



Comprehensive Statewide
Needs Assessment
of
Wyoming Citizens with Disabilities

WY-DVR CSNA

Prepared for the

Wyoming Division of Vocational Rehabilitation

June 2013

By:

Sara McCormick, MPA

Malia McIlvenna, MPP

Dianne Meppen

COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT OF WYOMING CITIZENS WITH DISABILITIES

EXECUTIVE SUMMARY

The Wyoming Division of Vocational Rehabilitation (WY-DVR) in cooperation with the State Rehabilitation Council (SRC) is required to conduct a comprehensive statewide needs assessment every three years describing the rehabilitation needs of individuals with disabilities residing in the state. WY-DVR contracted with the Center for Public Policy and Administration (CPPA) at the University of Utah to assist with the needs assessment for 2012-2013. This report summarizes the methods used to conduct the needs assessment and the outcomes.

The needs assessment must include information on three categories: individuals with the most significant disabilities; individuals with disabilities who are minorities and individuals who have been unserved and underserved by the vocational rehabilitation program; and individuals with disabilities who are served through other components of the statewide workforce system as identified by individuals and personnel assisting these individuals.

As stated on their website, “The Wyoming Department of Workforce Services, Division of Vocational Rehabilitation works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities.” To accomplish the above goal, WY-DVR wanted the input of consumers, providers, and other stakeholders to identify needs and barriers related to employment. In addition, federal law requires a needs assessment to be completed every three years to ensure the needs of individuals with disabilities are being met. This report summarizes the methods used to conduct the needs assessment and the outcomes.

CPPA designed the needs assessment using five general methodological approaches:

1. Estimates of the target populations through administrative data analysis;
2. Analysis of WY-DVR administrative data;
3. Focus groups with individuals whose cases have been closed successfully or unsuccessfully;
4. Mail surveys with WY-DVR consumers; and
5. Electronic online surveys with WY-DVR staff and other service providers.

The following provides an overview of the outcomes of the data collected and the recommendations. The full report provides additional details.

WYOMING TARGET POPULATION

According to the 2010 American Community Survey (ACS), there were 66,666 civilian non-institutionalized persons with a disability in Wyoming. This is 12.2% of the state population, which is on par with the national average of 12.1% of the population having a disability. Wyoming is predominantly White. Males are a larger percentage of the disabled population and ambulatory difficulties are the most common type of impairment. Data indicate people with disabilities in Wyoming are less likely to access public disability benefits (SSDI and SSI) compared to the nation as a whole. Looking at wages, males in Wyoming earn significantly more than females, whether disabled or not. The wages for males with disabilities in Wyoming is 2.75 times that of females with disabilities.

In comparison to its peer states, Wyoming has the smallest population; although the percentage of their population with a disability is larger than some of the peer states: Alaska, New Hampshire, and North Dakota. Montana (13.1%) and West Virginia (18.9%) have higher disability percentages than Wyoming (12.1%). Looking at the most recent unemployment rates available from the Bureau of Labor Statistics, Wyoming has the second lowest rate of its peers at 4.9%; only North Dakota is lower (3.3%).

In terms of budgets, Wyoming Division of Vocational Rehabilitation (WY-DVR) has the second lowest budget per case closed. WY-DVR had the highest successful closure rate (Status 26) in supported employment. Although higher than the national average, its overall employment rate of successful closures is second lowest among its peer states with the lowest being Montana.

CONSUMER SURVEY

A survey was conducted of WY-DVR consumers who had been accepted into VR services but had not received services under their individual plan for employment (IPE). The survey asked them to identify their service needs and barriers to employment as well as any other comments. The total number of useable surveys was 323 resulting in response rate of 20% (323 useable responses of the 1600 surveys mailed).

The five needs marked most frequently in the order of need are: education and training; job search; career/job decision making and selection; program eligibility; and transportation. Individuals with the most significant disabilities rated the same five services highest; although transportation was rated higher than program eligibility.

Service needs were also analyzed for all individuals coded as minorities in the administrative data including Hispanic or Latino individuals. In three areas, minorities indicated that they needed services at a higher than expected rate than non-minorities. The areas were job search, housing, and legal-advocacy services. It is very important to note that the number of minorities who responded the survey is very low; although their response rate is comparable to minorities' representation in the target population.

In terms of barriers to employment, respondents were asked to indicate the top three things that make it hard for them to get and keep a job. Consumers indicated that physical limitations present the largest barrier to employment followed by a lack of education and skills, transportation issues, mental health issues, and economic factors and financial constraints.

The final survey question allowed consumers to provide any other comments. Since this question is a catch-all, quite a broad range of comments were received and some responses repeated prior comments. The most frequent comments were compliments to WY-DVR. The next largest category was complaints but only half as many complaints as comments were made.

PROVIDER SURVEY

Providers were surveyed to obtain a different perspective on the rehabilitation needs of individuals with disabilities. The survey questions were structured as similar as possible to the consumer survey to allow comparisons between the findings from the two surveys. In addition to being asked about service needs, providers were also asked about the availability of services. Almost 200 providers completed one or more survey questions (n=196).

Looking at the demand for services, the four services that ranked highest are: career/job decision making and selection, life skills training, job search, and understanding the impact of consumers' work earnings on their government benefits. The services most available were: job search, career/job decision-making and selection, and assistive technology. Looking at availability (or supply), the services that were perceived as having the tightest supply were housing, transportation, legal and advocacy, and life skills training.

When asked to identify unserved and underserved groups, providers indicated individuals with mental illness most frequently; followed by young adults and youth-in-transition. Respondents mentioned people with cognitive and intellectual/developmental disabilities as the next unserved/underserved group. Providers made recommendations on how to better serve the unserved and underserved. These included: improve overall service provision; reduce case load sizes and increase counselors' knowledge of resources; improve education and outreach on services, including building community awareness; improve collaboration with other agencies; and address funding issues, especially increasing funding for services. Providers viewed the top four barriers to employment as: transportation, followed by employer and social discrimination, assessing interests and choosing careers, and lack of consumer motivation.

The final question solicited providers for other comments. Similar to the consumer survey, providers made a range of comments, the most frequent of which were compliments to WY-DVR. The next largest category was complaints or feedback. These comments addressed issues with lack of funding, WY-DVR staff needing more support from management, and a desire for WY-DVR to more effectively partner with other state agencies.

FOCUS GROUPS WITH CONSUMERS

Focus groups are an effective method to collect input from individuals that help to better describe their experience. The plan was to conduct five focus groups across the state with individuals that had received WY-DVR services and their cases were closed. As a result of difficulties scheduling the groups in some areas, three focus groups were held and followed up by in-depth interviews with individuals. The gender of the participants reflects the WY-DVR consumer population as a whole with more males than females participating. Approximately 37% of participants were working at the time of the focus group or interview and 64% were not. Transcripts of the discussions were created and reviewed for general themes.

Though each participating consumer has had a unique experience, some general themes can be seen which are summarized briefly below.

- Understanding of WY-DVR services – Many consumers did not have a clear understanding of the services available even after their visit to WY-DVR.
- WY-DVR experience – Consumers’ experience was very mixed. Though numerous elements of participants’ experiences were discussed, the importance of the counselor in the consumer experience and their impact on the overall perception of WY-DVR cannot be overstated.
- Setting employment goals – Setting goals with the counselor was important to consumers and most said their WY-DVR counselor did talk with them about their employment goals, though the depth of the individual discussions varied greatly. Some consumers felt their needs were considered while others felt their counselor listened to them or cared about their aspirations when employment goals were discussed.
- Identifying employment strengths – There was a nearly an equal split between consumers’ who said they discussed their employment strengths with their WY-DVR counselor and those who said they did not discuss their strengths with their counselors.
- Challenges to obtaining WY-DVR services – The biggest challenges affecting consumers’ ability to get WY-DVR services are the limited number of counselors and their high caseloads.
- Improving satisfaction with WY-DVR services – Consumers’ suggestions primarily addressed consumer/counselor relations. Participants say their satisfaction would improve if counselors listened more, cared more, and were more encouraging.
- Advocating for services – Helping WY-DVR consumers become better advocates for the services they need would likely improve satisfaction as well. The participants who reported asking more questions of the WY-DVR staff and pushing for more services that would meet their needs were more satisfied overall.

