (40%) as the primary disability reported. An additional 3.3% of these customers were reported as having autism as their primary disability and the remaining 17% had a wide array of other disabilities. The majority (54.1%; n = 412) of the customers who received supported employment services exited MRS with an employment outcome. A comparison of employment outcomes of this group to customers without a supported employment plan (51.4%) shows a slightly higher proportion of supported employment customers were closed with an employment outcome.

Customers with received a supported employment goal were more likely to receive Job Placement Assistance (52.6%) and On the Job Supports (58.5%) services than their counterparts. Further, 60% of the customers who had a supported employment plan and 76% who received Job Placement and On the Job Supports services achieved successful VR outcomes. In relation to the primary disabilities of customers with a supported employment goal, 68% of the customers with autism, 62.7% of the customers with mental retardation and 51.5% of the customers with mental illness achieved an employment outcome.

Of 412 customers who had supported employment written into their IPE and achieved an employment outcome, 386 (93.7%) were working in an integrated setting with support and 339 (87.8%) of them were competitively employed. The top three occupations that supported employment customers had at the time of closure were Building and Grounds Cleaning and Maintenance (42%), Food Preparation and Serving Related (20%) and Production (11%) occupations.

Type of Disabilities Using Primary Disability Cause

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

Primary Disability Cause and Employment Outcomes

	N (19,798)	Eligibility (86.0%)	IPE (78.9%)	Employment (51.6%)
Cause Unknown/Missing	195	0.0%	-	-
Asthma and Other Allergies	84	70.2%	67.8%	42.5%
Blood Disorders	61	80.3%	71.4%	45.7%
Cancer	80	91.3%	79.5%	50.0%
Cardiac and other Circulatory	282	84.8%	79.9%	50.8%
Cystic Fibrosis	2	100.0%	50.0%	0.0%
Diabetes Mellitus	221	78.3%	75.1%	38.5%
Digestive	47	80.9%	89.5%	64.7%
End-Stage Renal Other Genitourinary	57	91.2%	73.1%	42.1%
HIV and AIDS	43	90.7%	76.9%	50.0%
Immune Deficiencies excluding HIV AIDS	27	81.5%	72.7%	62.5%
Other Physical Disorders Conditions	1,889	89.0%	84.9%	73.2%
Other Respiratory Disorders	52	75.0%	76.9%	46.7%
Alcohol Abuse or Dependence	687	77.1%	81.3%	45.2%
Drug Abuse or Dependence other than alcohol	1,348	77.9%	79.1%	55.8%
Anxiety Disorders	313	85.0%	74.4%	40.4%
Depressive and other Mood Disorders	2,364	84.7%	74.2%	40.2%
Eating Disorders	8	75.0%	66.7%	0.0%
Mental Illness not listed elsewhere	798	83.5%	71.6%	36.9%
Personality Disorders	188	86.2%	71.6%	33.6%
Schizophrenia and other Psychotic Disorders	573	87.4%	73.5%	38.0%
Accident Injury other than TBI SCI	1,976	88.4%	85.1%	73.7%
Amputations	85	91.8%	79.5%	54.8%
Arthritis and Rheumatism	304	81.6%	70.6%	35.4%
Multiple Sclerosis	110	88.2%	75.3%	43.8%
Epilepsy	154	80.5%	67.7%	36.9%
Stroke	139	79.9%	69.4%	53.2%
Muscular Dystrophy	52	92.3%	81.3%	41.0%
Spinal Cord Injury	104	83.7%	74.7%	47.7%
Traumatic Brain Injury	237	83.1%	74.1%	38.4%
Parkinson's Disease and other Neurological	43	88.4%	76.3%	44.8%
Polio	17	94.1%	68.8%	63.6%
Attention Deficit Hyperactivity Disorder	666	87.4%	75.4%	39.0%
Autism	293	91.5%	78.0%	43.1%
Cerebral Palsy	223	92.4%	85.0%	42.9%
Congenital Condition or Birth Injury	1,413	91.6%	86.3%	66.9%
Mental Retardation	1,142	96.1%	81.5%	46.4%
Specific Learning Disabilities	3,521	89.1%	77.6%	40.8%

MICHIGAN COMMISSION FOR THE BLIND (MCB)

MCB Customers at a Glance

As shown in the table below, 54% of MCB customers closed in 2009 were female. A comparison with the previous two years shows the proportion of female customers has been gradually increased over that time. About two thirds of customers were White, no Hispanic Origin and 29% were African American. Eighteen percent of MCB customers were transition youth who were either younger than 18 years old at application or who were aged 19 to 25 years old at application and referred by a K-12 school system. Another 5% were age 65 or older at application. Over 90% of MCB customers reported having blindness (94% in 2009) and another 3-4% had other visual impairments. With regard to the highest level of education at application, a third of the customers reported having a high school diploma and 40% had received post-secondary education. About 81% of the customers were not working at application and 63% were receiving cash benefits from SSA at the time of application. Compared to MRS customers, MCB customers were more likely to have higher levels of education at application and to receive Social Security benefits.

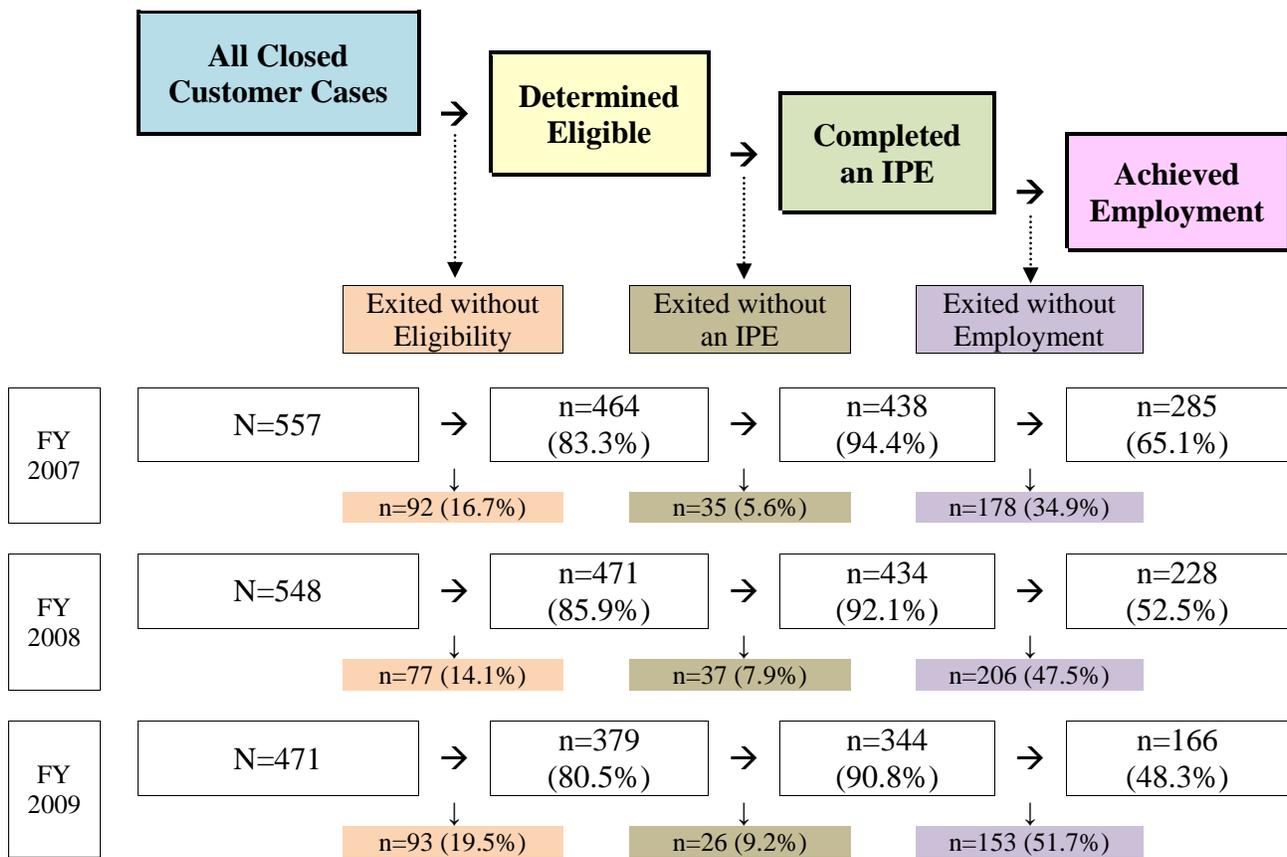
Demographic Information of MCB Customers Closed in FY 2007, 2008 & 2009

		2007 (N=557)		2008 (N=548)		2009 (N=471)	
Gender	Male	280	50.3	265	48.4	216	45.9
	Female	277	49.7	283	51.6	255	54.1
Race/ Ethnicity	White, no Hispanic Origin	399	71.6	350	63.9	311	66.0
	African American	133	23.9	179	32.7	135	28.7
	Other Minorities	22	3.9	19	3.5	25	5.3
Age	Transition youth	59	10.6	104	19.0	74	15.7
	22 - 64	435	78.1	409	74.6	372	79.0
	>= 65	63	11.3	33	6.0	25	5.3
Type of Primary Impairment	Missing/No Impairments	4	0.7	0	0.0	4	0.8
	Blindness	506	90.8	509	92.9	444	94.3
	Other Visual Impairments	22	3.9	14	2.6	14	3.0
	Deaf-Blindness	22	3.9	20	3.6	8	1.7
	All Other Impairments	3	0.6	5	1.0	1	0.2
Significant Disability	Not Significant	34	6.4	45	8.9	0	0.0
	Significant Disability	523	93.9	503	91.8	471	100.0
Highest Level of Ed at Application	Missing	6	1.1	0	.0	15	3.2
	Less than 12 years of Ed	123	22.1	169	30.8	96	20.4
	Spec Ed Certificate Completers or Students	21	3.8	11	2.0	16	3.4
	High School Diploma	187	33.6	175	31.9	158	33.5
	Some college and more	220	39.5	193	35.2	186	39.5
Work Status at Application	Working without Support	83	14.9	77	14.1	72	15.3
	Working-Others	25	4.5	17	3.1	18	3.8
	Not working	449	80.7	454	82.8	381	80.9
SSI/DI	No SSI/DI	204	36.6	233	42.5	173	36.7
	SSI/DI	353	63.4	315	57.5	298	63.3

VR Process and Outcomes

As illustrated below⁶, of the 471 customers who exited MCB in FY 2009, 379 (81%) were determined eligible for services. Of eligible customers (n=379), 91% developed and IPE. Of customers who developed an IPE 52% (n=166) achieved a successful employment outcome. The following figure presents the same information for FY 2008 and FY 2007. Looking at the trends over the past three years, rates of eligibility and employment have fluctuated, but the IPE development rate has consistently decreased.

VR Process and Outcomes



Factors Related to VR Process and VR Outcomes

The next table displays proportions of MCB customers who reached each of three VR milestones or outcomes from which possible associations between MCB customer characteristics and outcomes were investigated. As illustrated, 82% of 311 White customers were determined eligible for the MCB services, and of those eligible customers, 88.6% developed an IPE. Among White customers with an IPE, 51.8% achieved an employment outcome. With regard to African American customers, the second largest racial group, all three process/outcome rates were

⁶ See p. 3 for detailed information on VR process and outcomes.

significantly lower than those of White customers (77.8%, 88.6% and 44.1%, respectively). More detailed information of each variable is discussed below.

MCB Customer Characteristics and VR Outcomes (FY 2009)

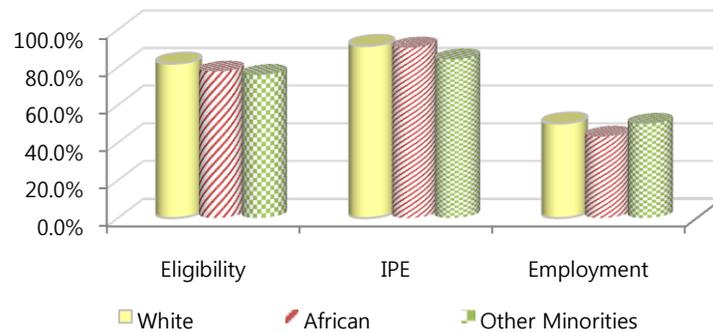
		N (471)	Eligibility (80.5%)	IPE (90.8%)	Employment (48.3%)
Gender	Male	216	82.4%	91.6%	50.3%
	Female	255	78.8%	90.0%	46.4%
Race/ Ethnicity	White	311	82.0%	88.6%	51.8%
	Black or African American	135	77.8%	88.6%	44.1%
	Native American or Alaska Native	1	100.0%	0%	-
	Asian	5	100.0%	60.0%	0%
	Native Hawaiian or Other Pacific Islander	1	100.0%	100.0%	100.0%
	Hispanic or Latino	12	83.3%	90.0%	55.6%
	Multiracial	6	33.3%	100.0%	100.0%
Age	Transition Youth	74	91.9%	92.6%	28.6%
	22-64	372	78.5%	90.4%	52.3%
	65+	25	76.0%	89.5%	58.8%
Type of Primary Impairment	Missing/No Impairments	4	0%	-	-
	Blindness	444	81.1%	90.3%	47.7%
	Other Visual Impairment	14	78.6%	100.0%	45.5%
	Deaf-Blindness	8	100.0%	100.0%	75.0%
	All Other Impairments	1	0%	-	-
Significant Disabilities	Not Significant	0	-	-	-
	Significant Disability	471	80.5%	90.8%	48.3%
Level of Ed at App	Missing	15	0%	-	-
	Less than 12 years of Ed	96	82.3%	89.9%	33.8%
	Spec Ed Certificate Completers or Students	16	93.8%	93.3%	35.7%
	High School Diploma	158	81.6%	86.8%	42.9%
	Some college and more	186	83.9%	94.2%	60.5%
Employment Status at App	Working without Support	72	87.5%	90.5%	89.5%
	Working-Others	18	100.0%	100.0%	88.9%
	Not working	381	81.4%	90.3%	36.8%
SSI/DI	No SSI/DI	173	79.2%	86.9%	48.7%
	SSI/DI	298	81.2%	93.0%	48.0%

Gender

Though MCB serves more females than males, male customers were more likely to be eligible and achieve an employment than females. This finding is almost opposite to the result of MRS data.

Race/Ethnicity

White and Asian/Asian American customers were more likely to reach each milestone or VR outcome than other racial/ethnic groups. Though some variations were observed among other minority groups, the number is so small that making an inference would be meaningless.

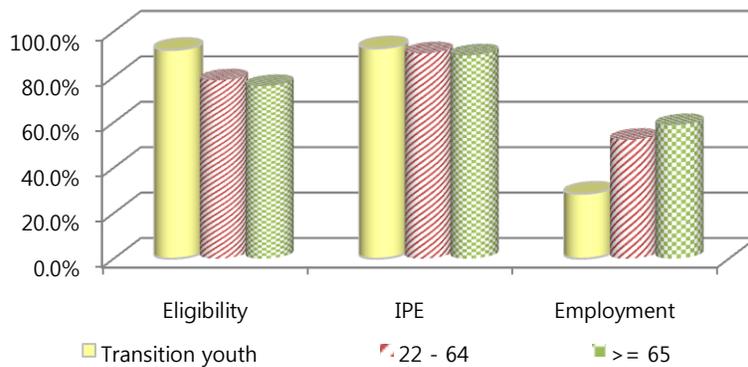


Type of Primary Disabilities and Significant Disabilities

As would be expected, the primary disability reported for 95% of the MCB customers was vision blindness. All of the customers were determined to be significantly disabled in 2009. Thus, disability type or level of severity would not be relevant for further consideration in relation to VR process or outcome.

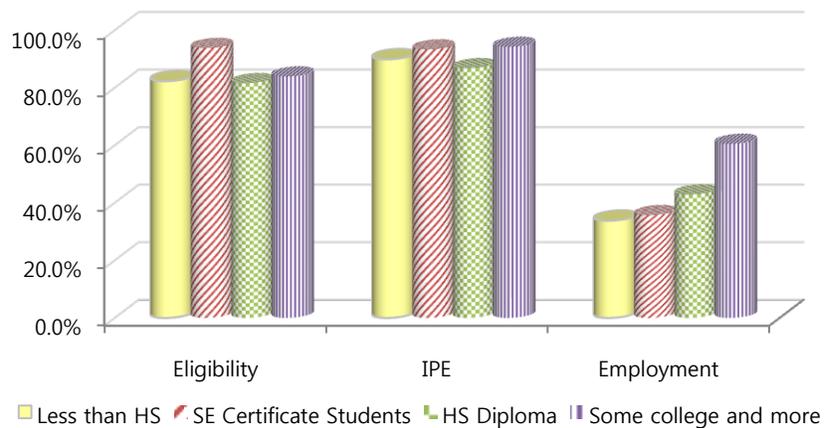
Age at Application

Transition youth customers were most likely to be determined eligible but least likely to achieve an employment outcome when compared to other working age or older customers at MCB. Older population (age 65 and older), however, showed the opposite finding. This observation has been consistent over years, but it is notable that the proportion of older customers receiving VR services from MCB has been consistently decreasing during the past three years (5.3% in 2009; 6.0% in 2008; 11.3% in 2007).



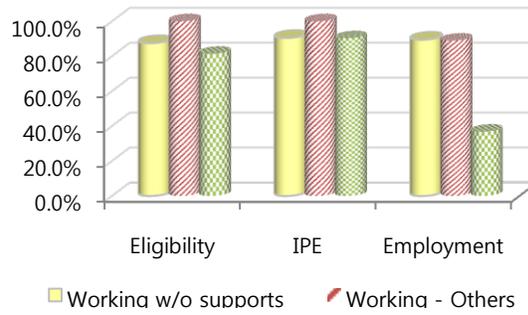
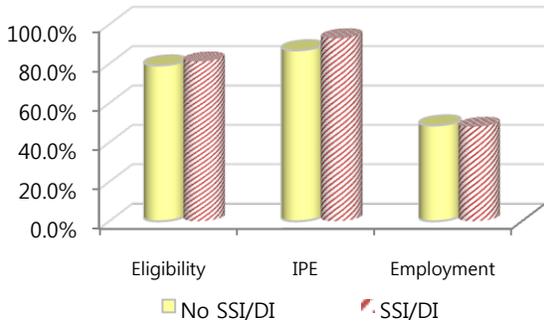
Level of Education at Application

Having higher level of education at application was positively related to an employment outcome at closure. Youth with less than a high school diploma and adults with a certificate of completion were more likely to be determined eligible for services; however, the employment rate was significantly lower for this group than for customers with a high school diploma or college education.



Social Security Beneficiaries and Work Status at Application

Unlike the findings seen with the MRS data, receiving SSI/DI benefits seemed less related to VR process or outcome for MCB customers. One's working status at application for MCB customers, however, was related to employment outcomes, rather than eligibility or IPE rate as observed in MRS.



Summary

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

CENTERS FOR INDEPENDENT LIVING (CILs)

As one of the critical resources for individuals with disabilities, the Center for Independent Living (CIL) is a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services. This section reviews CIL consumers, services provided by CILs and their outcomes using the 2010 RSA-704 Annual Performance Report. As a performance activity measuring instrument of independent living (IL) programs, the RSA-704 report is useful to determine the training and technical assistance needs of CILs and establish a uniform reporting system to compile an accurate national report on independent living. In addition to the RSA-704 report, we also included the information of community activities at the end of this section.

CIL Consumers with a Consumer Service Record

As seen in the following table, a total of 9,101 individuals with disabilities were served based on the Independent Living Plan (ILP) by CILs in FY 2010. A Consumer Service Record (CSR) is created and maintained for an eligible consumer receiving IL services (other than information and referral services) and those who have the CSR are included in RSA-704 Report.

	Active CSR*	Carry Over CSR*	Total Consumers
Ann Arbor CIL	224	413	637
Disability Network-Oakland/Macomb	45	658	703
Disability Network-Wayne County/Detroit	117	137	254
Disability Network-Flint	158	355	513
Disability Advocates of Kent County	344	1688	2002
Disability Network Lakeshore-Holland	71	149	220
Disability Connections-Jackson	293	886	1179
Disability Network-Southwest Michigan	155	605	760
Disability Network-Southwest Michigan Berrien/Cass	5	193	198
Capital Area CIL	83	114	197
Superior Alliance for Independent Living	96	261	357
Disability Network-Mid-Michigan	283	334	617
Disability Connection-Muskegon	143	228	371
Blue Water Center for Independent Living	341	328	669
Disability Network-Northern Michigan	152	272	424
Totals	2510	6621	9101

*CSR: Consumer Service Record

According to the system support administrator at Mi-SILC, a problem occurred in converting existing data into the new data reporting system. For the record, their outcomes, services, and

community activity data were accurate, but the demographic counts were incorrect. Therefore, this report does not include further consumer demographic information of the CIL consumers.

IL Services Provided

A variety of services are provided by CIL to individuals with disabilities. The following table lists 23 types of services and the numbers of consumers who requested and who received each type of services. Note that an IL consumer can request the same type of services multiple times so the numbers here indicate the number of services requested or received, not the number of consumers who requested or received each service. For example, a total of 18,184 I&R services were requested by all 9,101 consumers who had a CSR during FY 2010.

Most frequently requested services, apart from I&R services, were Vocational services (n=2,632), IL skills/Life skills training (n=2,134), and Housing, home modification and shelter services (n=1,951). Most services that had been requested were provided to consumers, but only 71.3% of consumers who had requested transportation services received the services.

	Number of Services Requested	Consumers Receiving Services	
		Number	Percent
Information and Referral Services	18,184	17,995	99 %
Vocational Services	2,632	2,576	97.9%
IL Skills Training and Life Skills Training	2,134	2,134	100%
Housing, Home Modifications, and Shelter Services	1,951	1,916	98.2%
Advocacy/Legal Services	1,635	1,633	99.9%
Assistive Technology	1,609	1,596	99.2%
Youth/Transition Services	1,228	1,228	100%
Other Services	1,072	1,061	99%
Transportation Services	850	606	71.3%
Counseling and Related Services	695	695	100%
Physical Restoration Services	570	570	100%
Peer Counseling Services	531	531	100%
Personal Assistance Services	443	441	99.5%
Recreational Services	290	289	99.7%
Communication Services	126	126	100%
Family Services	119	119	100%
Mental Restoration Services	104	104	100%
Children's Services	80	80	100%
Mobility Training	39	39	100%
Rehabilitation Technology Services	33	33	100%
Preventive Services	16	16	100%
Therapeutic Treatment	6	6	100%
Prostheses, Orthotics, and Other Appliances	4	4	100%

Goals / Outcomes Related to Increased Independence in Significant Life Areas

The table below presents numbers of CIL consumers set each life goal and the number and percent of goals either achieved or still progress. For example, of 2,611 consumers who set vocational goals, 73.8% achieved the goals during FY 2010 and 17.9% were still in progress at the end of FY 2010 continuing into FY 2011. The remaining 216 (8.3%) consumers decided not to pursue that goal at the reporting time for various reasons (e.g., moved to other place, lost contact). The table also indicates the top three goal areas that IL consumers most frequently set: Vocational goals (n=2,611), Community Based Living goals (n=2,562), and Information Access/Technology goals (n=2,362). During the FY 2010, higher proportions of consumers achieved Mobility/Transportation (74.8%), Vocational goals (73.8%), and Communication goals (70.2%).

	Goals Set	Goals Achieved		In Progress	
		Number	Percent	Number	Percent
Vocational	2,611	1,927	73.8%	468	17.9%
Community-Based Living	2,562	1,319	51.5%	966	37.7%
Information Access/Technology	2,362	1,048	44.4%	190	8.0%
Mobility/Transportation	1,413	1,057	74.8%	272	19.2%
Self-care	1,386	943	68.0%	342	24.7%
Educational	1,047	573	54.7%	390	37.2%
Relocation from a Nursing Home or Institution to Community-Based Living	998	592	59.3%	263	26.4%
Self-Advocacy/Self-Empowerment	749	508	67.8%	168	22.4%
Personal Resource Management	541	276	51.0%	155	28.7%
Other	508	258	50.8%	175	34.4%
Community/Social Participation	463	266	57.5%	167	36.1%
Communication	57	40	70.2%	9	15.8%

While the RSA requires CILs to report the number of consumers who set and achieved goals related to independence in 12 significant life areas above, the following table describes IL outcomes achieved based upon 9 priority areas of Michigan: Accessibility, Assistive Technology, Education, Employment, Health Care, Housing, On-Going Supports, Recreation, Relocation and Transportation⁷.

During FY 2010, 290 consumers with a CSR enhanced accessibility of their house or apartment and 397 acquired assistive technology as a result of services provided by CILs. With regard to employment outcomes, 516 consumers increased job search skills and 197 obtained employment. CIL staff helped 243 consumers to move from nursing facility or care facility to a community setting.

⁷ Information was provided by the System Support Administrator at Mi-SILC.

Priority Areas	Number of Consumers	Outcomes
Accessibility	330	Enhanced access to goods and services in the community
	290	Enhanced accessibility of home/apartment
Assistive Technology	149	Acquired information regarding AT Options
	397	Acquired AT
	14	Acquired AT Funding
	29	Increased functional and safe use of AT
	32	Repaired AT
Education	50	Acquired educational accommodation(s)
	135	Completed an educational program
	46	Enrolled in an educational program
	54	Increased knowledge of education options
	8	Self-advocated for educational accommodations
Employment	20	Acquired reasonable accommodation
	3	Acquired reasonable accommodation
	809	Increased knowledge of employment options (incentives, rights)
	516	Increased work search skills
	54	Maintained employment
	197	Obtained employment
	63	Obtained volunteer work experience
	0	Improved job status via workplace promotion
Health Care	38	Acquired access to appropriate insurance coverage
	691	Acquired appropriate health care services (medical, mental health, etc.)
	89	Increased knowledge of healthcare options/insurance options
Housing	243	Acquired accessible, affordable housing
	196	Increased awareness of housing options
	28	Increased housing search skills
On-Going Supports:	169	Acquired financial supports (SI, SSDI, food stamps, etc.)
	48	Acquired PA/PASREP services
	814	Acquired/increased IL skills
	314	Acquired/maintained other necessary supports (peer, natural supports, etc.)
	136	Increased awareness of community resources to maintain community-based independent living
Recreation	48	Enhanced access to sports, recreation and leisure opportunities
	12	Increased knowledge/skills in sports, recreation and leisure activities
	336	Participated in sports, recreation and leisure opportunities
Relocation	93	Developed and initiated implementation of plan to move into a community setting
	36	Diverted/prevented move to an institutional setting
	112	Increased awareness of community living options
	3	Moved from correctional facility to a community setting
	243	Moved from nursing facility/care facility to a community setting
Transportation	1,497	Acquired access to transportation
	114	Acquired financial resources for transportation
	670	Acquired knowledge of transportation options
	36	Acquired skills to utilize transportation

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

The following table shows the numbers of consumers who achieved access to previously unavailable transportation, health care services or assistive technology as a result of IL services provided by CILs during FY 2010. Using an example from the table, as a result of IL services a total of 2,033 consumers achieved access to transportation that had not been available.

	Consumers Requiring Access	Consumers Achieving Access		Consumers Whose Access is in Progress	
		Number	Percent	Number	Percent
Transportation	2,275	2,033	89.4%	212	10.4%
Health Care Services	1,155	695	60.2%	350	50.4%
Assistive Technology	1,466	1,263	86.2%	183	14.5%

Community Activities

All information up to this point was regarding CIL consumers who had a CSR based on the RSA-704 report, however, CIL staff also interact with consumers who do not have CSRs. During FY 2010, CILs in Michigan provided I&R services to 15,407 individuals, in addition to the 9,101 consumers with a CSR. The following table illustrates the community service hours by 9 priority areas of Michigan CILs including sample goals of services.

Priority Areas	Total Hours Spent	Sample Goals of Services
Accessibility	2,667	To increase opportunity for people with disabilities to participate in community decision making
Assistive Technology	3,548	To increase opportunity for people with disabilities to participate in community decision making
Education	3,727	To increase community awareness and value about the educational needs of people with disabilities
Employment	12,505	To decreased barriers to employment
Health Care	1,743	To increase access to health care including preventative, mental health, substance abuse and dental services
Housing	254,017	To increase opportunity for people with disabilities to participate in community decision making
On-Going Supports	12,287	To increase availability of, and access to, coordinated supports for community living at local, state and national levels
Recreation	4,646	To increase available community sports, recreation and leisure opportunities for people with disabilities
Relocation	3,115	To increased community living options for individuals with disabilities leaving restrictive settings or at risk of institutionalization
Transportation	2,473	To increased opportunity for people with disabilities to participate in community decision making; to increase geographic service area for transportation systems

Appendix II-a: Individual Characteristics of MRS Customers and VR Outcomes in FY 2007, 2008 & 2009

		2007				2008				2009			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
Total		20,925	86.9%	77.7%	54.3%	20,133	87.7%	79.9%	53.4%	19,798	86.0%	79.0%	51.5%
Gender	Female	8,983	88.2%	78.8%	55.5%	8,457	88.9%	81.1%	54.5%	8,465	87.2%	81.1%	53.6%
	Male	11,942	86.0%	76.9%	53.3%	11,676	86.8%	79.1%	52.7%	11,333	85.1%	77.5%	49.8%
Race/ Ethnicity	White, no Hispanic Origin	13,955	88.8%	80.1%	56.2%	13,271	89.8%	82.1%	55.8%	12,987	88.4%	80.7%	53.6%
	Black or African American	5,895	82.9%	71.7%	50.0%	5,786	83.2%	74.0%	48.3%	5,706	81.1%	75.3%	47.2%
	Native American	224	80.8%	77.3%	41.4%	199	81.4%	75.9%	45.5%	201	83.6%	79.2%	34.6%
	Asian American	107	82.2%	86.4%	61.8%	131	93.1%	82.8%	54.5%	116	85.3%	79.8%	63.3%
	Native Hawaiian or Other Pacific Islander	20	90.0%	88.9%	50.0%	21	81.0%	64.7%	27.3%	21	100.0%	81.0%	35.3%
	Hispanic or Latino	449	87.5%	74.8%	51.7%	439	90.2%	83.1%	52.9%	454	84.6%	77.6%	45.3%
	Multiracial	275	85.1%	76.5%	44.1%	286	82.5%	80.5%	41.6%	313	80.2%	73.3%	47.3%
Type of Disabilities	Missing	248	0.0%	-	-	236	0.0%	-	-	192	0.0%	-	-
	Sensory_VIHI	2,154	93.3%	90.4%	78.9%	2,180	95.4%	91.1%	82.1%	2,559	93.9%	90.8%	81.0%
	Physical-Orthopedic	2,371	89.1%	81.5%	63.3%	2,024	90.5%	81.7%	62.8%	1,939	90.0%	84.6%	63.6%
	Other Physical	2,821	83.2%	74.9%	48.0%	2,964	83.0%	75.5%	47.6%	2,837	81.1%	73.2%	45.8%
	Cognitive	6,676	91.0%	78.2%	51.1%	6,052	91.9%	81.5%	48.4%	5,755	90.0%	78.6%	42.8%
	Mental	6,655	84.9%	72.5%	46.0%	6,677	85.8%	75.7%	45.5%	6,516	82.9%	74.9%	42.3%
Significant Disability	Not Reported	2,417	0%	-	-	2,234	0%	-	-	2,449	0%	-	-
	Not Significant	842	99.3%	93.2%	85.9%	665	99.1%	92.3%	85.5%	463	15.6%	89.5%	80.3%
	Significant Disability	17,666	98.3%	77.0%	52.5%	17,234	98.6%	79.4%	52.0%	16,886	98.1%	78.8%	50.6%
Age at Application	Transition youth	6,197	90.6%	76.2%	45.6%	5,683	92.3%	80.4%	43.3%	5,587	90.5%	77.0%	37.4%
	22 - 64	14,481	85.3%	78.1%	57.4%	14,185	85.7%	79.4%	57.1%	13,843	83.9%	79.5%	56.1%
	>= 65	247	93.5%	94.4%	86.7%	265	94.7%	94.8%	84.0%	368	95.1%	92.0%	90.4%