HIGHLIGHTS OF RESEARCH FINDINGS

Based on the information collected, analyzed, and presented, specific areas warrant attention as WY-DVR develops its next state plan. The following highlights a few items the researchers observed. WY-DVR needs to determine, based on input from its State Rehabilitation Council and the public, the key areas on which to focus its efforts.

The service needs that are requested the most by consumers with most significant disabilities include: education and training; job search assistance; and career/job decision-making and selection. These needs are very similar to providers' top three of: career/job decision-making and selection; life skills training; and job search assistance (the latter two are tied). Providers rate the consumer's need for life skills training higher than consumers rated it, which may be a reflection of providers' experience. In looking at the availability of the services with the greatest need, providers perceive life skills training as not easily obtainable in the community. WY-DVR may want to increase capacity of support services in this domain.

Comparing the rankings highlights some interesting differences in perspective. Consumers ranked education/training as the service needed most while providers ranked it 10th out of 13 services. In addition, providers ranked life skills as the second most important service (tied with job search) which consumers' ranked it 10th. Providers also ranked consumers understanding the impact of earnings from work on their benefits and "support services" (4th and 5th, respectively) -- higher than consumers ranked the service needs (8th and 12th, respectively). The differences result from each group's perspective. Providers see needs from a broader perspective looking at prior clients' experiences as well as the current consumer's situation. In contrast, consumers look at their, or their families, specific needs. For example, consumers could see education/training as the solution to their employment issues – not surprisingly given how society stresses the importance of education. In contrast, providers realize that other factors could be affecting consumers' success such as their life skills or consumer's hesitance to work due to a lack of knowledge of their benefits. Awareness of these differences could be useful in the provision of services. If a provider can highlight how life skills training might be a more important service for an individual given their unique situation. If a person is hesitant about an employment, a provider can also explore if the hesitations about employment are related to concerns about losing their benefits. If it is, the provider can provide information on this issue.

Counselors' heavy caseload impacts the quality of service as indicated by consumers and some providers. The limited interaction and the delays between appointments could be impacting consumers' enthusiasm toward the VR process and negatively impacting successful outcomes.

Provider recommendations to address the unserved and underserved populations include: improving WY-DVR services (including reduce caseload sizes, and increase counselors' knowledge of community resources); and improving education/outreach on services (including building community awareness; improve collaboration with other agencies; and funding, especially increasing funding for services).

Consumers need assistance in understanding their benefits and the impact of employment on benefits. Consumers and providers both identified a lack of knowledge about the impact of employment earnings on benefits. This need was expressed in both the consumer and provider surveys and in one focus group. Recent studies indicate that benefits planning services are correlated with higher earnings for vocational rehabilitation consumers (Tremblay, et al, 2011, Delin, et al, 2011). One factor impacting consumers understanding of their benefits is the lack of Social Security Administration-approved Certified Work Incentive Coordinators (CWIC) in Wyoming. CWICs go through a rigorous training and testing process to become certified. Community rehabilitation programs (CRP) can access these trainings from the Work Incentives Planning and Assistance (WIPA) National Training Center at Virginia Commonwealth University.

Qualifications of WY-DVR service providers are a concern expressed in the focus groups and both surveys. WY-DVR policy manual requires Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation, but from discussions with the working group and other WY-DVR staff members, it is clear that not all providers have it. In part, this appears to be due to the working definition used for what is a provider. The meaning of what a “community rehabilitation program” looks like has evolved as the demand for community-based services has increased. Although CARF accreditation “assists service providers to improve the quality of their services” it can be an expensive and difficult process that is not reasonable to expect smaller providers to achieve. At the same time, a number of respondents expressed concerns about provider skill levels. There does not appear to be an alternative quality standard for providers or a process to assess the quality of providers.

CONCLUSION

The purpose of this comprehensive needs assessment is to call attention to perceptions and concerns of individuals who are most involved in receiving and providing rehabilitation services. The perceptions and areas of concern can be addressed through the execution of the Wyoming’s three-year Vocational Rehabilitation State Plan.

TABLE OF CONTENTS

EXECUTIVE SUMMARY..... I

ACKNOWLEDGEMENTS VIII

INTRODUCTION 1

METHODS..... 1

POPULATION ESTIMATES 6

SOCIAL SECURITY DISABILITY CHARACTERISTICS 13

WYOMING VOCATIONAL REHABILITATION CASELOAD DATA COMPARISONS 14

CONSUMER SURVEY 22

 CONSUMER SURVEY RESULTS 27

PROVIDER SURVEYS 39

 PROVIDER SURVEY RESULTS 41

FOCUS GROUPS WITH CONSUMERS 56

LIMITATIONS OF THE RESEARCH 66

HIGHLIGHTS OF RESEARCH FINDINGS 67

WORKS CITED 69

ACKNOWLEDGEMENTS

Brian Hickman, Wyoming Division of Vocational Rehabilitation (WY-DVR), has been a wealth of knowledge and assistance during this assessment despite a number of other responsibilities – thank you! We also appreciate the input of the members of the working group who over saw our work including Jeff White, Kym Freeman, Jim McIntosh, Annette Eggleston, and Terri Dawson.

Thank you to Chelsea Davis-Hearn for all the phone calls to potential focus groups participants. We would not have been nearly as successful without her help.

We appreciate the time and effort of WY-DVR consumers that attended focus groups, completed in-depth interviews, or returned surveys.

Of course, this work would not be possible without the CPPA staff: Ashlee Kalina, Malia McIlvenna, Cathy Chambless, and Dianne Meppen.

CSNA

COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT OF WYOMING CITIZENS WITH DISABILITIES

INTRODUCTION

The Wyoming Division of Vocational Rehabilitation (WY-DVR) in cooperation with the State Rehabilitation Council (SRC) is required to conduct a comprehensive statewide needs assessment describing the rehabilitation needs of individuals with disabilities residing in the state. The needs assessment must include information on three categories:

1. Individuals with the most significant disabilities;
2. Individuals with disabilities who are minorities and individuals who have been unserved and underserved by the vocational rehabilitation program; and
3. Individuals with disabilities who are served through other components of the statewide workforce system as identified by individuals and personnel assisting these individuals.

As stated on their website, “The Wyoming Department of Workforce Services, Division of Vocational Rehabilitation works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities.” To accomplish the above goal, WY-DVR wanted the input of consumers, providers, and other stakeholders to identify needs and barriers related to employment. In addition, federal law requires a needs assessment to be completed every three years to ensure the needs of individuals with disabilities are being met. This report summarizes the methods used to conduct the needs assessment and the outcomes.

METHODS

WY-DVR contracted with the Center for Public Policy and Administration (CPPA) at the University of Utah to assist with the needs assessment for 2012-2013. CPPA designed the needs assessment using five general methodological approaches:

1. Estimates of the target populations through analysis of the 2010 Census, the American Community Survey and Social Security Administration data;
2. Analysis of WY-DVR administrative data, including 911 service data, and consumer satisfaction data, if available;
3. Focus groups with individuals whose cases have been closed in successful or unsuccessful statuses (26 or 28, respectively);
4. Mail surveys with WY-DVR consumers; and
5. Electronic online surveys with WY-DVR staff, Department of Workforce Services staff, Workforce Centers, Association of Providers – Community Rehabilitation Programs, Department of Education – Special Education Staff, Department of Health – Behavioral and Mental Health, Tribal Vocational Rehabilitation and other service providers.

This report describes the methods and results from the research.

The study was designed to obtain input from stakeholders throughout the process. A stakeholders' group formed at the beginning of the contract included members of the State Rehabilitation Council (SRC) and employees of Wyoming Division of Vocational Rehabilitation (WY-DVR) administration. The CPPA team worked with the stakeholders' group on several occasions to plan and to make necessary course corrections throughout the study. Interactions occurred in person, via email and in phone calls. SRC members provided input on framing the research questions, interpreting the WY-DVR program performance data, and refining surveys of providers and consumers. Once the data were collected and preliminary analysis completed, the stakeholder group reviewed the draft document to help interpret the findings prior to CPPA finalizing the report. This collaborative approach is consistent with the intent of the Rehabilitation Act for the State Rehabilitation Council to direct the Statewide Needs Assessment process. The approach also ensures that the results are more likely to be used because the end-users are invested in the process.