Appendix II-a: Individual Characteristics of MRS Customers and VR Outcomes in FY 2007, 2008 & 2009 (cont'd)

		2007				2008				2009			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
Total		20,925	86.9%	77.7%	54.3%	20,133	87.7%	79.9%	53.4%	19,798	86.0%	79.0%	51.5%
Level of Education at Application	Missing	2	0.0%	-	-	2	0.0%	-	-	0	-	-	-
	Less than HS	4,749	87.3%	76.4%	46.8%	4,570	86.7%	78.5%	44.1%	4,285	85.6%	76.3%	38.7%
	Certificate of Completion	2,505	90.8%	74.3%	50.0%	2,202	93.7%	81.3%	48.2%	2,429	92.0%	78.5%	42.3%
	HS diploma	9,284	85.1%	76.8%	54.2%	8,900	85.9%	78.3%	53.5%	8,442	83.3%	78.1%	51.9%
	Some college+	4,385	88.3%	83.1%	64.2%	4,459	89.4%	83.8%	64.6%	4,642	88.2%	83.3%	66.2%
SSI/DI	No SSI/DI	15,882	85.4%	79.2%	58.9%	15,753	86.6%	81.2%	57.3%	15,610	85.2%	81.1%	54.7%
	SSI/DI	5,043	91.8%	73.4%	39.7%	4,380	91.6%	75.7%	39.3%	4,188	89.1%	71.7%	38.6%
Work Status at Application	Employment w/o Support	3,613	93.7%	90.0%	78.2%	3,477	94.2%	92.0%	78.1%	3,603	93.7%	92.1%	82.2%
	Other Employment	536	93.7%	85.1%	74.5%	556	93.3%	90.6%	72.3%	561	93.6%	92.2%	75.6%
	Not working	16,776	85.3%	74.5%	46.7%	16,100	86.1%	76.7%	45.6%	15,634	83.9%	75.2%	40.7%

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

Appendix II-b: Individual Characteristics of MCB Customers and VR Outcomes in FY 2007, 2008 & 2009

		2007				2008				2009			
		N	Elig	IPE	Emp	N	Elig	IPE	Emp	N	Elig	IPE	Emp
Total		557	83.3%	94.4%	65.1%	548	85.9%	92.1%	52.5%	471	80.5%	90.8%	48.3%
Gender	Female	280	84.6%	94.5%	72.3%	265	86.4%	94.8%	54.8%	216	82.4%	91.6%	50.3%
	Male	277	81.9%	94.3%	57.5%	283	85.5%	89.7%	50.2%	255	78.8%	90%	46.4%
Race/ Ethnicity	White, no Hispanic Origin	399	87%	95.4%	67.4%	350	88%	93.5%	59.4%	311	82%	91.4%	50.2%
	African American	133	72.2%	90.6%	57.5%	179	81%	89%	37.2%	135	77.8%	90.5%	43.2%
	Other Minorities	22	84%	95.2%	60%	19	94.7%	94.4%	52.9%	25	76%	84.2%	50%
Type of Disabilities	Missing/No Impairments	4	0%	-	-	0	-	-	-	4	0%	-	-
	Blindness	506	85%	94.2%	66.7%	509	86.4%	91.8%	53%	444	81.1%	90.3%	47.7%
	Other Visual Impairments	22	50%	90.9%	20%	14	57.1%	87.5%	28.6%	14	78.6%	100%	45.5%
	Deaf-Blindness	22	90.9%	100%	60%	20	90%	100%	50%	8	100%	100%	75%
	All Others	3	100%	100%	33.4%	5	100%	100%	60%	1	0%	-	-
Significant Disability	Not Significant	34	5.9%	100%	100%	45	15.6%	42.9%	33.3%	0	-	-	-
	Significant Disability	523	88.3%	94.4%	64.9%	503	92.2%	92.9%	52.7%	471	80.5%	90.8%	48.3%
Age at Application	Transition youth	59	84.7%	96%	43.8%	104	88.5%	90.2%	44.6%	74	91.9%	92.6%	28.6%
	22 - 64	435	82.3%	93.6%	67.2%	409	86.1%	92%	52.5%	372	78.5%	90.4%	52.3%
	>= 65	63	88.9%	98.2%	70.9%	33	81.8%	100%	77.8%	25	76%	89.5%	58.8%
Level of Education at Application	Missing	6	0%	-	-	0	-	-	-	15	0%	-	-
	Less than HS	123	87.8%	90.7%	51%	169	82.2%	87.8%	47.5%	96	82.3%	89.9%	33.8%
	Certificate of Completion	21	95.2%	95%	47.4%	11	100%	100%	18.2%	16	93.8%	93.3%	35.7%
	HS diploma	187	78.6%	94.6%	59.7%	175	86.3%	94%	55.6%	158	81.6%	86.8%	42.9%
	Some college+	220	85.9%	96.3%	78.6%	193	88.1%	93.5%	56%	186	83.9%	94.2%	60.5%

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

SECTION III

STAFF SURVEY SUMMARY FINDINGS (MRS, MCB, MiSILC & CROs)

**PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY**

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STAFF SURVEY SUMMARY FINDINGS: MRS, MCB, MSILC & CROS

Beginning in the first planning session for the 2011 Michigan Comprehensive Statewide Needs Assessment (MCSNA) project, the interagency committee identified a need for a data collection method to collect quantitative and qualitative needs assessment data at the local level. The rationale was that although prior MCSNA reports met the federally mandated requirements for a triennial needs assessment and were very informative at the state level, they had little meaning or impact at the local level. The goal was established to develop a survey instrument that could, with minimal modification, be utilized to collect local needs assessment related information from vocational rehabilitation agency staff, centers for independent living staff, community rehabilitation organization directors, people with disabilities and family and friends of people with disabilities. The data collected could then be used to describe statewide needs for the MCSNA report as well district/region specific information for agency manager's and partners. In addition, changes over time at both the state and local level could then be tracked more efficiently and effectively.

Instrument Development

Prior to developing the survey, MCSNA committee members conducted an extensive review of the professional literature, requested and reviewed survey instruments from other states and reviewed the recommendations in the RSA *The VR Needs Assessment Guide*. Team members then developed the quantitative and qualitative survey items. The core survey questions that addressed unserved or underserved populations and the availability and sufficiency of services were then piloted and revised as needed. A total of seven survey instruments were developed to meet the specific data collection needs for each agency and constituency. Although the core survey questions were included in each survey, there are different individual and agency characteristics questions as well as different scales and/or order of the core items in each survey. For example, MRS, MCB and CIL staff members were asked to rate each of the 45 service areas on two Likert-type scales: one for availability and one for sufficiency. The survey designed for the CRO directors contained the same scales for the 10 community general services items, but only asked to indicate which of the remaining 35 services their agency provided for people with disabilities. Finally, a "MCSNA Frequently Asked Questions" document that described the federally mandated CSNA requirements, the purpose of the survey, confidentiality and participants rights, how the data would be reported etc., was also developed.

Data Collection Protocol

Project Excellence staff developed an electronic survey format using Qualtrics Survey Software as the primary method to collect data from Michigan Rehabilitation Services (MRS) staff, Michigan Commission for the Blind (MCB) staff, Centers for Independent Living (CIL) staff and community rehabilitation organization directors who were MARO members. Multiple individuals from each organization elected to complete the survey using alternative format options such as entering the requested information directly into an email or a Word document file and sending it to the designated Project Excellence staff member or completing a phone

interview with a Project Excellence staff member. Data were collected over a two week period in February 2011.

Survey Results

Unfortunately, the planned launch of the persons with disabilities surveys and the family and friends surveys were unexpectedly delayed. Although preliminary data has been collected, the data collected from these groups are not included in this report; instead, it will be submitted as a supplemental report once the data collection is completed.

Response Rates

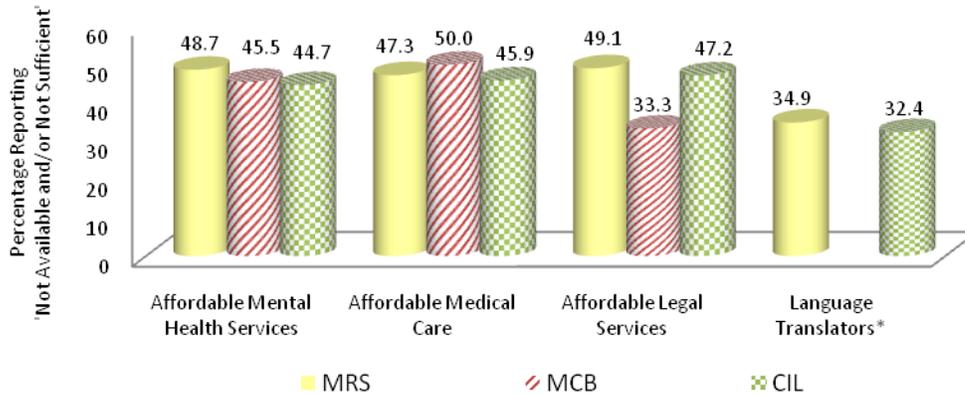
The staff survey response rates varied by organization and district. In addition, many of the survey responses were missing a significant amount of data. For example, some participants elected to answer only a few of the quantitative questions but provided extensive qualitative information. Others only answered the quantitative questions. After reviewing the response rates for each survey, criterion was established to determine if a survey was 'usable' for analyses. All qualitative data was determined to be usable. For the quantitative data, at least 20 of the 45 service variables had to have a response on the availability Likert-type scale to be considered usable.

A total of 666 MRS staff members were surveyed, and 263 (39.5%) answered at least a few questions. Among them, 210 (31.5%) surveys were determined (based on the quantitative and/or qualitative usability criterion) to be usable. A total of 129 MCB staff were surveyed, 45 responded (34.8%) and 40 surveys were determined to be usable (31%). A total of 268 (12 emails were returned as undeliverable) CIL staff were surveyed and 45 (16.8%) elected to complete at least a few survey questions. After applying the usability criterion 40 (14.9%) surveys were determined to be usable. It should be noted that analyses of the job title and site variables for each organization confirmed that the participants responded across all job titles and represented every office/region in the state including MCTI and MCB-TC.

Although the overall response rate for the MARO members' survey was 51.7%, due to extensive missing data, the usable survey rate was 34%. The missing data in the majority of the surveys were the questions that pertained to the organization specific questions. Therefore, we cannot determine if the community rehabilitation organizations that responded are from throughout the state or are centrally located.

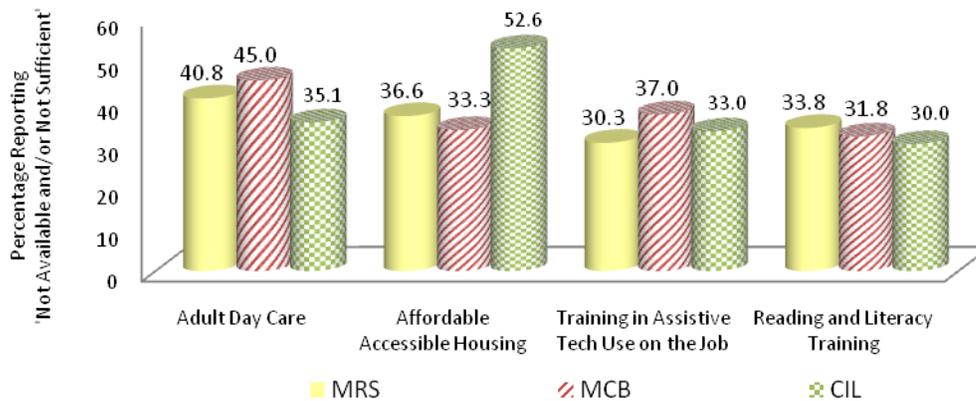
Key Service Findings Across Organizations (MRS, MCB & CIL)

Staff from MRS, MCB, and CILs responded to questions about the availability and sufficiency of services for persons with disabilities in their area. Data was organized for each service so that we could determine the proportion of respondents from each organization who indicated that a service was ‘Available and Sufficient’ or ‘Not Available and/or Not Sufficient.’ The following is a presentation of the services most commonly deemed ‘Not Available and/or Not Sufficient’ by staff at the state level.

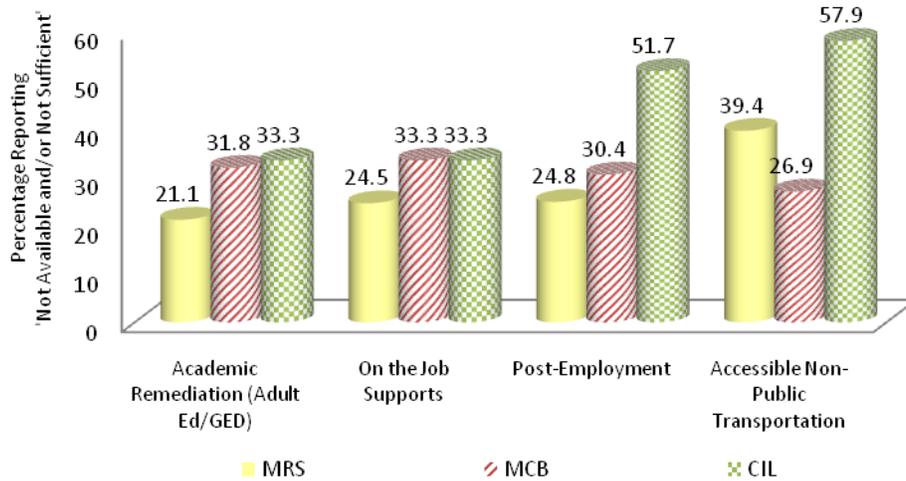


**Insufficient data from MCB to report*

As evident in the chart above, the greatest response regarding services that are not available and/or not sufficient was in relation to community-based services (e.g., affordable mental health services, affordable medical care, affordable legal services, and language translators). The lack of availability of these services is often most heavily felt by persons with low incomes, which is critical as there is a differentially high poverty rate among persons with disabilities as a group. The impact of not having access to these community based services can restrict a person in their ability to live independently as well as seek and maintain employment. While providing these services is often outside the purview of MRS, MCB, and the CILs, the lack of availability impacts staff to be able to do their jobs effectively.



More specific to employment and disability services; additional needs were pointed out across organizations for adult day care, affordable accessible housing, training in assistive technology use on the job, and reading and literacy training.