The following research questions guided this comprehensive statewide assessment of needs of individuals with disabilities:

1. What are population estimates and characteristics of individuals with disabilities in Wyoming? How do these compare with WY-DVR consumers?
2. What are estimates and characteristics of individuals who receive Social Security disability benefits (SSDI and SSI)? How do these compare with WY-DVR consumers?
3. How do the processes and outcomes of Wyoming VR services compare with other peer states? What are the anomalies and are these of concern?

4. What do vocational rehabilitation consumers perceive as their unmet needs and barriers to successful outcomes?
5. What do rehabilitation providers perceive as unmet needs and barriers to successful outcomes for their consumers? How do provider perceptions of needs and barriers compare with the consumers' perceptions?
6. What groups appear to be unserved or underserved by VR services? What are the unmet service needs of these groups?
7. What are barriers and special service needs of racial and ethnic minority populations with disabilities?

ESTIMATES OF THE TARGET POPULATION

To compare the Wyoming population to the nation as a whole, population estimates and the demographic characteristics for individuals with disabilities were collected. Estimates are from 2010, since this was the most recent year for which complete information was available for all of the historical data analysis fields studied in this report.

American Community Survey (ACS) disability questions were changed in 2008 with critical distinctions that limit comparison with previous years' data (Erickson et al., 2010). In brief, changes were made to the questions in order to gather data that is more relevant for intended purposes of providing services to people with disabilities, and for providing opportunities in housing, education, employment, and other areas. Disability types were expanded to include four basic areas of functioning (vision, hearing, mobility, and cognitive functioning) as well as self-care and independent living, and wording of the questions was carefully considered to improve sensitivity and understanding (Brault & Stern, 2007).ⁱ

The ACS estimates on disabilities are for the civilian non-institutionalized population only, unless otherwise noted. Current ACS disability types and definitions include:

- **Hearing difficulty:** *deaf or having serious difficulty hearing (DEAR).*
- **Vision difficulty:** *blind or having serious difficulty seeing, even when wearing glasses (DEYE).*
- **Cognitive difficulty:** *Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM).*
- **Ambulatory difficulty:** *Having serious difficulty walking or climbing stairs (DPHY).*

- **Self-care difficulty:** *Having difficulty bathing or dressing (DDRS).*
- **Independent living difficulty:** *Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).*

Respondents who report any one of the six disability types are considered to have a disability (Disability: American Community Survey (ACS), 2012).

The cognitive, ambulatory, and self-care disability definitions are not applied to individuals under age five, and the independent-living disability definition is not applied to individuals under age 18 (Disability Statistics and Demographics Rehabilitation Research and Training Center, 2011).

While the 10-year Census data is a population count, American Community Survey data are population estimates based on sampling. Because of limited sample size 1-year ACS data is only available for geographic areas with populations greater than 65,000, and 3-year ACS data is only available for geographic areas with populations greater than 20,000. ACS data on disability for municipalities smaller than 20,000 will not be available until 2013 when 5-year estimates dating from the 2008 disability question changes are available. The 3- and 5-year ACS estimates are averages over the period, so 1-year estimates provide the most current snapshot, however the 1-year estimates are less reliable than 3- and 5-year estimates (United States Census Bureau, 2012). Data used for this report were 3-year ACS estimates for the 2008-2010. Statistical tests for significance were performed on some of the data comparing Wyoming and the nation. Instructions for applying statistical testing were obtained from the US Census Bureau (United States Census Bureau, 2012).

ANALYSIS OF WY-DVR ADMINISTRATIVE DATA

Historical WY-DVR caseload data from fiscal year 2010 were analyzed to assess how Wyoming performance has varied over time and in comparison with other state VR programs. The data were obtained from WY-DVR and Rehabilitation Services Administration (RSA). It included comparisons of Wyoming program performance with six other "peer states" for fiscal year 2010. Through discussion with the stakeholders' group consisting of SRC members, WY-DVR administrative staff and CPPA staff, observations from the historical data were gathered and incorporated in the comprehensive statewide needs assessment.

SURVEYS

An on-line survey tool was used for the provider surveys and a mail survey for rehabilitation consumers. Since WY-DVR records do not contain email addresses for all consumers, a mail survey would more effectively reach a representative group. Consumers were also provided the option to complete the survey on-line or to contact CPPA by phone and complete the survey. The online survey platform, Qualtrics™, was selected for its power as well as accessibility for individuals with visual impairments.

Survey questions were developed after a review of Comprehensive Assessment of Needs from other States and with consultation from the WY-DVR stakeholders group. The consumer and provider surveys were designed to have parallel questions in order to permit comparisons. Once draft questions were developed they were reviewed by WY-DVR staff, modified and then reviewed by the stakeholder group.

Quantitative data from the surveys were analyzed using SPSS for Windows Version 20. Tests of significance were performed using Chi-Square or Likelihood Ratio (when cells have five or fewer counts). In summary, both of these tools are used to test whether two categorical variables are associated based on observed data. It allows a determination to be made as to whether a difference in the respondent pool is due to random chance or another factor(s). If there is a significant difference between the data, it is important to keep the differentials in mind even though the reason for the difference might not be identified. Differences of interest will be noted.

Qualitative data from open-ended survey questions was coded and analyzed using ATLAS.ti 6.2. Codes were developed from reviewing the data for common themes. Responses to each open-ended question were coded separately.

FOCUS GROUPS

For the focus groups, topic areas were outlined by WY-DVR. Using this input, CPPA drafted a discussion guide building upon prior experiences. After review of the discussion guide by the stakeholder group, revisions were made. The discussion guide was tested during an in-depth interview (IDI) with a former VR client. The final guide was approved by the stakeholder group. The following provides additional details on the methodology.

In an effort to obtain consumer input from throughout the state, the CPPA and the WY-DWY-DVR selected five geographic areas to hold focus groups with former WY-DVR consumers. The locations selected were: Casper, Cheyenne, Sheridan, Rock Springs, and Riverton. The WY-DWY-DVR selected a random sample of consumers whose cases have been closed within the past year and sent each an invitation letter by mail. The letter explained the purpose of research and requested that interested consumers return a form in a self-addressed, prepaid envelope addressed to CPPA. A telephone number was also included for consumers who preferred to respond by phone.

Upon receiving the forms, CPPA placed confirmation calls to WY-DVR consumers interested in being part of a group. Additional information about potential attendees was obtained during the follow-up call and further details about the group were provided. Since response was lower than desired, WY-DWY-DVR staff called individuals that had not responded to determine if they were interested and encouraged the person to call CPPA or provided their contact information to CPPA.

Once the person agreed to participate, a confirmation letter containing the date, time, and location of the group was sent to each consumer agreeing to attend. The day before each meeting, group facilitators made reminder calls to participants. Approximately two-thirds of scheduled consumers attended their group meeting while the remaining third were unable to attend their session for a variety of reasons. Some consumers, who could not attend a focus group at the appointed date and time, expressed an interest and willingness to be a part of the research. To obtain their input, CPPA facilitators conducted in-depth telephone interviews with each of these consumers using the same discussion guide/questions used in the group meetings.

The discussion guide was a collaborative effort between CPPA and Wyoming DWY-DVR. The questions asked in the group sessions were meant to gather detailed information of consumer experiences as well as encourage discussion among the group. The groups in Rock Springs and Riverton were cancelled due to the lack of participants being able to attend the groups. Since a number of individuals from these areas were willing to provide insights on their experiences, in-depth interviews were conducted with these individuals using the discussion guide.

POPULATION ESTIMATES

1. WHAT ARE POPULATION ESTIMATES AND CHARACTERISTICS OF WYOMING CITIZENS WITH DISABILITIES? HOW DO THESE COMPARE WITH WY-DVR CONSUMERS?

WYOMING CITIZENS WITH DISABILITIES AND THE UNITED STATES

This section examines the population estimates and the demographic characteristics for Wyoming Citizens with Disabilities and provides a comparison with national data. According to the 2010 American Community Survey (ACS), there were 66,666 civilian non-institutionalized persons with a disability in Wyoming (see Table 1.1). This is 12.2% of the state population, which is on par with the national average of 12.1% of the population having a disability.

Wyoming Total Non-institutionalized Disabled Population	Total Wyoming Non-institutionalized Population	Percent of Wyoming Population	United States Total Disabled Population	Total US Non-institutionalized Population	Percent of US Population
66,666	546,924	12.2%	36,180,124	301,501,772	12.1%
Source: U.S. Census Bureau, 2010 American Community Survey					

The following provides greater detail by age, sex, and race of those in Wyoming and the United States with and without a disability. Table 1.2 illustrates the number and percent of civilian non-institutionalized individuals with a disability, by sex, in Wyoming and the United States. Wyoming has a higher percentage of males (12.8%) than females (11.3%) with disabilities. The percentage nation-wide with disabilities is higher for females (12.9%) than males (11.7%). This difference corresponds to differences in population overall, with more males than females in the Wyoming population overall, and more females than males in the national population overall. Wyoming is similar to the nation as a whole in the distribution of individuals with disabilities by age group, with small percentages of persons in the 18 and younger and age 18 to 64 groups with disabilities, and over a third of the population aged 65 and older with a disability. Looking at the working age population, 10.5% of persons age 18-64 in Wyoming have a disability compared with 10% nationwide.

Individuals with disabilities	Wyoming Total	Percent of Wyoming Population by Gender	United States Total	Percent of U.S. Population by Gender
Male	35,358	12.8%	17,236,270	11.7%
Female	31,308	11.3%	18,943,854	12.9%
Total	66,666	12.2%	36,180,124	12.0%
Total working age with a disability (18-64 years)	36,301	10.5%	18,984,266	10.0%
		% of <u>all</u> males in age bracket		% of <u>all</u> males in age bracket
Male < 18 years	3,626	5.2%	1,852,052	4.9%
Male 18-64	19,705	11.2%	9,446,321	10.2%
Male 65+ years	12,027	39.0%	5,937,897	35.7%
		% of <u>all</u> females in age bracket		% of <u>all</u> females in age bracket
Female < 18 years	1,846	2.8%	1,096,441	3.0%
Female 18-64 years	16,596	9.8%	9,537,945	9.9%
Female 65+ years	12,866	36.6%	8,309,468	38.4%
Source: U.S. Census Bureau, 2010 American Community Survey				

Table 1.3 illustrates the percent of civilian non-institutionalized persons with a disability, by race and ethnicity, for the United States and Wyoming. Wyoming has a similar percentage of White, American Indian or Alaska Native, Asian, and mixed race individuals that have a disability compared to the United States as a whole. The percentage of Black and “Other” individuals with a disability is higher in Wyoming than the national average. The largest difference is with the Black or African American population, where 17.2% have a disability in Wyoming while only 13.6% of Black or African American individuals nationally have a disability.

Individuals with disabilities	Wyoming Total	Wyoming Percent*	United States Total	United States Percent*
Race				
White	61,163	12.2%	27,811,116	12.4%
Black	591	17.2%	5,066,234	13.6%
American Indian or Alaska Native	1,971	15.3%	392,051	16%
Asian	262	6.5%	913,315	6.3%
Native Hawaiian or Pacific Islander	NA	NA	45,282	9.3%
Other	1,069	9.4%	1,111,111	7.5%
Two or More Races	1,599	11.2%	841,015	11%
Ethnicity				
Hispanic or Latino	4,406	9.4%	3,983,100	8.2%
* Percent = the number of disabled in the race and ethnicity with a disability divided the total number in race or ethnicity in the state.				
Source: U.S. Census Bureau, 2010 American Community Survey				

Table 1.4 illustrates the percent of civilian non-institutionalized persons with a disability, by type, for the United States and Wyoming. Wyoming has a smaller percentage of its disabled population with vision, cognitive, ambulatory, self-care, and independent living difficulty type compared to the United States. For example, 45% of individuals with a disability in Wyoming have an ambulatory difficulty compared to 53.5% of the U.S. population of individuals with a disability. Wyoming has a larger percentage of its disabled population with a hearing difficulty type compared to the United States (35.5% and 28.5%, respectively). Some individuals have more than one type of disability, so the total is greater than 100%.

Disability Type	Wyoming Total	Percent of Wyoming Disabled Population	United States Total	Percent of U.S. Disabled Population
Hearing Difficulty	23,667	35.5%	10,301,761	28.5%
Vision Difficulty	10,732	16.1%	6,539,795	18.1%
Cognitive Difficulty	22,624	33.9%	13,494,279	37.3%
Ambulatory Difficulty	30,053	45.0%	19,358,773	53.5%
Self-Care Difficulty	8,723	13.1%	7,203,374	19.9%
Independent Living Difficulty	17,901	26.8%	12,799,277	35.4%
Total	66,666	----	36,180,124	----
Source: U.S. Census Bureau, 2010 American Community Survey				

Table 1.5 illustrates the difference in employment rates for civilian non-institutionalized individuals, by disability status, for the United States and Wyoming. The employment rate was higher for Wyoming than the nation in 2010 for persons with and without a disability. The difference is statistically significant at the 90% confidence level.

Table 1.5: Employment Rate in Wyoming and the United States, by Disability Status			
	Wyoming Employment Rate**	United States Employment Rate**	Statistically Significant*
With a Disability	91.0%	83.2%	YES
Without a Disability	95.5%	91.7%	YES
Source: 2010 American Community Survey			
*Statistical Significance at the 90% confidence level means that there is a 90% chance that the difference between the percentages employed in Wyoming and the US is real and not a result of random chance (United States Census Bureau, 2012).			
** The employment rate is the percent of the labor force that is employed.			

Table 1.6 illustrates the difference in labor force participation rates for civilian non-institutionalized individuals, by disability status, for the United States and Wyoming. Employment rate (see Table 1.5) only tells part of the story of employment among persons with a disability, since it only takes employment into consideration among people who are in the labor force. People of working age may enter or leave the labor force for a variety of reasons. There is a higher percentage of persons with a disability in the labor force in Wyoming (59.5%) than the nation as a whole (43.1%). The higher labor-force participation rate in Wyoming may be due, in part, to more successful efforts in Wyoming to integrate persons with a disability into the workforce. It could also be due to the low unemployment rate in the state.

Table 1.6: Labor Force Participation Rate in Wyoming and the United States, by Disability Status		
	Wyoming Labor Force Participation Rate*	United States Labor Force Participation Rate*
With a Disability	59.5%	43.1%
Without a Disability	83.8%	81.7%
Source: 2010 American Community Survey		
*The labor force participation rate is the percent of the working age population that is either employed or actively looking for work.		

Table 1.7 illustrates the difference in median annual earnings for civilian non-institutionalized individuals, by sex and disability status, for the United States and Wyoming. Wyoming residents with and without a disability have similar overall median earnings as the national median (with a disability: \$19,997 compared to \$19,920 nationally; without a disability: \$30,147 compared to \$30,263 nationally).

However, looking at earnings among males and females, Wyoming residents have greater disparity in earnings than the national averages. Males earn a higher income in Wyoming than the national average, and females earn a lower income than the national average. This trend is the same for Wyoming earners with and without a disability. The difference in median earnings between Wyoming and the national average for both males and females, with and without a disability, is statistically significant.

Nationally, females earn a lower median income than males; however, the median earnings are disproportionately lower for females than for males in Wyoming compared with national figures. In Wyoming, males earn approximately twice as much as females, while males nationally earn approximately 50% more than females regardless of disability. The median earnings for Wyoming males *without a disability* are nearly double the median income for Wyoming females *without a disability* (\$40,548 and \$21,822, respectively). An even more pronounced difference is noted for individuals with a disability. The median earnings for Wyoming males *with a disability* are \$30,393, which is approximately 2.75 times that of Wyoming *females with disability*, \$11,015.