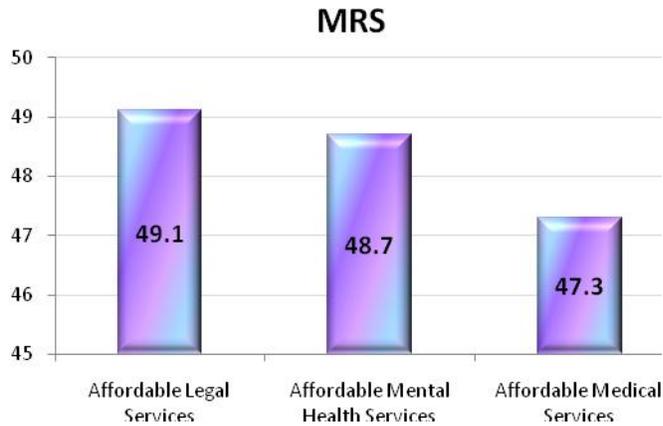


Some services were highlighted by staff from two of the three reporting organizations, reflecting that at least some staff feel that the service is not available and/or not sufficient in their area. While MCB and CIL staff noted a gap in on-the-job supports, post-employment services, and academic remediation, MRS staff did not report a lack of availability or sufficiency of these services at the same rate. However, the implementation of the Michigan Merit Curriculum in the state may impact how staff rate the availability of academic remediation such as adult education or GED classes in the future¹. MRS and CIL staff noted a need for accessible non-public transportation such as cabs or rental cars at a high rate, MCB staff reported this need less frequently.

¹ The Michigan Merit Curriculum changed the requirements to receive a high school diploma by requiring students to pass a standardized set of courses. Students who do not meet these more rigorous requirements will be issued a certificate of completion at the end of their secondary education. Source: Michigan Department of Education. (2007). Michigan Merit Curriculum High School Graduation Requirements. Available at: http://www.michigan.gov/documents/mde/faq1_178592_7.pdf

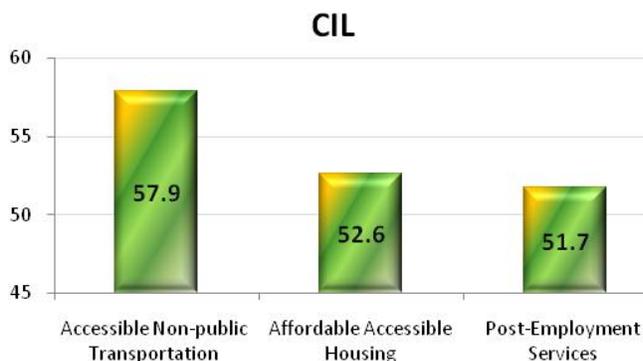
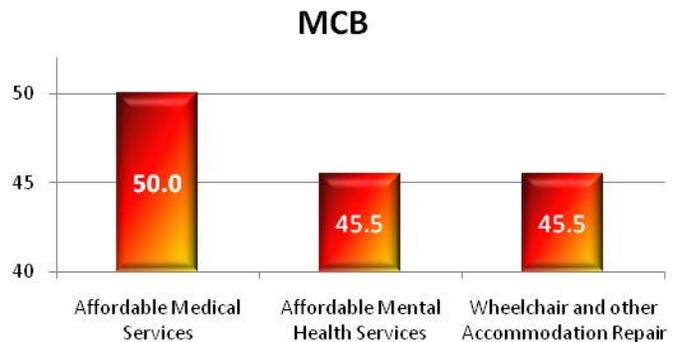
Key Findings Within Organizations (MRS, MCB & CIL)

Staff from each organization reported slightly different ‘top three’ services that they felt were either not available or not sufficient within their service area.



MRS staff rated three community based services as least available and sufficient within their service areas. As discussed, these services are outside the services that MRS is able to provide directly, but if unavailable, can have a serious and detrimental impact on a person’s ability to prepare for, seek, and maintain a job.

MCB staff ratings were similar to staff from MRS, although MCB staff also reported that repair services for wheelchairs and other accommodations were not available and/or not sufficient within their service areas. This service was not as highly rated by staff from the other two organizations.



CIL staff rated non-public transportation (e.g., cabs and rental cars), affordable accessible housing, and post-employment services as least available and sufficient within their service areas. These ratings were not surprising given that CIL staff often field service requests and complaints related to these service needs.

Summary of Findings

The staff member responses from all three agencies indicated that the greatest unmet needs for people with disabilities across the state are community-based services (e.g., affordable mental health services, affordable medical care, affordable legal services, and language translators) that are not provided directly by the responding organizations. These services, however, are critical in light of the differentially high rate of poverty felt in the disability community. Increasing access to affordable, accessible community based services is an issue that each of the agencies, at both the state and local level, can serve as additional advocates along with people with disabilities and advocacy groups.

We also observed a pattern of responses from staff regarding service availability and sufficiency that seemed to indicate varying levels of awareness about the services provided by the other organizations surveyed. For example, staff from MCB rated the need for services for persons who are blind or have low vision as ‘available and sufficient’ at a much higher rate than staff from MRS and the CILs. Also, CIL staff rated independent living services as ‘Available and Sufficient’ at a higher rate than MRS and MCB staff. While these differences may be local, an alternate explanation might be that staff are unaware of services that are provided by or familiar to the staff of other organizations.

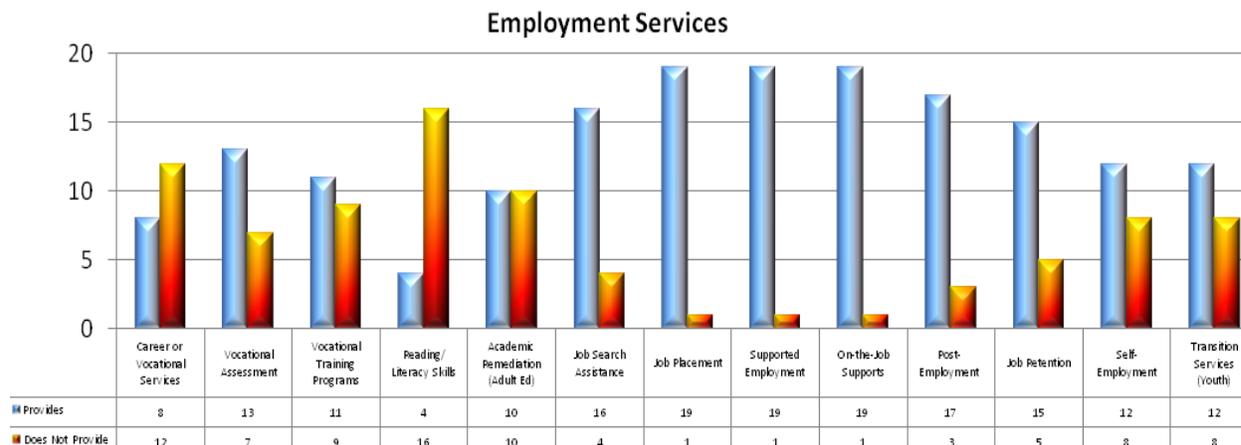
Community Rehabilitation Organizations

Although the overall response rate for the MARO members' survey was 51.7%, due to extensive missing data, the usable survey rate was 34% (N=20). The data missing in the majority of the surveys were the questions that pertained to the organization specific questions. Therefore we cannot determine if the community rehabilitation organizations that responded are from throughout the state or are centrally located.

Services Provided by the CROs

CROs were asked to indicate which services they currently provide in each of the following service categories: employment services, services to individuals who are blind or have low vision, independent living services, culturally relevant services, and rehabilitation technology.

As would be expected and the following figure indicates, the majority of responding CROs provide job search assistance, job placement, supported employment, on the job supports, post-employment services, and job retention services. Most also provide vocational assessments, vocational training programs, self-employment services, and transition services for youth with disabilities.



The majority of responding CROs do not provide services specifically for persons who are blind or have low vision. Only one respondent indicated that they provide adapted daily living skills training. Only a few CROs indicated that they provide affordable accessible housing (n=4), disability advocacy and support (n=4), and independent living skills training (n=3). In addition, most responding CROs do not provide services such as language translators, English as a Second Language classes, or sign language interpreters and rehabilitation technology services, although a few indicated that they provide assistive technology support services (n=3).

Key Service Findings

CROs were asked to rate a list of 10 community based services to determine if respondents felt the services were available and sufficient' or not available and/or not sufficient. As shown in the following table, the list of community services was identical to the one presented to staff of MRS, MCB, and the CILs. Many of CRO survey respondents indicated that affordable legal services (55.0%) and accessible non-public transportation such as cabs and rental cars (40.0%) were either not available or not sufficient within their service areas. Note that the response rate to the question about affordable childcare was lower than the rest of the group. This may be an indication that the respondents were unfamiliar with the availability and sufficiency of this service.

Table 1: Community Based Services

Services	N	Available and Sufficient	Not Available and/or Not Sufficient
Accessible Public Transportation	19	75.0%	20.0%
Accessible Non-public Transportation (such as cabs and rental cars)	18	50.0%	40.0%
Affordable Accessible Housing	17	70.0%	15.0%
Affordable Child Care	13	40.0%	25.0%
Affordable Medical	16	65.0%	15.0%
Affordable Mental Health Services	17	65.0%	20.0%
Adult Day Care	17	70.0%	15.0%
Affordable Legal	19	40.0%	55.0%
College and/or University	17	70.0%	15.0%
Temporary Disaster Relief	17	65.0%	20.0%

Summary of Findings

The majority of responding CROs provide employment services such as job search assistance, job placement, supported employment, on the job supports, post-employment services, and job retention services. Most also provide vocational assessments, vocational training programs, self-employment services, and transition services for youth with disabilities.

According to the survey results, the primary service type provided by most CROs was employment related services and a very few CROs provided other services (e.g., affordable accessible housing, disability advocacy and support) for individuals with disabilities.

Two community based services were highlighted as needs by CRO survey respondents: affordable legal services (55.0%) and accessible non-public transportation such as cabs and rental cars (40.0%) were perceived as not available and/or not sufficient within their service areas.

KEY FINDINGS FROM QUALITATIVE DATA

A total of 123 MRS staff, 22 CIL staff and 17 MCB staff provided comments regarding populations of Michigan residents with disabilities who they believed to be underserved and the services they believe are needed to improve the vocational rehabilitation and independent living outcomes of the customers they serve.

Underserved Populations

Underserved Populations by Disability

The majority of the MRS and CIL staff comments were focused on the needs (external to MRS and MSILC) of residents with mental illness, specifically those with moderate to severe diagnoses and no medical insurance. Comments consistently described funding issues or customers not qualifying for Community Mental Health (CMH) services as the main issues or barriers to accessing needed services including supported employment services. The issue of CMH eligibility also appear to have a considerable impact on current customers with cognitive/intellectual impairments and individuals diagnosed with Autism Spectrum Disorders (ASD). A significant number of staff from each agency reported that customers are being denied CMH services because they are not Medicaid recipients and/or because their disability or symptoms do not meet the qualifying criteria for CMH services (i.e., at risk for harm to self or others). As a result, these customers are not receiving the supported employment and long-term follow along services necessary to secure and maintain employment. MCB staff comments echoed those of the other two agencies but the MCB staff identified older blind and low vision Michigan residents as the primary underserved population. Finally, CIL and MCB staff reported that individuals with TBI are underserved population in their agencies.

Transition Age Youth with Severe Disabilities

A considerable number of MRS staff and CIL staff identified transition age youth with severe disabilities as a potentially (re)emerging underserved population. Staff indicated a great deal of concern in terms of how the newly implemented Michigan Merit Curriculum will impact the graduation rates, dropout rates and the employability of all students with disabilities, but especially those with significant disabilities who, with accommodations and support, had been able to complete high school with a diploma in the past.

Underserved Minority Populations

MRS, CIL and MCB staff working in the Southeast part of the state identified Arab and Arab American residents as an underserved population. Staff from the Southwestern part of the state reported that Hispanic/Latino residents with disabilities were underserved. MCB staff also identified Somalian and Native American residents with disabilities as populations that are underserved by their agency.

Michigan Residents with Disabilities and Felony Records

Individuals with disabilities and felony records were cited by MRS and CIL staff as being underserved in relation to community re-entry and employment services. The comments indicated that this population has problems finding and maintaining employment, securing low cost housing and homelessness. An example comment stated:

“People who are released from prison who have had CSC charges are not allowed to stay in missions. Therefore they are forced to live on the streets if they don't have someone to stay with. Employment options for this group of people is almost non-existent.”

Older Michigan Residents as an Emerging Underserved Population

CIL and MCB staff identified senior citizens transitioning home from nursing homes, those with blindness and low vision acquired late in life and seniors with physical disabilities as an emerging population as the baby boomer generation hits retirement age. They reported that seniors lack personal attendant services, income, housing, and training in the use of assistive technology. Example comments:

“Persons who have physical disabilities, (culture and race NOT a factor) who are in their 50's who are transitioning from nursing homes who do not have sufficient income for housing and who do not qualify for senior living.” (CIL)

“There are not enough hours in the day to provide the adaptive training for seniors who want to be more independent with their level of vision; we need more basic computer training available for those who are somewhat familiar with computers but who now cannot see to use it” (MCB)

Key Service Needs

CMH Services

Most comments from MRS and CIL staff clearly indicated that the limited CMH services available are insufficient to meet the needs of Michigan residents with severe and moderate mental illness. Example comments:

“More and more, people with mental illness are not able to access treatment that includes stress reduction techniques, coping skills and how to move beyond areas of trauma. Also, many 5 years ago would qualify for community mental health services and today because of budget cutbacks, do not.” (MRS)

“Individuals with mental health issues are not receiving appropriate services, and are not stable for employment, due to lack of mental health services.” (CIL)

“MCB consumers do not get support from CMH as other disabilities do.” (MCB)

Supported Employment Services and Transition Employment Sites

Staff from all three agencies identified supported employment as the second most critical need in the state. A lack of funding for transition employment sites used for job skills training was the third identified service related need. These gaps in services were noted to also be connected to the availability of CMH services and to customers not qualifying for CMH services. Example comments:

“Supported employment services are not sufficient in some areas of the state where cash-match funds have never been established or are being cut.” (MRS)

“Our folks are rarely placed into jobs from the local SECT (Supported Employment Community Team) and aren’t even considered for services if they aren’t receiving Medicaid. This gap increases in our rural Gaylord area where individual job developers are hired for most all MCB consumers- SE or not.” (MCB)

Accessible Public Transportation

A noteworthy number of staff across all three agencies indicated a need for better and more accessible public transportation. In some rural areas, public transportation is simply not available. A need for better curb-to-curb service for customers with physical limitations/mobility barriers was mentioned. For example, one comment stated:

“Rural area individuals who use a wheelchair are having issues with the curb to curb pick-up from the metro transit.”

Language interpreters

MRS staff indicated a need for language interpreter services in general, but specifically in terms of Arabic interpreters in southeastern Michigan and colloquial Spanish in the southwestern part of the state.

Job Development/Placement

Both CIL and MCB staff emphasized job development and placement as key service needs. MCB also identifies need for job training and more employment opportunities.

“Deaf and Hard of Hearing job seekers get very little support as do people with TBI.” (CIL)

“Job placement and job development services for blind persons is essentially non-existent outside of MCB. Some agencies/programs claim to provide it and do a little bit but it is woefully inadequate.” (MCB)

Housing

CIL staff identify housing as a key need for seniors, especially transitioning from nursing homes to an apartment. They report difficulty in finding physically accessible housing and a lack of low-income housing for seniors.

“My program helps transition folks who are in the nursing facilities and want to return to the community to live independently, either in new apartments or return to their homes. Amputees, usually from Diabetes, are not able to find barrier free apartments.”

SUMMARY OF FINDINGS

MRS, MCB and CIL staff jointly identified the following groups that they believe to be underserved:

- Michigan residents with mental illness, specifically those with moderate to severe diagnoses and no medical insurance
- Current customers with cognitive/intellectual impairments and individuals diagnosed with Autism Spectrum Disorders (ASD) specifically in terms of those needing services provided primarily by CMH
- Arab and Arab American residents in Southeastern Michigan
- Hispanic and Latino residents in Southwestern Michigan

In addition, MCB and CIL staff identified older blind and low vision Michigan residents and Somalian and Native American residents with disabilities as populations they believe are underserved by their agency. MRS staff and CIL staff identified individuals with disabilities and felony records as an underserved population and transition youth with severe disabilities as a potentially (re)emerging underserved population as a result of the newly implemented Michigan Merit Curriculum. Senior citizens with disabilities were also identified as an emerging underserved population, specifically in relation to the limited availability of community resources for this population.

The staff from the three organizations also identified the key services that are currently needed:

- Improved and expanded CMH Services
- Supported Employment Services and Transition Employment Sites
- Accessible Public Transportation

In addition:

- MRS staff indicated a need for language interpreter services in general, but specifically in terms of Arabic interpreters in southeastern Michigan and colloquial Spanish in the southwestern part of the state
- CIL and MCB staff emphasized job development and placement as key service needs
- CIL staff identify housing as a key need for seniors

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

SECTION IV

KEY INFORMANT INTERVIEWS: QUALITATIVE ANALYSES REPORT

**PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY**

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KEY INFORMANT INTERVIEWS: QUALITATIVE ANALYSES REPORT

As one component of the Comprehensive Statewide Needs Assessment, semi-structured telephone interviews were conducted with 34 individuals who represented a wide range of rehabilitation and independent living-related constituencies. Potential key informants were nominated by the Michigan Rehabilitation Services, Michigan Commission for the Blind, the Michigan Statewide Independent Living Council and the Michigan Rehabilitation Council. They included directors of state rehabilitation, special education, public health, aging, housing, and transportation agencies, as well as large and small advocacy agencies, research projects and institutes, and service providers.

Prior to initiating the project, each potential informant received a letter co-signed by the State Directors of Michigan Rehabilitation Services and Michigan Commission for the Blind that explained the purpose and importance of the federally mandated Comprehensive Statewide Needs Assessment and requested their support and participation. A total of 41 agencies were initially identified. Ten of the organizations chose not to participate and two nominations were found to be redundant with others and so were dropped. In addition to the initial nominations, five informants were added to the study at the recommendation of other key informants.

Data Collection Protocol

Each phone interview lasted approximately a half 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, the Michigan Commission for the Blind, or Centers for Independent Living, 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?

Interviews were recorded, and detailed notes were made of each interview and checked for accuracy against the recordings. Recordings were then deleted. A triangulation method was utilized to analyze the data. Transcripts were coded using Atlas.ti software, and two other researchers checked the accuracy of coding.

It should be noted that although data were obtained from a broadly representative sample of individuals with expertise related to rehabilitation service needs, caution must be taken about making general inferences with regard to the relative urgency of needs of one population versus others. This report, therefore, summarizes the perspectives of the 34 informants, providing in-

depth commentary as a supplement to the data collected from other sources. The opinions expressed are those of the key informants and are not necessarily those of Project Excellence.

Potentially Underserved Populations

Listed below are the populations that were identified by one or more of the informants, together with comments about specific needs and effective service strategies. As would be expected, key informants who work with or advocate for specific population(s) tended to have a more narrow focus than key informants who provide service(s) to Michigan residents with a broad range of disabilities. Nonetheless, some populations were mentioned by several key informants; the order populations are presented in the order that reflects their prevalence in informant comments.

Individuals with Mental Illness

Informants reported that there are significant gaps in the services and resources that are available for people with mental illness. Several subgroups of people with mental illness were identified as being underserved. One consists of the adult population that has insurance. Informants indicated that although they can get medication, they rarely receive the supportive services that complement medication (e.g., assertive community treatment, job search and maintenance, mental health therapies, and services to maintain relationships). Further, individuals who are “general fund clients” with CMH (not covered by Medicaid) were identified as receiving only minimal services due to severe budget cuts over the last five years. Some informants suggested that this has resulted in an increase in the number of people with mental illness becoming involved with the criminal justice system

Transition age youth with emotional impairments were also identified as subgroup that is potentially underserved. Informants reported that this group present unique challenges in that although they may be experiencing early symptoms of mental illness, they may not be diagnosed and/or not receiving special education services. As a result, they were likely to be disengaged from school, continue for a fifth year, or fail to graduate.

Informants identified a small number of strategies for serving people with mental illness that they believed were effective. These include:

- Providing support and information to parents of children who are diagnosed with defiant behavior, exhibiting symptoms of early mental illness or uncontrolled attention deficit disorder.
- For cultural groups reluctant to acknowledge mental illness, ‘stigma-busting’ programs in high schools can provide information about available supports and resources.

Transition Youth

Informants identified an array of characteristics among the population of transition age youth that defines their level of risk and need: poverty, race/ethnicity, low socioeconomic status, aging out of foster care, emotional impairments, learning disabilities, and other disabilities all were reported by key informants as contributing to the equation. The impact of the Michigan Merit

Curriculum on students who are unable to meet these new graduation requirements is a source of significant concern for a number of informants. It was observed that students may miss out on high school vocational experiences and be slotted into sheltered employment as a result. Concern was also noted about youth exiting from special education at age 26 with no vocational skills and a lack of work history that places them at a disadvantage vis-à-vis their peers who graduated at age 18 and found jobs. Early involvement of MRS with the transition process was the primary effective strategy identified for transition age youth.

Racial and Ethnic Populations

Informants felt that public vocational rehabilitation agencies do not serve people with disabilities from Asian, Native American, Hispanic/Latino or Arab racial/ethnic groups in numbers proportional to their presence in the population. Several key informants stated that although African Americans come into the system in sufficient numbers, their outcomes are not satisfactory overall. In terms of specific disability issues, several key informants noted that the reluctance of some ethnic populations to recognize mental illness, discuss symptoms or seek treatment was a major challenge in identifying need and providing services.

The informants also noted that there are specific health problems that are seen with greater frequency in many of the racial and ethnic minority populations. In terms of the Native American population, this includes untreated diabetes, injuries from car accidents (including brain injury), and fetal alcohol effects, which are often hidden and undiagnosed. Establishing personal relationships and maintaining an ongoing, visible presence in the community was identified as a key component for effective service provision with all racial and ethnic minority populations.

Individuals with Autism Spectrum Disorder (ASD)

Informant comments suggest that this subgroup is viewed as an emerging population that will not significantly impact the adult service agencies for at least five years. It is interesting to note that informants serving young populations spoke of this subgroup in present tense, while informants serving solely adults discussed them in future tense. The challenge identified in serving this population was that persons with Autism Spectrum Disorder (ASD) may be viewed as non-compliant or defiant, leading to trouble with school, work, and possibly the criminal justice system because they do not understand that their behavior is inappropriate. Key informants also expressed concern that people with ASD are often determined ineligible for MRS or MCB services due to the severity of their autistic traits. Other informants expressed frustration about the challenge of finding and maintaining employment for this subgroup. Employers place priority on good social skills, an area where individuals with ASD generally struggle.

It is noteworthy that informants, in recognizing the cognitive and interpersonal challenges associated with ASD acknowledged that questions remain regarding how to accommodate and work with this population. As one respondent noted, there is a critical need for more research on best practices for improving outcomes for this population. The informants did identify a few

recommendations and strategies for adult agencies that will soon be serving larger numbers of people with ASD:

- Train counselors about ASD and how to help persons with this disorder develop the soft skills that are necessary to secure and maintain employment.
- Place additional emphasis on using job coaches for people with ASD.
- Provide additional services at transition such as those being offered by two current programs, Statewide Autism Resources and Training (START) and Southwest Michigan Autism Resources and Training (SMART).

Older Adults with Disabilities

Older adults with disabilities were mentioned by several key informants as an emerging underserved population in Michigan. As one informant put it, people ages 50-65 are in “no-persons-land” if they don’t have insurance. Middle-aged adults who have been laid off, lost insurance, etc. need assistance with a variety of services such as ramps, adaptive equipment, home modification, and in-home assistance. Informants expressed concern that people with disabilities are living longer and there is a lack of expertise regarding their medical and other needs as they age. Informants also noted that service providers often lack skills to communicate with older adults who have significant cognitive and psychiatric disabilities. One informant suggested helping people self-advocate and working to improve communication between medical services providers and older patients would be effective practices to address this issue.

Individuals with Developmental Disabilities

Many different needs were discussed under the broad category of developmental disabilities. One informant stated that people with strong cognitive abilities still hit barriers to employment if they have physical challenges. Informants also noted that the disability service system can be confusing and adversarial, and the burden of proof for receiving services is often placed on parents. Middle-aged people (ages 50-60) with developmental disabilities who have been living at home and are now being seen at CMH centers for the first time were also identified as another subgroup that may be in need of additional services.

In a general statement about effective strategies, one key informant stated that young people with developmental disabilities need new models of rehabilitation services, citing that these young adults have lived at home and have been in inclusive schools, and they won’t want to be at a sheltered workshop or group home post graduation. An informant also stated that more pilot testing is needed with this population to find ways for improving services. Suggested effective practices for individuals with developmental disabilities included the following:

- More accommodated housing alternatives.
- Alternative self-employment, micro-enterprises, etc.; “They need career paths, not dead-end jobs.”
- Peer mentoring and self-advocacy training for individuals and their families is needed.

Individuals who are Blind and Visually Impaired

Multiple key informants mentioned unmet needs for this population, particularly in connection with the aging population. Perspectives varied with regard to the needs of people who are blind or visually impaired. One informant indicated that problems exist because MCB is mandated to serve individuals who are legally blind and MRS is responsible for serving those with less severe visual disabilities. Another individual faulted training centers for the blind for having an insufficient vocational focus. Concern was also expressed that too many people with college degrees are being closed as homemakers and not in paid employment positions.

A few effective strategies were mentioned for this population including:

- More aggressive focus on job placement.
- Offer outreach focused on promotion of services to individuals who experience decreased vision in middle age and who don't have the adaptive skills of those with early onset blindness.

Individuals who are Deaf and Hard of Hearing

Most references to people who are Deaf or hard of hearing were made by informants serving this population. One informant pointed out that this population is unique in that many in the Deaf community consider deafness to be a language barrier, not a disability. The informant felt that this unique element influences who seeks services and makes access to services difficult. Others stated that there is a shortage of sign language interpreters and insufficient funding for hearing aid purchase and for other services. Another informant stated that mental health services are unavailable in Michigan for Deaf people with co-occurring disabilities such as mental illness or substance abuse. Informants believe that the number of people with hearing loss appears to be growing; one informant stated that an estimated 40% of high school seniors are exhibiting signs of early hearing loss.

Key informants provided a few effective strategies for this subgroup:

- Increased use of technology to accommodate for the shortage of sign language interpreters (e.g., MRS offices could be equipped with a video relay booth for in-house interpretation services).
- The provision of basic independent living skill training programs for this group (e.g., how to use the 911 emergency system, budgeting, communication with their children, etc.)
- Increased outreach and assistance with adaptation to hearing loss.

Additional Groups Identified as Potential Underserved Groups

- Individuals with a substance abuse problem, specifically adolescents and adults over age 60.
- People with the Most Severe and Complex Disabilities
- Disabled Veterans
- Adults with Learning Disabilities
- Ex-Offenders

Systemic Service Needs and Challenges that Cut Across Populations

Several categories of concern or barriers to services were identified that apply to multiple customer populations and geographic areas. One major area involves gaps and discontinuities in the service delivery systems. This area was discussed by many of the key informants and is summarized here under the categories of funding, gaps in services, staffing concerns, inadequately or poorly designed legislation, and failure of systems to work with families and natural supports.

Funding

Michigan's economic decline, the state budget deficit crises and the resulting impact on the availability of services for people with disabilities was a common thread through many of the interviews. Most notably, key informants reported that with the depletion of the public mental health system's general fund over recent years, qualification for Medicaid benefits often acts as the unwritten criteria for provision of long-term services. For those who are not eligible for Medicaid or hesitant to become a welfare recipient, reduction in the general fund results in reduction in services, particularly long-term services such as supported employment and services related to maintenance of disability. Informants also stated that CMH offices around the state vary in the level of funding available for persons who are not on Medicaid as well as offices' attitudes toward pooling limited resources with other agencies toward shared goals. Informants mentioned disappointment with the American Recovery and Reinvestment Act because it has not lessened the strain experienced by those who do not qualify to receive system services. Informants shared additional examples of how funding reductions have affected service provision; these included:

- Greater difficulty securing transportation grants to backfill funding cuts
- Restricted ability of individuals to secure SSDI
- A limitation on waivers for MIChoice funds that allow for support services to be provided within the community rather than in nursing homes
- Low wages for many disability related service jobs

Informants also voiced concerns about Medicaid services for those who qualify. Though dental, vision, and podiatric services were recently restored after being cut from included Medicaid services for a period of two years, one informant stated that only limited vision services have been restored. There was also a concern among informants that low dollar reimbursements result in reduced services for individuals on Medicaid. Informants also said that providing health coverage through HMOs can limit the type of services provided for persons with disabilities based on whether local providers are within the network of providers for a given plan. This concern was mentioned specifically in regard to the more complicated service needs of those dually diagnosed with mental illness and a history of substance abuse.

Geographic Implications

It is apparent from interview responses that geographical location has important implications for service provision and quality of those services. Although some responses emphasized the positive, the majority highlighted geographical areas where they believe services are lacking or non-existent. Concerns were expressed about the availability and/or quality of services in the Detroit, Flint, and Saginaw metropolitan areas and as well as the more rural areas of the state including the reservations and the surrounding areas. Concern was also expressed about the availability of services in the northern part of the Lower Peninsula and the Upper Peninsula. One informant suggested that service providers must be more strategic in their use of resources to ensure equity in services throughout the state.

Gaps in Services

The gap that often exists between service systems was also identified as an area of concern. This included gaps between special education and MRS as well as between MRS and long-term supports, among others. Most notable were gaps in the transition between public education and post-school service providers. In reference to this specific gap, informants mentioned that despite the expectation for collaboration earlier in the process, conflict sometimes occurs over the post-employment goals of students at or near the time of graduation. Informants indicated that they believed these communication and collaboration issues often compromised student outcomes. Informants also voiced concern about the gap between MRS and long-term support service providers. Informants indicated that the complexity of obtaining long-term supports is sometimes increased due to pressures for MRS to close cases post employment. Although they acknowledged that consumers may re-enter the system after closure to secure long-term support, they believe that this often does not occur.

Nearly all of the informants that identified gaps between service systems as an issue emphasized the need for professionals to maintain a focus across systems as well as focus on their own systems. It seems clear that persons with disabilities often have difficulty going from a system that they are familiar with to an unfamiliar system, as well as with managing their care provided simultaneously between multiple systems. In summary, there is work to be done in closing the gaps between service providers to create a more efficient and effective service network.

Staffing concerns

Personnel shortages across agencies were attributed to high levels of turnover, a lack of qualified providers, and low wages that make recruitment efforts difficult at times. Specific mention was given to need for more sign-language interpreters and rehabilitation counselors. The key informants believe that inadequate staffing is creating a significant strain on service systems and having a negative effect on interagency collaboration as staff focus on keeping their own systems afloat.

Inadequate or poorly designed policy and legislation

Many informants from different systems mentioned policies and/or legislation that they perceived as negatively affecting or limiting service provision. Legislation and policy were commonly mentioned as disincentives to employment, primarily due to the difficult choice some individuals are required to make between receiving health care benefits and striving for financial independence. It was noted by one informant that CMH systems are uniquely positioned to experience the inconsistency between different legislation and the strain that accompanies it. One informant emphasized the difficulty of providing supported employment and long-term supports under the same roof and stated that such strain can lead to inconsistencies in how policy is interpreted across the state.