Table 1.7: Median Annual Earnings, by Gender and Employment Disability			
	Wyoming	United States	Statistically Significant*
All individuals	\$ 29,115	\$ 29,577	NO
With a disability	\$ 19,997	\$ 19,920	NO
Male	\$ 30,393	\$ 23,214	YES
Female	\$ 11,015	\$ 16,172	YES
Without a Disability	\$ 30,147	\$ 30,263	NO
Male	\$ 40,548	\$ 35,759	YES
Female	\$ 21,822	\$ 24,846	YES
Source: U.S. Census Bureau, 2010 American Community Survey			
*Statistically significant difference between Wyoming and the United States at the 90 percent confidence level			

COMPARISON OF WY-DVR CONSUMERS WITH WYOMING-WIDE DATA

The following section compares basic demographics of Wyoming Division of Vocational Rehabilitation consumers with the entire disabled population in Wyoming. The American Community Survey identified 66,666 civilian non-institutionalized persons with a disability in Wyoming in 2010. The same year, the Wyoming Division of Vocational Rehabilitation served 5,348 disabled persons or 8% of the Wyoming disabled population. Looking at gender, Table 1.8 contrasts WY-DVR consumers served with the disabled population in Wyoming. The distribution of male and female consumers served by WY-DVR matched the state-wide distribution of males and females with disabilities (53% male and 47% female).

Table 1.8: WY-DVR Consumers Served as a Percentage of the Wyoming Disabled Population, FY 2010					
	All WY-DVR Consumers	WY-DVR Consumer Percent	Wyoming Disabled Population	Percent of Wyoming Disabled Population	All WY-DVR Consumers as a Percent of the Wyoming Disabled Population
Male	2,845	53%	35,358	53%	8%
Female	2,503	47%	31,308	47%	8%
Total	5,348	100%	66,666	100%	8%
Source: WY-DVR 2010; U.S. Census Bureau, 2010 American Community Survey					

Table 1.9 contrasts WY-DVR closed cases with all WY-DVR consumers served in the fiscal year. In 2010 WY-DVR served 5,348 disabled persons; 1,139 of whose cases were closed (21%). The cases closed by WY-DVR by gender and working age had the same ratio as the entire FY 2010 caseload (21% male, 21% female, and 21% working age).

Table 1.9: WY-DVR Closed Cases (Status 26 and 28) as a Percentage of all WY-DVR Consumers Served, FY 2010				
	WY-DVR All Closed Cases	WY-DVR Consumer Percent (Closed Cases)	All WY-DVR Consumers	WY-DVR Cases Closed as a Percent of all WY-DVR Consumers
Male	601	53%	2,845	21%
Female	538	47%	2,503	21%
Total	1139	100%	5348	21%
Working Age (18-64)	1111	98%	5207	21%
Source: WY-DVR 2010; U.S. Census Bureau, 2010 American Community Survey				

Table 1.10 displays by age group the WY-DVR consumers and the Wyoming disabled population as a whole. The vast majority (97.4%) of WY-DVR consumers are working age, ages 18-64, at the time of referral. This contrasts significantly with the Wyoming population where only 54.4% of individuals with disabilities are working age. Looking at Wyoming's working age population as a whole, WY-DVR served 14.3% of the persons with a disability ages 18 – 64.

WY-DVR serves very few individuals over age 65 (1.4%), as these individuals tend not to be in the workforce. This percentage is much lower than the percentage of the Wyoming residents age 65 and older with a disability which is 37.3%. WY-DVR also serves a smaller percentage of residents with disability under 18 (1.3%) than in the Wyoming disabled population (8.2%).

	WY-DVR Consumers	WY-DVR Consumer Percent	Wyoming Disabled Population	Wyoming Disabled Population Percent	Percent of Wyoming Disabled Population Served by WY-DVR
Under 18	68	1.3%	5,472	8.2%	1.2%
18-64	5207	97.4%	36,301	54.4%	14.3%
65 and Older	73	1.4%	24,893	37.3%	0.3%
Total	5348	100.0%	66,666	100.0%	8.0%

Source: RSA 2010; U.S. Census Bureau, 2010 American Community Survey

Table 1.11 provides data on the racial and ethnic composition of all WY-DVR consumers in 2010. The majority of consumers served by WY-DVR are white (93.4%). This is not surprising since over 90% of Wyoming's population is White. American Indian/Alaskan Native consumers comprise 2.9% of all WY-DVR consumers, followed by Black consumers (2.2%). In 2010, WY-DVR served 489 consumers (9.1% of its clients) of Hispanic or Latino ethnicity.

	WY-DVR Consumers	As a percent of WY-DVR Consumers	Wyoming Disabled Population	As a Percent of Wyoming Disabled Population
Race				
White	4995	93.4%	61,163	91.7%
Black	118	2.2%	591	0.9%
American Indian or Alaska Native	154	2.9%	1,971	3.0%
Asian	10	0.2%	262	0.4%
Native Hawaiian and Other Pacific Islander	10	0.2%	NA	NA
Other	0	0.0%	1,069	1.6%
Two or More Races	61	1.1%	1,599	2.4%
Total	5348	100.0%	66,655*	100.0%
Ethnicity				
Hispanic or Latino	489	9.1%	4,406	6.6%

Source: WY-DVR 2010; U.S. Census Bureau, 2010 American Community Survey
* Total does not equal 66,666 due to missing race data.

Table 1.12 shows WY-DVR cases closed, by employment status. Additionally, among consumers whose cases were closed with employment, Table 1.12 shows the benefit, transition age, and severe disability status of the consumers. During fiscal year 2010 WY-DVR closed 1,139 cases. Slightly more than half (56.1%) of the closed cases were closed with employment.

Of those that were successfully employed after receiving WY-DVR services, 11.3% were on Social Security Disability Insurance, 15.3% were on Supplemental Security Income, 24.4% were transition age (aged 14-24), and 88.6% were severely disabled.

	WY-DVR Consumers (Closed Cases)	As a Percent of WY-DVR Closed Cases (n=1139)	As a Percent of WY- DVR Cases Closed with Employment (N=639 Cases)
Cases Closed			
Employed (Status 26)	639	56.1%	n/a
Not employed (Status 28)	500	43.9%	n/a
Total cases closed	1139	100%	n/a
Cases Closed with Employment			
SSDI Beneficiary	72	6.3%	11.3%
SSI Recipient	98	8.6%	15.3%
Transition age (14-24)	156	13.7%	24.4%
With a severe disability	566	49.7%	88.6%
Total	639	56.1%	100.0%
Source: RSA 2010; U.S. Census Bureau, 2010 American Community Survey			

SOCIAL SECURITY DISABILITY CHARACTERISTICS

2. WHAT ARE ESTIMATES AND CHARACTERISTICS OF INDIVIDUALS WHO RECEIVE SOCIAL SECURITY DISABILITY BENEFITS (SSDI AND SSI) IN WYOMING?

Table 2.1 compares the number of Social Security Disability Insurance (SSDI) beneficiaries aged 18-64 in the US and in Wyoming, and served by WY-DVR. Percentages of each group that receive SSDI are also displayed. There were 12,697 individuals aged 18-64 who received SSDI benefits in 2010 in Wyoming. This is approximately 35.0% of the state's civilian non-institutionalized disabled population aged 18-64. In comparison, 46.1% of the U.S. disabled population age 18-64 received SSDI benefits during the same year. Among its closed cases in FY 2010, 147 (13.2%) of WY-DVR's consumers received SSDI.

	Number who Receive SSDI Benefits (Ages 18-64)	Total Population with a Disability (Ages 18-64)	SSDI Beneficiaries as Percentage of Population
U.S.	8,753,932	18,984,266	46.1%
Wyoming	12,697	36,301	35.0%
WY-DVR (Cases Closed)	147	1111	13.2%
Source: U.S. Census Bureau, 2010 American Community Survey, Annual Statistical Report on the Social Security Disability Insurance Program, 2010: http://www.ssa.gov/policy/docs/statcomps/di_asr/2010/di_asr10.pdf, RSA 2010			

Table 2.2 compares the number of Supplemental Security Income (SSI) beneficiaries in the US, Wyoming, and served by WY-DVR, and displays the percentage of each of these populations that receive SSI. Approximately 6,369 individuals living in Wyoming received SSI benefits in 2010. This is 1.2% of the state's civilian non-institutionalized population. In comparison, approximately 2.6% of the U.S. population received SSI benefits in 2010. Among its closed cases in FY 2010, 191 (16.8%) of WY-DVR's consumers received SSI.

	SSI Beneficiaries (all ages)	Population	Percentage of Population	Blind and Disabled SSI Beneficiaries Under Age 18
U.S.	7,912,266	301,501,772	2.6%	1,239,269
Wyoming	6,369	546,924	1.2%	971
WY-DVR (Cases Closed)	191	1,139	16.8%	

Source: <http://www.ssa.gov/policy/docs/statcomps/supplement/2011/supplement11.pdf>, RSA 2010

Based on the data in Tables 2.1 and 2.2, people with disabilities in Wyoming are less likely to access public disability benefits (SSDI and SSI) compared to the nation as a whole.