Some of the informants specifically referenced MRS regarding policies and legislation. Some commented that the MRS focus on employment outcomes is too narrow. Concerns were also raised that MRS measures of counselor success (e.g., employment outcomes) may lead counselors to hold back placements once goals are met, a process known as “sandbagging.” Finally, one informant voiced concern about the provision of informed choice in areas with high unemployment. It was suggested that because counselors are under pressure to obtain employment outcomes, persons with disabilities may be given only a few employment options.

Service systems and families/natural supports

Informants perceived the failure to involve family and/or other natural supports in disability service systems as another systemic problem. Although informants reported that good examples exist, they noted that inconsistencies in family involvement sometimes results in families being entirely shut out from the process. Informants stated this to be true across all systems, including those that providing services to children with disabilities. It was noted by informants that a failure to involve families and natural supports may limit the network of resources that could be utilized in service provision (e.g., using social network of natural supports to look for employment opportunities).

Other Challenges to Effective Rehabilitation Service Delivery

Other types of barriers and challenges overlap to some degree with the concerns discussed above, but involve more specific areas including economic issues, personnel shortages, needs for additional training of counselors and other personnel, inadequate service provision, shortage of opportunities for testing and assessment, customer readiness, and outreach. They are summarized below with specific comments from key informants.

Economic issues

- With high unemployment, fewer jobs available and more job seekers, employers are less willing to take a chance on someone with poor work history. Baby boomers are staying longer in their jobs, and competition among applicants continuously grows keener, so placement of people with disabilities is more difficult.

- Jobs for people without advanced education and technology skills are disappearing.
- States are attempting to deal with budget crises by cutting programs. An informant suggested a range of tax reforms that could make a more sustainable revenue system to support the public services that Michigan residents need. “In recent years there has been a diminishment of resources and services to all populations, so none of the groups is getting all that they need.”
- Lack of housing and preventive care can lead to expensive treatment in hospitals and emergency rooms.
- Mentally ill people without insurance find it hard to get care or medications.
- Service programs are being cut: e.g., Newslines for the Blind was shut off in November for lack of funds. This is a problem, in part, because it provided job announcements.

Shortages in Community Resources and Services

- There is a shortage of interpreters.
- It is hard finding dentists who will provide services to people with developmental disabilities or to people on Medicaid.
- The shortage of psychiatrists requires them to rely increasingly on support personnel & telemedicine.
- There are not enough ACT teams.
- There is a need for more community organizations to provide services to people with visual impairment.
- There is a need for more counselors and other service providers specifically trained to work with people with various and complex disabilities (e.g., autism spectrum disorders).

Counselor training

- Some key informants reported that counselors aren’t adequately trained and sensitive about the needs of individuals with certain types of disabilities. The disabilities specifically mentioned the needs of customers with developmental disability & cognitive impairment; people who are hard of hearing and don’t know sign language; youth with learning disabilities; people with severe mental illness; individuals who are blind, and those with epilepsy.
- Some counselors are not trained in rehabilitation counseling.
- Many counselors are overburdened and burned out.
- Sensitivity training for counselors and receptionists.

Inadequate services

- It was reported that people who are blind are frustrated by getting written communications they can’t read.
- Better housing options are needed that allow people with disabilities to feel part of the community.
- Finding any housing for ex-prisoners, especially those who use methamphetamines or have a history of sexual criminal conduct is extremely difficult.
- ACT teams are not always following proper procedures regarding medication distribution.

- Lack of knowledge and information about technology on the part of both customers and counselors.
- There is still too much emphasis on what a person cannot do rather than on possibilities. The focus needs to be on what people can do and translating that into employment opportunity.
- There is a need to let people with disabilities (epilepsy, in the case of this informant) and employers know what accommodations might be available.
- Services need to be culturally appropriate. For example, working by phone, appointments, letters, etc. is not typical on the reservation.

Need for more assessment and training opportunities

- More short-term training opportunities for those not academically inclined are needed.
- People with learning disabilities need current testing to qualify for services, especially training, and this is difficult to get.
- There aren't places available to do assessment for people who are blind.
- More adult education services are required, including basic learning services.
- Teaching of adaptive skills and independent living are often not available to adults with acquired visual disability.

Customer readiness

- Economic circumstances impact rehabilitation options. Applicants are sometimes in crisis, with acute need for housing, food, and clothing. They need support right now and do not have time for ordinary agency procedures. They may be funneled into a stopgap job rather than career.
- Customers need better pre-service, work readiness, & social interaction skills.
- Chronic unemployment makes employers less willing to take a chance on a candidate.
- Lack of transportation, health insurance.
- Side effects of medication for people with epilepsy or mental illness may present barriers to employment.
- Cognitive challenges, depression, lack of social skills.
- Substance abuse, fetal alcohol effects.

Outreach

- Key Informants also acknowledged that some groups of people with disabilities are hard to engage: e.g., Native Americans, refugees, and immigrants.
- Disability service organizations need to advertise the availability of services.
- We need to do better outreach to veterans.

Effective Strategies that Apply to Multiple Populations

- Providers must emphasize individualized ways to meet people's needs, e.g., supported employment, starting a business, job carving, 'place and train' employment model, assistive technology.

- Increase the supply of well-trained individuals to do job development/job coaching, and supported employment.
- Utilize family networks. Include parents and families in planning.
- Hold press conferences and distribute press releases to increase awareness of services.
- Legislative advocacy.
- Sensitivity to differences in the ways a culture values work and family supports.
- Motivational interviewing approach at the time of application to ensure understanding of customer needs and ensure that customer understands MRS so they can make an appropriate judgment about whether they want to commit to the program.
- We should learn to work more effectively with groups. Use the power of groups for peer counseling, and peer support.
- Use resources most effectively (e.g., community services rather than hospitalization for mental illness).
- Coordinate funding sources
- Make good use of technology (iPod, cell phones, etc.)
- Effective communication and collaboration between agencies.
- Establish a triage unit to deal with critical needs at the time of application.
- Create affirmative businesses that can provide wrap-around services to employees who need them in order to function well at work.

Innovative Programs

A significant number of publicly and privately funded programs are underway in Michigan to increase the effectiveness of rehabilitation programs for people with disabilities. Examples that were described by one or more of the key informants include the following:

- A Workforce Development program using ARRA (stimulus) funds is underway on an Indian reservation. A counselor/coordinator was hired by the tribe to work proactively with high-risk people who are in danger of losing their jobs or high-risk people who are coming back to work. Customers include people from both Native and other backgrounds.
- SEARCH model has been used to place developmentally disabled students in private sector internships during their last year of school, providing them with both job experience and contacts to increase their likelihood of being hired after graduation.
- Research by the NISH Institute and the BOND project led by Abt are seeking ways of reducing SSI/SSDI disincentives so that people with severe disabilities can go back to work, earn income, and retain assets. They are investigating improved incentives for employers as well, such as a deviated wage based on an accurate assessment of productivity, coupled with an earned income tax credit to offset the deviation. Another approach would calculate payroll taxes only on actual productivity rather than on wages paid.
- Federal funding was received in 2005 to enhance the Medicaid Buy-In Program, which emphasizes expansion of benefits planning, self-employment (micro-enterprises) and job training in order to remove barriers to competitive employment.
- SOAR project is aiming to assist homeless people to successfully apply for SSI/SSDI.

- Peckham Inc., a community based rehabilitation organization, provides services to large groups of refugees as well as people with varied disabilities. They encourage peer support and friendships among their workers through activities like community gardening, and they have recently purchased a farm to increase those opportunities. Their purposes include encouraging healthy eating of locally grown organic produce and stimulating other innovative ideas. Peckham Foundation provides funding to support education and citizenship efforts.
- The Michigan Disability Rights Coalition has developed and pilot tested “Proud and Powerful,” a retreat-style program for young women with disabilities.
- A strategic alliance has been established between MRS offices and centers for independent living in three Michigan areas in order to involve customers in collaborating on achieving their goals.

Future Trends

When key informants were questioned about future trends in the service needs of persons with disabilities a few common themes emerged. Some of these themes focus more on service barriers than service needs, but all were included as future trends.

Reduction of Funding and Services

Unsurprisingly given continuing economic concerns and focus on the deficit, many informants foresee diminished funding that leads to a reduction of services in the future. Concerns were voiced over an already depleted general fund and funding for a number of public services. Worth particular mention was the repeated worry that Medicaid shortfalls could lead to cuts of any services that are not mandated (e.g., vision, dental, etc.). Many echoed a recent statement from the Governor’s staff, stating that the future of disability service provisions will require us to do less with less. However, other informants suggested that what is needed in relation to disability service provision is more not less during tough economic times.

Additional Service Needs

Some of the informants rationale for an increase of services or service funding included the following: the rising costs of many medications that are needed by persons with disabilities and current limitations in long-term care. Further, informants mentioned the need for additional services for specific disability populations. For example, they discussed the need for increased or more effective services for persons with autism spectrum disorder who are seeking to obtain or maintain work. Additionally, mention of the need for more appropriate and integrated housing opportunities was noted for young adults with developmental disabilities, homeless veterans, and elderly populations who have disabilities such as visual impairment.

Training Needs

Related to increased service needs was the common call for more and more effective training for persons with disabilities. This call was often voiced in connection with a changing labor market

that is becoming more technical due to ongoing technological advancements. One informant stated that even employment in fast food restaurants is becoming more technical, highlighting the need for training in order to be competitive for entry-level jobs on up. Suggestions for improving training ranged from an emphasis on early education to post-secondary institutions. A noted trend was the recent interest shown by the federal government on persons with disabilities in post-secondary education. In relation to secondary education, more than one informant felt that the certificate of completion will result in a two-tiered education system with persons with disabilities receiving lower-tier services.

A few informants emphasized that training for jobs that move persons with disabilities out of the classification of the working poor should be emphasized. Yet, regardless of the type of training received, the importance of technological competence seems appropriate across fields and of greater importance for persons with disabilities who still do not have exposure or access to learning advanced computer skills at the same rate as those who do not have a disability.

Although the majority of informants mentioned technology in relation to a changing labor market, a few mentioned technology in relation to the way it is assisting and accommodating the needs of persons with disabilities, both in training and employment. We next turn to employment service needs.

Employment Service Needs

Sufficient focus was also placed on employment service needs to consider it separately. In this area, the need to put more emphasis on self-employment or micro-enterprise was repeated by multiple informants. Another theme within this area involved the concept of long-term employment planning where emphasis is placed on career in addition to the need for an immediate job. Mention was also made regarding the importance of meeting employer needs and marketing to employers; and finally, one informant focused on the place of affirmative businesses in the current labor market, as organizations where persons with disabilities can receive necessary supports that other employers may be unwilling to provide (e.g., counseling, education, skills training, etc.).

Integration of Persons with Disabilities and Service Providers

Overarching any particular service, informants mentioned a trend toward integration of services and away from the traditional services that segregated persons with disabilities from their peers. Similarly, informants posited that disability service providers are following suit by collaborating in a more integrated fashion. In fact, one informant perceived the state of Michigan as moving toward a super-agency idea, where public services were no longer separated based on target population or by services provided. On the other hand, one informant provided a nuanced assessment of integrated vs. specialized employment settings, stating that great diversity is possible within affirmative business settings that provide targeted opportunities for populations with special needs.

Recommendations for Rehabilitation Service Providers

When asked to provide recommendations for improving services to MRS, MCB, and/or MSILC, responses were varied and often stopped at critiquing what respondents perceived as working or not working in these systems. It is apparent from size of agencies alone that MRS would be the service system informants may be most familiar with and/or collaborate with; however, the comments relating to this question addressed all three systems. Further, comments suggest that experiences with each of these systems can vary greatly between regions, offices, and individuals; this makes it difficult to define strengths and weaknesses at the system level. System strengths from the perspective of one respondent were often perceived as weaknesses for another respondent. Nevertheless, meaningful information about systems and recommendations for systems were obtained. A description of this information follows.

MRS

The most common critique of MRS was that the generalist model resulted in an inability to provide quality services to specific disability populations (i.e., visual impairment, autism spectrum, and epilepsy). The recommendation was made that MRS staff focus on specialization in such a way that each region possessed staff qualified to work effectively with various disability populations. A potpourri of other recommendations were given, these included: 1) focusing on the quality of vendor services, 2) add innovative programming for special populations; 3) place an increased emphasis on small and micro-business enterprises; and 4) resources be placed where they can result in the greatest impact for the customers they serve, recognizing that current decisions may shape the entire system going into the future.

MCB

Fewer comments were made on this topic in relation to MCB. This is likely due to the relatively narrow disability population focus of this system. It was recommended that MCB focus efforts on making all forms of communication by MCB are accessible for persons who are blind or visually impaired. Similarly, the recommendation was made that administration and leadership become more sensitive to the needs of their customers and listen to customers in order to improve the quality of service provision and service policy.

MSILC

Many positive perceptions towards independent living centers, their services and resources were noted. A common recommendation was to extend service provision and resources to a broader population than those with physical disabilities. As with many other areas for recommendation, it was noted that the inclusion of those with developmental, cognitive, and intellectual disabilities, and deaf or hard of hearing consumers varied between offices. Further, a recommendation for targeting more ethnically diverse populations was provided with the critique that minority populations are currently underrepresented in Michigan CILs. Two other recommendations pertaining solely to CILs were 1) to expand their influence across the state. More specifically,

recommendations were made to have satellite staff and to increase the number of staff and 2) to increase the consistency of service provision between CILs across the state.

For All Service Providers

Healthy collaboration between agencies was often praised while inconsistent collaborations were recognized as a problem. The most commonly cited recommendation for all systems was to collaborate with other service agencies, and, in the case of CILS, to collaborate within their own system. These recommendations sometimes emphasized collaborations at the administrative level and sometimes at the service delivery level. Finally, it was recommended that all three systems be proactive with customer complaints. It was noted that in situations the agencies sought to address customer complaints promptly the outcomes were generally positive.

Summary of Findings

Interviews with the identified key informants were conducted to supplement other sources of information and provide additional detail on gaps in services, and unserved and underserved populations across the state. Interview protocol was consistent with the overall goals of the Comprehensive Statewide Needs Assessment. Informants provided rich information with examples from their every day work with persons with disabilities. Each informant had a unique perspective, ranging from those who work in large state agencies across disability populations to those who work for smaller organizations who focus on one particular group.

Several groups were highlighted as unserved or underserved, including specific disability populations (e.g., persons with mental illness, persons with ASD), age groups (e.g., transition aged youth, older adults), and persons of racial and ethnic minority groups (e.g., Native American, Hispanic/Latino, Arab and Hmong.) Informants made recommendations on how to improve services specifically for the groups they highlighted, often targeted at the special needs of the population (e.g., communication strategies, accommodations), and increased staff training to increase competence in working with these individuals. Additional, more general recommendations were made that informants felt would improve services to all individuals with disabilities.

Systemic challenges to providing services to persons with disabilities were the subject of many comments from the informants. Themes emerged within this topic, including issues of funding, specific challenges in particular geographic regions, service gaps, staffing concerns, legislation and policy, and how family and other sources of natural supports are integrated into service delivery. Additional challenges to service delivery were also highlighted, supported with examples from informant experiences. Some of the innovative programs described by the informants provide initial efforts to address shortfalls that have been identified. The progress and results of these smaller scale initiatives will provide more information on the effectiveness of alternative methods.

Recommendations were made to adult service agencies that are the focus of the Statewide Comprehensive Needs Assessment. Universally applicable suggestions were to increase

collaboration and communication with agencies, across agencies, as well as with other service partners in the state, as well as to focus on prompt response to customer complaints with the assistance of CAP. Additional recommendations by agency varied, but included long-term strategic investment of resources, sensitivity to customer needs, and broadening of services to include additional populations who might benefit from what already exists.

Information provided by key informants serve as a supplement to other methods for identifying service gaps and unserved and underserved populations. The comments in this section of the report provide additional detail including field-level examples of how these service gaps impact persons with disabilities in the state. This information should be considered within the context of the overall goals of the Comprehensive Statewide Needs Assessment.

In conclusion, a full consideration of systems problems for disability service systems must take into account the reductions in funding that limit the service provision. It is a sad irony that although increased collaboration and communication may help to minimize the effect of monetary losses it can also become more difficult as added focus must be given to the basic operation of each system individually. Finally, an opportunity to design service systems more inclusive of families and other natural supports may exist as a means for meeting consumer needs when internal resources are strained.

STATEWIDE COMPREHENSIVE NEEDS ASSESSMENT

SECTION V

CUSTOMER SATISFACTION WITH SERVICES (MRS & MiSILC)

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CUSTOMER SATISFACTION WITH SERVICES: MRS& MiSILC

MRS Customer Satisfaction Survey Results (FY 2009)

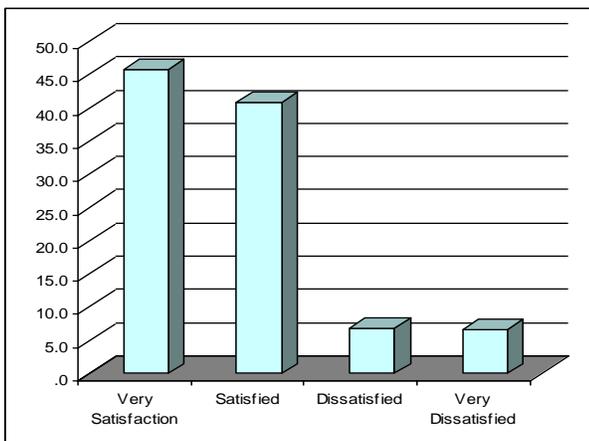
Of the 3,168 customers who were randomly selected, 253 surveys were returned without a forwarding address and considered undeliverable. Therefore, the remaining total of 2,915 customers whose cases were closed in 2009 was considered the final sample. Of these customers, 1,540 (52.9%) achieved an employment outcome and 1,373 (47.1%) were customers who had a plan and services initiated, but did not achieve an employment outcome. Of the 434 surveys returned, 15 surveys were determined to have excessive missing data, resulting in 419 usable surveys compared to 674 usable surveys in 2008. The overall response rate in 2009 was 13.7% which represents a substantial 6.7% decrease from the 2008 rate (20.4%). This year's response rate is also notably lower compared to previous years (i.e. 2007 = 18.4%, 2006 = 21.4%). This considerable decrease of respondents from 2008 to 2009 should be noted and warrants further investigation. All respondents were asked to answer the first nine survey questions regarding their experience at MRS. What follows below are the findings from each of these sections of the survey.

Nine Satisfaction Questions

The following 9 tables and graphs report satisfaction frequencies and percentages for questions 1-9. Each table presents these statistics in three categories: all survey respondents, respondents who were closed with an employment outcome, and respondents whose cases were closed without an employment outcome.

In 2009, 86.5% of respondents reported that they were very satisfied or satisfied with their involvement in setting job goals. These findings are consistent with 2008 (85.8%) and 2007 (86.0%). As illustrated, in 2009, 95.7% of the respondents with an 'Employment Outcome' and 70.7% respondents with 'No Employment Outcome' reported this level of satisfaction.

Involvement in Setting Job Goals

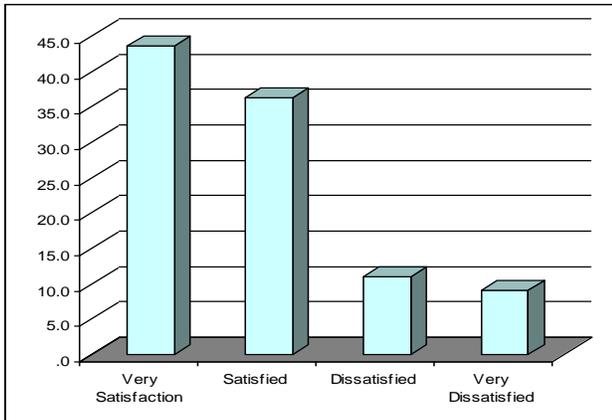


Question 1	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	187	45.7	148	57.1	39	26.0
Satisfied	167	40.8	100	38.6	67	44.7
Dissatisfied	28	6.8	6	2.3	22	14.7
Very Dissatisfied	27	6.6	5	1.9	22	14.7
Total	409	100	259	100	150	100

* Note: 10 participants did not respond to this question

Almost 80 % of all respondents were very satisfied or satisfied with their level of involvement in choosing the services they received from MRS. These results are similar to 2008 (80.9%) and 2007 (82.3%). This year, approximately 92.4% of the respondents who closed with an ‘Employment Outcome’ were very satisfied or satisfied with their involvement in choosing the services they received, whereas 58.1% of the respondents without an ‘Employment Outcome’ reported a similar level of satisfaction.

Involvement in Choosing Services Received

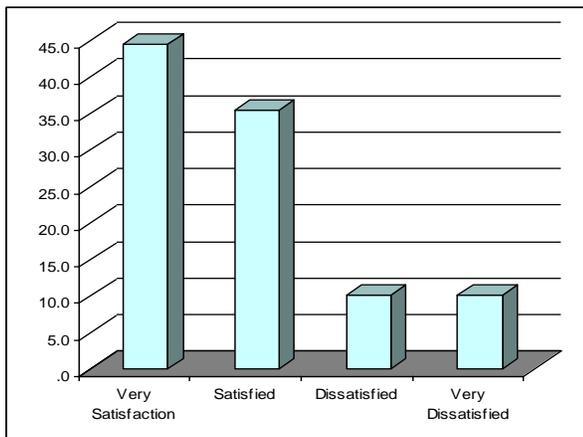


Question 2	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	178	43.6	146	56.2	32	21.6
Satisfied	148	36.3	94	36.2	54	36.5
Dissatisfied	45	11.0	13	5.0	32	21.6
Very Dissatisfied	37	9.1	7	2.7	30	20.3
Total	408	100	260	100	148	100

* Note: 11 participants did not respond to this question

About 80% of the respondents indicated they were very satisfied or satisfied with their level of involvement in choosing service providers. This represents a slow but consistent decline of 4.6% from 2007 (84.5%) results. It should be noted, however, that the satisfaction rate for customers with an employment outcome has remained consistent at about 90% over the three year period. The decline in the ‘All Respondents’ satisfaction rate can be attributed to the decrease in satisfaction rate of the respondents who exited without an employment outcome.

Involvement in Choosing Providers

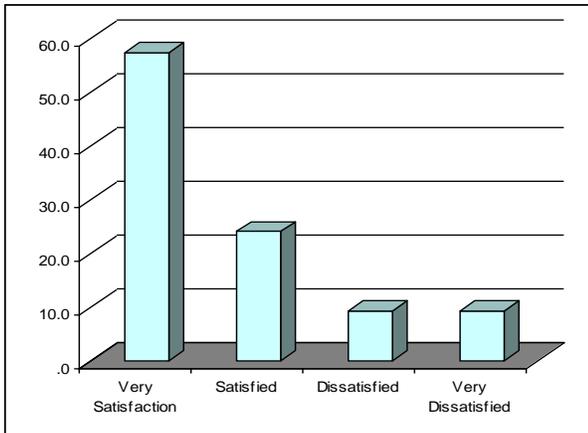


Question 3	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	177	44.5	144	55.8	33	23.6
Satisfied	141	35.4	88	34.1	53	37.9
Dissatisfied	40	10.1	17	6.6	23	16.4
Very Dissatisfied	40	10.1	9	3.5	31	22.1
Total	398	100	258	100	140	100

* Note: 21 participants did not respond to this question

Over 81 % of all respondents were very satisfied or satisfied with counselors’ understanding of needs. Although there has been a decrease of 4% in the satisfaction level of respondents as compared to 2007 (85.2%), it should be noted that the decrease is likely related to the satisfaction level of customers that exited without an employment outcome. As illustrated, more than 92% of respondents with an ‘Employment Outcome’ were very satisfied or satisfied with the VR counselors’ understanding of their needs in 2009.

Counselors’ Understanding of Needs

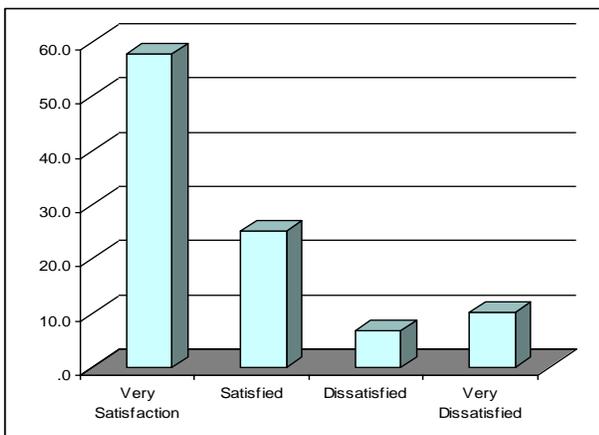


Question 4	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very satisfied	238	57.2	189	71.1	49	32.7
Satisfied	100	24.0	56	21.1	44	29.3
Dissatisfied	39	9.4	11	4.1	28	18.7
Very Dissatisfied	39	9.4	10	3.8	29	19.3
Total	416	100	266	100	150	100

* Note: 3 participants did not respond to this question

In 2009, 83% of the customers who responded to question five reported that they were very satisfied or satisfied with counselors’ respect and concern for customers. These results are consistent with 2008 (84.0%) and 2007 (84.8%). Almost 94% of the respondents with an ‘Employment Outcome’ were very satisfied or satisfied with the counselors’ respect and concern for them, compared with 63.7% of respondents with ‘No Employment Outcome’ that reported a similar level of satisfaction.

Counselors’ Respect and Concern for You

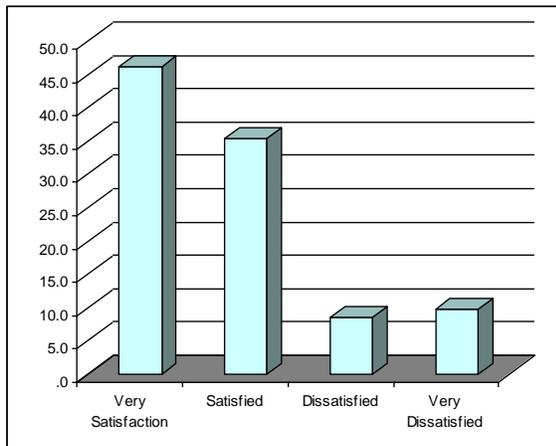


Question 5	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	238	57.9	190	72.5	48	32.2
Satisfied	103	25.1	56	21.4	47	31.5
Dissatisfied	28	6.8	9	3.4	19	12.8
Very Dissatisfied	42	10.2	7	2.7	35	23.5
Total	411	100	262	100	149	100

* Note: 8 participants did not respond to this question

Nearly 82% of all respondents were very satisfied or satisfied with how long it took to receive services. Again, these findings are similar to those reported in 2008 (82.6%) and 2007 (81.4%). Broken down by closure status, (89.8%) respondents with an ‘Employment Outcome’ were very satisfied or satisfied with how long it took to receive services, and 66.9% of the respondents with ‘No Employment Outcome’ were very satisfied or satisfied.

How Long It Took to Receive Services

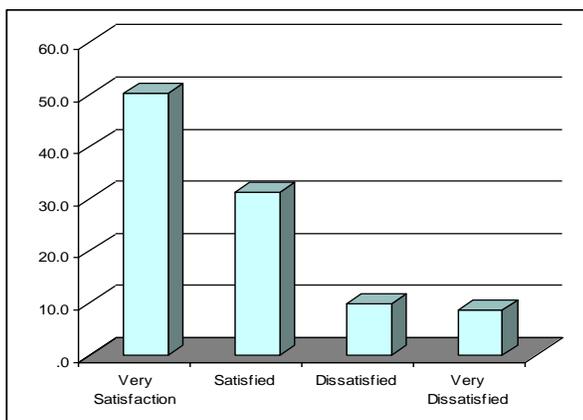


Question 6	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	189	46.2	150	56.8	39	26.9
Satisfied	145	35.5	87	33.0	58	40.0
Dissatisfied	35	8.6	18	6.8	17	11.7
Very Dissatisfied	40	9.8	9	3.4	31	21.4
Total	409	100	264	100	145	100

* Note: 10 participants did not respond to this question

In 2009, 81.5% of all customers who responded to question seven reported being very satisfied or satisfied with how long it took the counselor to return phone calls. Compared with 2008 (84.7%) and 2007 (85.2%), these findings show a downward trend of satisfaction rates for all respondents. It should be noted, however, that 89.5% of the customers with an employment outcome were satisfied or very satisfied with how long it took counselors to return phone calls. Approximately 67% of the unemployed respondents reported a similar level of satisfaction for this item in 2009.

How Long It Took Counselor to Return Phone Calls

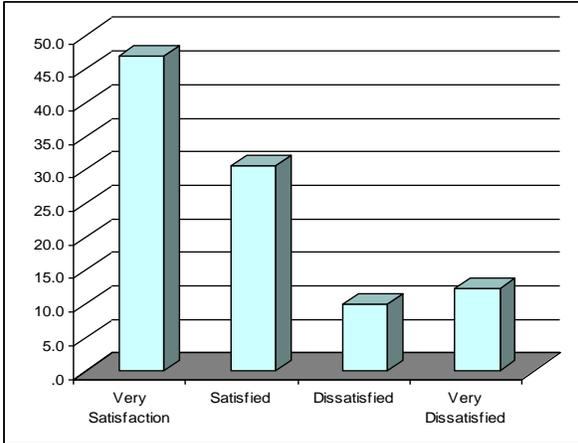


Question 7	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very satisfied	209	50.2	165	61.8	44	29.5
Satisfied	130	31.3	74	27.7	56	37.6
Dissatisfied	41	9.9	20	7.5	21	14.1
Very Dissatisfied	36	8.7	8	3.0	28	18.8
Total	416	100	267	100	149	100

* Note: 3 participants did not respond to this question

In 2009, there was a notable decrease in the proportion of all respondents (77.7%) who reported being very satisfied or satisfied with services received as compared to the satisfaction rate reported in 2007 (82.7%) results. More than 90% of the respondents with an 'Employment Outcome' were very satisfied or satisfied with services received, and 53.8% of the respondents with 'No Employment Outcome' reported a similar level of satisfaction.

Services Received

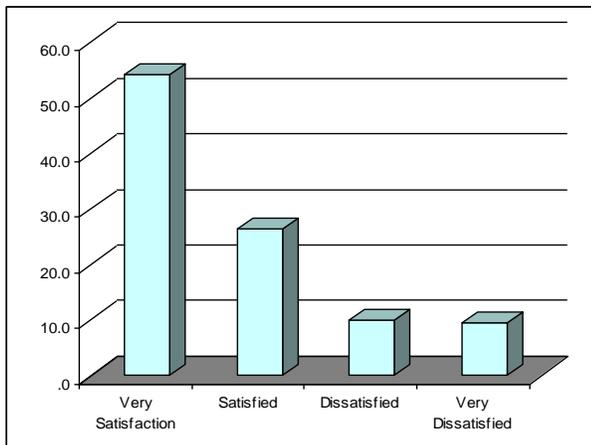


* Note: 11 participants did not respond to this question

Question 8	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	192	47.1	161	61.2	31	21.4
Satisfied	125	30.6	78	29.7	47	32.4
Dissatisfied	41	10.0	13	4.9	28	19.3
Very Dissatisfied	50	12.3	11	4.2	39	26.9
Total	408	100	263	100	145	100

In 2009, 80.6% of all respondents reported they were very satisfied or satisfied with their overall experience with MRS. This satisfaction rate is lower than the rates reported in 2008 (84.2%) and 2007 (83.8%) results. It should be noted that there was an increase in the proportion of respondents with an employment outcome who reported they were satisfied or very satisfied with their overall MRS experience over the three year period (2009 = 92.4%; 2008 = 87.2%; 2007 = 90.2%). The decline in satisfaction rate can be attributed to the decrease in the satisfaction rate for customers without an employment outcome (66.6% in 2007 to 59.2% in 2009).