WYOMING VOCATIONAL REHABILITATION CASELOAD DATA COMPARISONS

3. HOW DO THE PROCESSES AND OUTCOMES OF WYOMING VR SERVICES COMPARE WITH OTHER PEER STATES? WHAT ARE THE ANOMALIES AND ARE THESE OF CONCERN?

This section provides an analysis of the 2010 vocational rehabilitation caseload data for the state of Wyoming as it compares with peer states' caseloads and outcomes. The data for this section are from the Rehabilitation Services Administration (RSA), and reflect only closed cases rather than all consumers served by Vocational Rehabilitation during the fiscal year. RSA categorizes state vocational rehabilitation programs into peer groups based on agency type and on the size of the federal grant allocated to the program. This allows states to more equitably compare themselves with agencies of similar type and capacity; however, as grant sizes change from year to year, so may the peer states with which it is most appropriate to compare Wyoming's performance. Wyoming's peer states in 2010 were Alaska (AK), Montana (MT), North Dakota (ND), and New Hampshire (NH). West Virginia (WV) was included as a peer state comparison at the request of the WY-DVR. Below are select measures that highlight Wyoming and the peer states. Table 3.1 provides some population counts for the peer states to provide perspective on the populations each state is addressing.

Category	WY FY 2010	AK FY 2010	MT FY 2010	NH FY 2010	ND FY 2010	WV FY 2010
Unemployment rate	6.50%	7.80%	6.80%	5.70%	3.60%	8.40%
State population *	554,265	687,837	975,590	1,302,401	659,553	1,822,591
Total non-institutionalized disabled population *	67,066	74,974	127,802	147,171	71,891	344,470
Disabled population as % of total population	12.1%	10.9%	13.1%	11.3%	10.9%	18.9%
Total civilian non-institutionalized population 18-64	350,713	446,525	611,102	845,224	418,681	1,149,160
Population age 18-64 with a disability (working age)	36,825	45,992	67,221	76,915	34,751	196,506

Source: U.S. Census Bureau, 2010 American Community Survey
 * To obtain comparable data for the items above for Wyoming and the peer states, slightly different data had to be used for Wyoming than is used in the rest of the analysis. So some numbers will differ slightly than population estimates provided above.

In FY 2010, the range of the Federal VR grant among Wyoming's peer states, excluding West Virginia, was from approximately \$9 to \$12 million. The West Virginia Division of Rehabilitation is a much larger program than the other peer states, and its Federal VR grant in 2010 was over \$54 million. Wyoming's 2010 Federal VR grant allocation, \$8,912,009, and its total budget, \$12,485,834 were the lowest among its peers. Excluding West Virginia, the average Federal VR grant allocation among Wyoming's peer states was \$11,263,203, and the average total budget was \$19,349,759. Montana had the highest Federal VR grant of \$12,087,792, and New Hampshire had the highest total budget of \$23,743,779. Most of Wyoming's peer states experienced an increase in their funds used 2009 to 2010, ranging from a 3.5% increase in New Hampshire, to a 32.9% increase in North Dakota. In comparison, Wyoming's funds-used decreased by 1% from 2009 to 2010 and Montana stayed the same. See Table 3.2.

Category	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010
Funds available						
Final federal VR grant	\$8,912,009	\$11,157,490	\$12,087,792	\$10,157,490	\$11,650,039	\$54,579,169
Nonfederal expenditures (match)	\$2,412,018	\$3,956,269	\$3,309,878	\$2,749,105	\$3,261,031	\$12,010,031
Program income	\$255,853	\$292,541	\$790,807	\$227,126	\$1,590,874	\$1,093,775
Carryover	\$605,954	\$522,449	\$407,015	\$7,397,296	\$6,941,835	\$1,738,698
Federal supported employment grant	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$300,000
Total budget	\$12,485,834	\$16,228,749	\$16,595,492	\$20,831,017	\$23,743,779	\$69,721,673
Funds used						
Total FY 2010	\$12,327,292	\$16,961,045	\$16,082,463	\$17,156,175	\$17,069,069	\$52,467,466
Percent change from 2009	-1.0%	11.8%	0.0%	32.9%	3.5%	22.5%

Source: RSA 9-11 data for FY 2010

In FY 2010, Wyoming closed 1,139 individual cases. This is the second lowest number of closed cases in comparison with peer states. Only the state of Alaska closed fewer cases in FY 2010 (869 cases). Wyoming and its peer states have a much smaller average caseload compared with USA average number of cases closed by combined agencies (1,723 and 5,036, respectively). As a function of the agency’s budget, Wyoming performs very highly among its peer states, with only one state, Montana, having a lower budget per case closed (\$10,962 and \$9,711 respectively). See Table 3.3.

Table 3.3: Comparison Among Peer States of Populations Served, FY 2010

	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Total cases closed	1,139	869	1,709	1,285	1,676	3,076	1,723	5,036	2nd lowest
Budget per case closed	\$10,962	\$18,675	\$9,711	\$16,211	\$14,167	\$22,666	\$17,077		

Source: RSA 9-11 data for FY 2010

All Vocational Rehabilitation agencies serve a diverse population in terms of the type of disabilities of consumers. The disabilities are categorized as visual impairments, communicative impairments, physical impairments, cognitive impairments, and psychosocial and other mental impairments. Looking at disability type, the largest majority of consumers served by WY-DVR with cases closed have physical impairments (36% of the consumers or 411 cases whose cases were closed in FY 2010 had physical impairments).

Looking at its peer states, Wyoming had the highest rate of cases closed with physical impairments (36.1%) followed by Alaska (35.8%) and Montana (34.3%). Wyoming had the second highest percentage of consumers with psychosocial and other mental impairments behind Alaska by only a tenth of a percent. Compared with its peers, Wyoming served a lower percentage of consumers with visual, communicative, and cognitive impairments in 2010 compared with the average of the five peer states. See Table 3.4.

Table 3.4: Comparison Among Peer States of Populations Served, FY 2010									
Disability Populations Served; categorized by Primary Disability	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Visual impairments	3.0%	3.0%	7.5%	2.1%	5.3%	3.1%	4.2%	3.1%	2nd lowest (tied)
Communicative impairments	7.1%	7.6%	5.6%	12.3%	16.5%	17.9%	13.3%	9.7%	2nd lowest
Physical impairments	36.1%	35.8%	34.3%	25.2%	23.1%	32.0%	30.1%	24.5%	highest
Cognitive impairments*	16.2%	15.9%	21.0%	26.9%	25.5%	29.5%	25.3%	29.2%	2nd lowest
Psychosocial and other mental impairments	37.6%	37.7%	31.6%	33.5%	29.7%	17.5%	20.5%	33.5%	2nd highest
Source: RSA 9-11 data for FY 2010									
*RSA data labels as "mental retardation"									

Fifty-six percent of individuals whose cases were closed in FY 2010 after receiving services were employed. Wyoming had the second lowest employment rate for vocational rehabilitation cases in FY 2010. Only Montana had a lower employment rate (49.1%). Wyoming had a lower than average employment compared with its peer states (61.8%), but was above the national average (48.9%). Among the peer states, Wyoming had the third lowest percentage of consumers whose cases were closed with competitive employment (86.5%), and third lowest percentage of consumers with a significant disability whose cases were closed with employment in FY 2010 (88.6%). Both of these rates are lower than the peer states and national averages. See Table 3.5.

Individuals whose cases were closed after receiving services	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Number closed with employment	639	530	716	861	1,043	2,169	1,064	2,464	2nd lowest
Employment rate	56.1%	61.0%	41.9%	67.0%	62.2%	70.5%	61.8%	48.9%	2nd lowest
Percent closed in supported employment	9.1%	8.5%	7.4%	6.0%	3.9%	4.5%	5.5%	9.5%	highest
Percent with competitive employment	86.5%	84.3%	84.8%	89.1%	90.6%	93.9%	90.2%	87.4%	3rd lowest
With employment and significant disability	88.6%	93.6%	85.6%	86.9%	92.6%	91.2%	90.2%	92.6%	3rd lowest

Source: RSA 9-11 data for FY 2010

A quarter of the WY-DVR consumers served in 2010 were transition age (ages 14-24). The percentage of transition age cases in three of Wyoming's peer states falls within 5 points (Alaska, Montana, and New Hampshire), while two states served higher percentages of transitions age consumers in 2010: 36.3% in North Dakota, and 42.7% in West Virginia. The national average percentage of transition age served to total served is 35.2%. Compared with the national average Wyoming and most of its peer states outperform the nation in terms of the transition age employment rate. Wyoming had the second lowest employment rate for transition age cases among its peers (55.1%), but still outperformed the national average. See Table 3.6.