Overall Experience with MRS



Question 9	All Respondents		Employment Outcome		No Employment Outcome	
	Freq.	%	Freq.	%	Freq.	%
Very Satisfied	223	54.1	179	67.5	44	29.9
Satisfied	109	26.5	66	24.9	43	29.3
Dissatisfied	41	10.0	12	4.5	29	19.8
Very Dissatisfied	39	9.5	8	3.0	31	21.1
Total	412	100	265	100	147	100

* Note: 7 participants did not respond to this question

Summary

The table below provides the mean ratings of all respondents and the comparison of means from the two kinds of employment categories in FY2009. As illustrated, the highest level of satisfaction was reported in relation to counselors' respect and concern in assisting customers (Question 5), followed by high levels of satisfaction with the degree to which counselors understood the customers' needs (Question 4) and involved customers in setting job goals (Question 1) and the overall experience (Question 9). In order to compare the difference between the customers with an 'Employment Outcome' and 'No Employment Outcome', statistical analyses were conducted using the independent sample t-test. The customers with an 'Employment Outcome' reported statistically significant higher levels of satisfaction than those with 'No Employment Outcome' for all nine questions.

Comparison of Means for Questions 1-9

Customer Satisfaction Survey Question	All Respondents	Employment Outcome	No Employment Outcome
1. Involvement in setting job goals	3.26	3.51*	2.82
2. Involvement in choosing services	3.14	3.46*	2.59
3. Involvement in choosing providers	3.14	3.42*	2.63
4. Counselor understanding needs	3.29	3.59*	2.75
5. Counselor respect and concern	3.31	3.64*	2.73
6. Length of time to receive services	3.18	3.43*	2.72
7. Length of time to return phone calls	3.23	3.48*	2.78
8. Services received	3.13	3.48*	2.48
9. Overall experience	3.26	3.57*	2.69

*= Statistically significant $\leq .05$

CIL Consumer Satisfaction Survey Results (FY 2010)

This section reports results of the consumer satisfaction surveys conducted by Michigan Statewide Independent Living Council (MSILC) in FY 2010. MSILC collected data from three consumer groups who received services from Centers for Independent Living (CILs) in Michigan: Active Consumers with an Independent Living Plan (ILP), Individuals who received I & R Services without an ILP, and Inactive Consumers. In March 2011, MSILC provided Project Excellence (PE) at Michigan State University with 199 surveys completed by active consumers, 161 individuals who received I & R services and 6 inactive consumers. Due to a small sample size, this report only presents the findings of two survey groups (Active Consumers and Individuals who Received I & R Services), focusing on the following six consumer satisfaction questions.

- Staff members are well informed.
- Staff members treat me with respect.
- Staff members work with me to set goals that are important to me.
- I receive my services in a timely manner.
- The services I am receiving meet my needs.
- I am satisfied with my overall experience.

Through the data cleaning process with raw data, it was decided to exclude surveys with excessive missing data for valid inference. This report only included surveys that answered at least three out of the six core satisfaction questions above, thus resulting 157 usable surveys for active consumers and 158 consumers who received I & R services. The table below provides consumer information of the usable surveys, specific to CIL center where one received services and their disability/family status.

As seen in the following table, many survey participants among the usable surveys chose not to answer those two questions (missing), which makes further inference or generalizability of the findings dubious. In other words, 30 of 157 active consumers and 39% of individuals who received I & R services did not provide the location of CIL from which they received services. While 66 participants of the active consumer group skipped the disability/family status question, 88 identified themselves as a person with disability (PWD) and 1 a family member of PWD. Different distributions of the two participant information variables were observed between two consumer groups.

Survey Participant Information

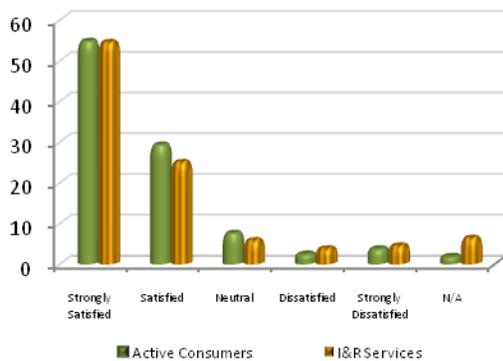
Demographic Characteristics	Active Consumer (N = 157)		Individuals with I&R Services (N = 158)	
	Freq.	Percent	Freq.	Percent
Center for Independent Living				
Missing	30	19.1	61	38.6
Ann Arbor CIL-Ann Arbor	24	15.3	23	14.6
Blue Water CIL-Port Huron	3	1.9	5	3.2
Community Connections-Benton Harbor	44	28.0	0	0
Disability Advocates of Kent County-Grand Rapids	5	3.2	8	5.1
disAbility Connections-Jackson	23	14.6	0	0
DN/Oakland & Macomb-Clinton Township	2	1.3	2	1.3
DN/Southwest Michigan-Kalamazoo	1	0.6	54	34.2
DN/Wayne County-Detroit	25	15.9	5	3.2
Disability Status of Participants				
Missing	66	42.0	22	13.9
People with disabilities (PWD)	88	56.1	87	55.1
Family member of PWD	1	.6	20	12.7
Others	2	1.3	29	18.4

Six Satisfaction Questions

The following six tables and figures report agreement frequencies and percentages for each of the six satisfaction questions. Each table presents distributions of satisfaction level for both consumer groups with a bar graph.

The majority of active consumers (84.1%) and individuals who received I & R services (79.5%) in FY 2010 indicated that they strongly agreed or agreed that the staff members they worked with were well informed.

Staff Members Are Well Informed

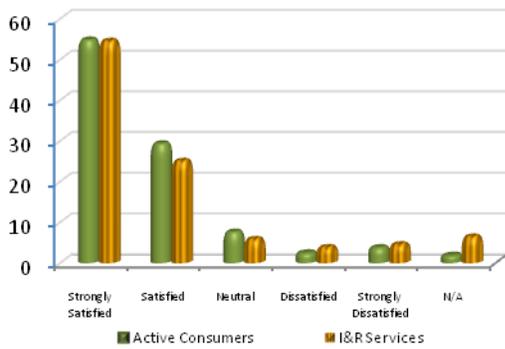


Question 1	Active Consumers		Individuals with I&R	
	Freq.	%	Freq.	%
Strongly Agree	86	54.8	85	54.5
Agree	46	29.3	39	25.0
Agree/Disagree Equally	12	7.6	9	5.8
Disagree	4	2.5	6	3.8
Strongly Disagree	6	3.8	7	4.5
Does not apply to me	3	1.9	10	6.4
Total	157	100	156*	100

*2 participants did not respond to this question.

The majority of active consumers (88.9%) and individuals who received I & R services (84.8%) who participated in the survey in FY 2010 were very satisfied or satisfied with CIL staff members' respect for them.

Staff Members Treat Me with Respect

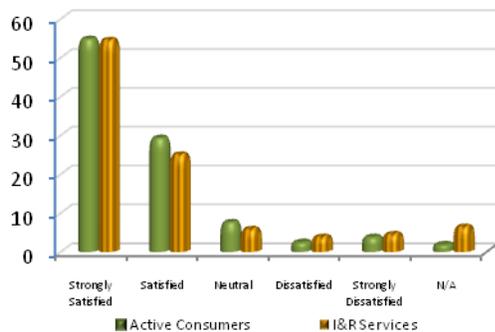


Question 2	Active Consumers		Individuals with I&R	
	Freq.	%	Freq.	%
Strongly Agree	100	65.4	109	69.0
Agree	36	23.5	25	15.8
Agree/Disagree Equally	10	6.5	4	2.5
Disagree	0	0	5	3.2
Strongly Disagree	6	3.9	4	2.5
Does not apply to me	1	0.7	11	7.0
Total	153*	100	158	100

*4 participants did not respond to this question.

Compared to the first two questions, a higher proportion of participants (32.5%) in the active consumer group skipped this question. Of those who chose to respond to this question, 79.2% indicated that they were very satisfied or satisfied with the level of their involvement in setting their independent living goals. As for the survey participants who had received I & R services without an ILP, 40 (25.3%) reported that this question was not applied to them and 68 (52%) strongly agreed or agreed that staff members worked with them to set goals.

Staff Members Work with Me to Set Goals

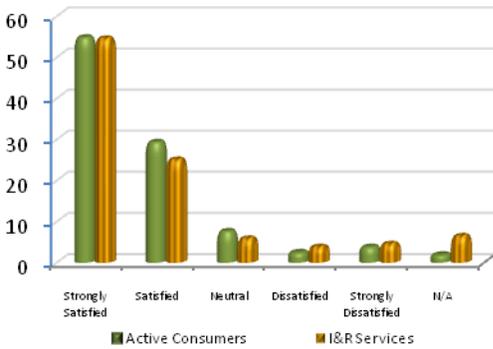


Question 3	Active Consumers		Individuals with I&R	
	Freq.	%	Freq.	%
Strongly Agree	56	52.8	68	43.0
Agree	28	26.4	19	12.0
Agree/Disagree Equally	12	11.3	14	8.9
Disagree	3	2.8	8	5.1
Strongly Disagree	4	3.8	9	5.7
Does not apply to me	3	2.8	40	25.3
Total	106*	100.0	158	100

*51 participants did not respond to this question.

Of consumers who received services from CIL, 76.4% participants in the active consumer group strongly agreed or agreed that the services were provided in a timely manner. As for survey participants who received I & R services without an ILP, 69.2% showed their satisfaction with their services provided in a timely manner and 16.7% reported that this question was not applicable to them.

I Receive My Services in a Timely Manner



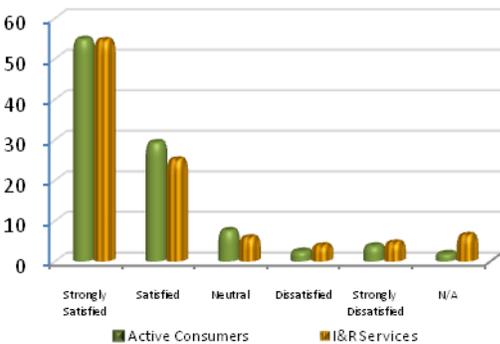
Question 4	Active Consumers		Individuals with I&R	
	Freq.	%	Freq.	%
Strongly Agree	56	52.8	80	51.3
Agree	25	23.6	28	17.9
Agree/Disagree Equally	15	14.2	6	3.8
Disagree	2	1.9	4	2.6
Strongly Disagree	6	5.7	12	7.7
Does not apply to me	2	1.9	26	16.7
Total	106*	100	156**	100

*51 participants did not respond to this question.

**2 participants did not respond to this question.

The majority of active consumers (71.3%) who participated in the survey reported that services they received at CIL met their needs. Nearly 60% of individuals with I & R services without an ILP indicated that services they received met their needs while 22.6% thought this question was not applicable to them.

The Services Received Met My Needs



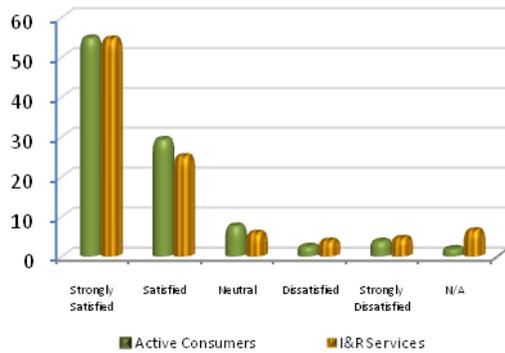
Question 5	Active Consumers		Individuals with I&R	
	Freq.	%	Freq.	%
Strongly Agree	65	42.5	67	43.2
Agree	44	28.8	25	16.1
Agree/Disagree Equally	21	13.7	7	4.5
Disagree	9	5.9	11	7.1
Strongly Disagree	11	7.2	10	6.5
Does not apply to me	3	2.0	35	22.6
Total	153*	100	155**	100

*4 participants did not respond to this question.

**3 participants did not respond to this question.

Approximately 80% of active consumers and 76% of individuals who received I & R services were strongly satisfied or satisfied with their overall experiences at CIL.

I Am Satisfied with My Overall Experience



Question 6	Active Consumers		Individuals with I&R	
	Freq.	%	Freq.	%
Strongly Agree	66	55.5	95	60.5
Agree	29	24.4	24	15.3
Agree/Disagree Equally	13	10.9	13	8.3
Disagree	4	3.4	9	5.7
Strongly Disagree	6	5.0	8	5.1
Does not apply to me	1	.8	8	5.1
Total	119*	100	157**	100

*38 participants did not respond to this question.

**1 participant did not respond to this question.

Summary

While the tables above simply display the distributions of participants' responses, the following table presents the average score, satisfaction rate (strongly satisfied or satisfied) and dissatisfaction rate (dissatisfied or strongly dissatisfied) for each question using only valid answers.

Mean Scores and Satisfaction/Dissatisfaction Rates

	Active Consumers (N=157)				Individuals Who Received I&R Services (N=158)			
	Missing or N/A	Mean	Satis. Rate	Dissatis. Rate	Missing or N/A	Mean	Satis. Rate	Dissatis. Rate
Q1: Staff Members Are Well Informed	3	4.31	85.7%	6.5%	12	4.29	84.9%	8.9%
Q2: Staff Members Treat Me with Respect	5	4.47	89.5%	3.9%	11	4.56	91.2%	6.1%
Q3: Staff Members Work with Me to Set Goals	54	4.25	81.6%	6.8%	40	4.09	73.7%	14.4%
Q4: I Receive My Services in a Timely Manner	53	4.18	77.9%	7.7%	28	4.23	83.1%	12.3%
Q5: The Services Received Met My Needs	7	3.95	72.7%	13.3%	38	4.07	76.7%	17.5%
Q6: I Am Satisfied with My Overall Experience	39	4.23	80.5%	8.5%	9	4.27	79.9%	11.4%

Note that missing cases or answers of "Not Applicable" were not counted to compute the mean score and satisfaction/dissatisfaction rate. For example, of 157 survey participants of the active consumer group, 39 either skipped the Question 6 (Overall Satisfaction) or chose an option of

“Does not apply to me.” Of remaining 118 participants, 80.5% (n=95) reported that they were strongly satisfied or satisfied and 8.5% (n=10) were strongly dissatisfied or dissatisfied with overall experience at CIL. The rest (n=13; 11%) indicated “Agree/Disagree Equally” to the statement of “I am satisfied with my overall experience (Not shown in Table 8).” In addition, a high mean score indicates high level of satisfaction/agreement, given 1 to “Strongly Disagree,” 3 to “Agree/Disagree Equally,” and 5 to “Strongly Agree.”

According to the mean score of each question, the survey participants scored high in Question 2 (Staff Members Treat Me with Respect) and low in Question 5 (The Services Received Met My Needs). Figure 1 illustrates satisfaction and dissatisfaction rates of two groups (Active consumers and Individuals with I & R services). Overall, higher level of dissatisfaction was observed in individuals with I & R services, compared to that of active consumers. It appeared that CIL consumers, regardless of having an ILP, were satisfied with the CIL staff members but a relatively higher proportion of them seemed dissatisfied with services they received from CIL.

Figure 1: Satisfaction/Dissatisfaction Rates