Closure Performance for Transition Age Population	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Total Trans. Pop served	283	173	381	467	424	1314	552	1774	2nd lowest
Transition age cases closed with employment	156	104	161	313	253	872	341	866	2nd lowest
Transition age Employment rate	55.1%	60.1%	42.3%	67.0%	59.7%	66.4%	61.7%	48.8%	2nd lowest
Percent of transition age served to total served	24.9%	19.9%	22.3%	36.3%	25.3%	42.7%	32.0%	35.2%	3rd lowest

Source: RSA 9-11 data for FY 2010, RSA Annual Review report defines transition as ages 14-24.

Compared with its peer states Wyoming had a lower than average employment rate for its consumers with all disability types except communicative impairments. The greatest difference was in the employment rate for consumers with visual impairments (52.9%), which was more than 25 percentage points below the peer states average (80.2%). Visual impairments were the only disability type for which the WY-DVR employment rate was below the national average (64.9%). For its consumers with communicative impairments the employment rate in Wyoming (82.7%) was higher than the peer states average (79.8%) and the national average (74.9%). See Table 3.7.

Disability Type by Primary Disability	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Visual impairments employment rate	52.9%	69.2%	68.0%	92.6%	95.5%	75.8%	80.2%	64.9%	lowest
Physical disorders employment rate	54.7%	54.7%	36.7%	58.6%	58.4%	68.7%	55.4%	50.0%	2nd lowest (tied)
Communicative impairments employment rate	82.7%	65.2%	66.7%	90.5%	86.2%	90.4%	79.8%	74.9%	3rd lowest
Cognitive impairments employment rate	59.5%	64.5%	48.8%	68.5%	60.4%	68.7%	62.2%	50.9%	2nd lowest
Mental and emotional (psychosocial) disabilities employment rate	51.2%	64.0%	32.4%	61.9%	47.6%	55.5%	52.3%	45.3%	3rd lowest
Source: RSA 9-11 data for FY 2010									

In comparison with the five peer states, Wyoming had the smallest staff size (59 employees) in 2010. Looking at Wyoming's staff size as a percentage of cases closed (5.2%), and cases closed with employment (9.2%), only Montana has a smaller staff size as a percentage of cases closed (4.9%), and only New Hampshire has a smaller staff size as a percentage of cases closed with employment (8.5%). As with its budget, this suggests that compared with its peers, Wyoming is successful in doing more with less. The percentages of different types of staff in Wyoming are similar to the peer states and national averages, with the greatest percentage of staff being counselors (47.5%), followed by staff supporting counselor activities (42.4%). See Table 3.8.

Staff Breakdown	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average (excludes WY)	USA Ave. (combined)	Comp w/ Peers
Total	59	93	83	84	89	284	127	358	lowest
Administrative Staff	10.2%	16.1%	7.2%	8.3%	11.2%	9.5%	10.3%	12.4%	3rd highest
Counselor Staff	47.5%	41.9%	44.6%	64.3%	56.2%	37.3%	45.2%	42.6%	3rd highest
Staff Supporting Counselor Activities	42.4%	40.9%	48.2%	25.0%	24.7%	46.1%	39.8%	42.6%	3rd highest
Other Staff	0.0%	1.1%	0.0%	2.4%	7.9%	7.0%	4.7%	2.3%	lowest (tied)
Staff as a percentage of cases closed	5.2%	10.7%	4.9%	6.5%	5.3%	9.2%	7.4%	7.1%	2nd lowest
Staff as a percentage of cases closed w emp.	9.2%	17.6%	11.6%	9.8%	8.5%	13.1%	11.9%	14.5%	2nd lowest
Source: RSA 9-11 data for FY 2010									

Compared with its peer states in 2010, WY-DVR closure data indicates that it served a lower than average percentage of its consumers who receive Social Security Disability Insurance (12.9% compared to 19.3%). At the same time, it had a higher percentage of its consumers who receive Supplemental Security Income (16.8% compared to 15.1%). See Tables 3.9 and 3.10, respectively.

These findings are in line with findings that Wyoming has a lower percentage of its population aged 18 to 64 that receives SSDI than the nation as a whole. See Tables 2.1 and 2.2.

Table 3.9: Comparison of Select Measures of Closure Performance for Transition Age Population, FY 2010 (SSDI beneficiaries)

Closure Performance for Transition Age Population	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Total SSDI Pop served	147	138	434	206	480	406	333	922	2nd lowest
SSDI cases closed with employment	72	66	180	110	249	229	167	394	2nd lowest
% of SSDI cases closed with employment	49.0%	47.8%	41.5%	53.4%	51.9%	56.4%	50.1%	42.8%	3rd lowest
Percent of SSDI pop served to total served	12.9%	15.9%	25.4%	16.0%	28.6%	13.2%	19.3%	18.3%	lowest

Source: RSA 9-11 data for FY 2010

Table 3.10: Comparison of Select Measures of Closure Performance, FY 2010 (SSI recipients)

Closure Performance for Transition Age Population	WY FY 2010	AK FY 2010	MT FY 2010	ND FY 2010	NH FY 2010	WV FY 2010	Peer Average	USA Ave. (combined)	Comp w/ Peers
Total SSI Pop served	191	174	283	158	301	382	260	950	3rd lowest
SSI cases closed with employment	98	84	90	80	174	205	127	351	3rd highest
SSI Employment rate	51.3%	48.3%	31.8%	50.6%	57.8%	53.7%	48.8%	36.9%	3rd highest
Percent of SSI pop served to total served	16.8%	20.0%	16.6%	12.3%	18.0%	12.4%	15.1%	18.9%	3rd highest

Source: RSA 9-11 data for FY 2010

CONSUMER SURVEY

A survey of WY-DVR consumers was chosen as the most effective method of accessing a large pool of individuals with disabilities in the state. The purpose was to identify service needs prior to receipt of services. As a result, it was decided to survey all individuals in Status 10 at a point in time. Status 10 consists of individuals who have been determined eligible but have not yet developed an Individual Plan for Employment (IPE). This group was chosen because they have been assessed for the significance of their disability but still reflect the greatest “unmet needs” than consumers further along in the program. Since the entire population was surveyed, sampling was unnecessary.

SURVEY TOOL AND RESPONDENTS

CONSUMER SURVEY INSTRUMENT

The consumer questionnaire was divided into three sections: service needs, barriers to employment, and other comments. The service needs section contained a list of 13 service need categories. Respondents were asked to indicate whether they “needed help” in the service area, if they “did not need help,” or if they “did not know” if they needed help in the area. There was also an open-ended question, where the respondent could indicate other service needs not included in the 13 categories provided. The barriers section asked the consumer to list “the top three things that make it hard for you to get and keep a job.” The third section asked the respondent to provide “any other comments.”

The mailing list for the consumer survey was drawn from all individuals in Status 10 on September 30, 2012. WY-DVR mailed the survey to 1,723 eligible individuals (referred to as the population) at the end of December 2012 and with a second mailing in February 2013. Coding surveys with a unique ID number allowed responses to be tracked. Surveys returned due to bad addresses reduced the population by 123 resulting in a final population of 1,600.

Surveys were returned by 338 individuals, 14 were unusable and one response set was excluded because the person was under 18 years old. The total number of useable surveys was 323 resulting in response rate of 20% (323/1600). As noted above, consumers could complete and return the hard copy survey or they could complete the survey on-line. Most respondents (93%) returned hard copy surveys versus 7% on-line.

Administrative data obtained from WY-DVR were also coded with the unique survey ID number. This allowed the survey data to be linked with the administrative data and the anonymity of survey respondents maintained. The data elements were: age, gender, race, ethnicity, education level, significance of disability designation, SSDI and SSI status at application, and primary

disability/impairment type. In comparing the respondent administrative data to the non-respondent data either Chi-Square or the Likelihood Ratio was used to test for statistical significance. These tests allow a determination to be made as to whether a difference in the respondent pool is due to random chance or another factor(s). If there is a significant difference between the data, it is important to keep the differentials in mind even though the reason for the difference might not be identified.

Administrative data for all 1,723 eligible individuals, or population, was included in analysis to have a more comprehensive picture of the Status 10 consumers for comparison of characteristics.

Thirteen potential service areas were identified and examples provided to help respondents determine if help was needed in the area. The service areas and examples follow:

- Career/job decision making and selection: assessing my interests and abilities; learning what types of jobs are available; how to choose a job; or becoming self-employed.
- Education / training: choosing a school or training program; or paying for a school or training program including books or tools.
- Life skills training: money management; time management; getting along with co-workers.¹
- Job search: writing a resume; preparing for a job interview; locating employers with job openings; or assistance with applying for and learning a job.
- Program eligibility: learning about eligibility for programs and/or benefits such as Social Security, health care benefits, or day care benefits.
- Potential impact of earnings on benefits: learning how working could impact benefits such as Social Security, health care, housing, food stamps, or day care.
- Health benefits: understanding health benefits and finding providers; obtaining mental health or substance abuse counseling; or obtaining prescription drugs.
- Transportation: assistance with car maintenance, repairs or gasoline; personal transportation including vehicle modifications or purchases, or public transportation such as bus.
- Housing: finding and paying for a place to live including deposits; maintaining or repairing a home; or changes to improve accessibility inside the home.
- Legal / advocacy: dealing with discrimination related to my disability; appealing a loss or denial of benefits; improving self-advocacy skills; or training on how and when to disclose a disability.
- Support services: Job coaching or supported employment services in the work place; or help with personal care.
- Assistive technology: an assessment of technology needs; hearing devices; visual aids; equipment that aids communication with others such as a speech board or computer that speaks; wheelchair, scooter or other mobility device including lifts and ramps; or environmental controls that allow hands-free control of devices within home or office.

¹ Life skills are behaviors used appropriately and responsibly in the management of personal affairs. They are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life. The subject varies greatly depending on societal norms and community expectations. Areas that are often included are: personal care, organization, respect for self and others, communication, and social skills. (http://en.wikipedia.org/wiki/Life_skills and <http://parenting2pt0.org/about/life-skills-report-card/>)

- Information on community resources: day care; banking; interview or work clothing; utility assistance; or other resources to obtain more information.

RESPONDENT CHARACTERISTICS

The following tables summarize the demographics of the target population, respondents and non-respondents using the administrative data noted above. All the administrative data available were included in the analysis. In a few cases, data are missing.

Looking at gender, males and females responded at the same rate although this is probably due to missing data (see 4.1). In contrast, the non-respondents were split 44.9% female and 55.1% male; the entire population surveyed was 54.2% male and 45.8% female. The non-respondent and population percentages more closely reflect the gender breakout of all WY-DVR consumers in 2010. Although a difference in the percentages is observed between the groups, analysis using the statistical significance measure, Chi-Square, indicates no significant difference at the .05 level.

All respondents were grouped by age into four categories to facilitate analysis. The groups are: under 18, 18 to 24 years old (transition age), 25-64 or working age, or 65 and over. In the population, the oldest person served was 84 and the youngest 17. Looking at age groupings, there is no significant difference between the groups based on Chi-Square at the .05 level.

	Population (n=1711)		Respondents (n= 312)		Non-respondents (n=1399)	
	Count	% of total	Count	% of total	Count	% of total
Gender						
Female	784	45.8%	156	50.0%	628	44.9%
Male	927	54.2%	157	50.0%	771	55.1%
Age by groups						
Under 18	2	0.1%	0	0%	2	0.1%
18-24	370	21.6%	63	20.2%	307	21.9%
25-64	1300	76.0%	236	75.6%	1064	76.1%
65 and over	39	2.3%	13	4.2%	26	1.9%
Note: No significant difference noted using Chi-Square						

The primary disabilities were grouped into four categories: physical, mental, cognitive and sensory. The groups include:

- Physical includes: orthopedic and neurological impairments impacting mobility or manipulation; respiratory impairments; general physical debilitation (fatigue, weakness, pain, etc.) and other physical impairments.
- Mental impairment includes: psychosocial impairments (interpersonal & behavioral impairments, difficulty coping) and other mental impairments.
- Cognitive involves learning, thinking, processing information, and concentration.
- Sensory includes: blindness; visual impairments; deafness; hearing loss; and other hearing impairments.

Table 4.2 shows that the mental health impairments comprise 40% of the population followed by physical impairments (34%). For respondents, individuals with physical and mental impairments were the largest groups and their response rates were effectively the same (35% and 34%, respectively). The expected counts explain this result. Fewer than expected responses were received from individuals with mental impairments. This is not surprising since individuals with mental impairments may be less willing to respond to surveys. Individuals in the sensory category responded at a slightly higher than expected rate. This means that the perspectives of those with mental impairments might be slightly under-represented.

	Population (n=1710)		Respondent (n=312)		Nonrespondent (n=1398)	
	Count	% of total	Count	% of total	Count	% of total
Physical	583	34%	109	35%	474	34%
Mental	689	40%	107	34%	582	42%
Cognitive	297	17%	62	20%	235	17%
Sensory	141	8%	34	11%	107	8%
Total	1710	100%	312	100%	1398	100%

A significant difference between respondent group and non-respondents is observed at the <.05 level using Chi-Square.

One of the target populations for the needs assessment is individuals that are most significantly disabled. Table 4.3 shows that the response rate from the most significantly disabled group is higher than its proportion in the population. This is beneficial for the needs assessment since the most significantly disabled group is one of the target populations.

	Population (n=1712)		Respondent (n=312)		Nonrespondent (n=1400)	
	Count	% of total	Count	% of total	Count	% of total
Most significantly disabled	601	35%	125	40%	476	34%
Significantly disabled	949	55%	149	48%	800	57%
Not significantly disabled	162	9%	38	12%	124	9%
Total	1712	100%	312	100%	1400	100%

A significant difference between respondent group and non-respondents is observed at the <.01 level using Chi-Square.

Of the 312 respondents, 93.9% were white; this is effectively the same percentage as for the survey population and the State of Wyoming (approximately 94% White). The next largest racial categories for respondents and the population were Native American and then Black. Hispanic's rate of response is slightly lower than their make up in the population but a statistical difference was not noted.

	Population (n=1711)		Respondents (n= 312)		Non-respondents (n=1399)	
	Count	% of total	Count	% of total	Count	% of total
White	1609	94.0%	293	93.9%	1316	94.1%
Indian/Native American	73	4.3%	18	5.8%	55	3.9%
Black	54	3.2%	7	2.2%	47	3.4%
Asian	6	0.4%	0	0%	6	0.4%
Pacific Islander	3	0.2%	2	0.6%	1	0.1%
Total racial categories marked	1745	n/a	320	n/a	1425	n/a
Hispanic/Latino	140	8.2%	22	7.1%	118	8.4%

Notes: No significant difference noted using Chi-Square or for Pacific Islanders the Likelihood Ratio (latter used due to small population size). Totals for racial categories are higher than group size due to 34 individuals indicating more than one racial category.

In summary, with the exception of a slight underrepresentation of people with mental disabilities and the overrepresentation of individuals with the most significant disabilities, the respondent group closely represents the population as a whole. This provides confidence that the findings from the consumer survey reflect the perspective of the population.

CONSUMER SURVEY RESULTS

4. WHAT DO VOCATIONAL REHABILITATION CONSUMERS PERCEIVE AS THEIR UNMET NEEDS AND BARRIERS TO SUCCESSFUL OUTCOMES?

The purpose of the consumer survey was to assess what vocational rehabilitation consumers perceive as their service needs and barriers to successful employment. The following summarizes the results by question.

CONSUMER SERVICE NEEDS

To standardize consumers' responses of unmet needs, a list of 13 service needs was included in the survey. The respondent was asked to mark one of three responses: "I need help," "I do NOT need help," or "I do not know." A copy of the survey instrument is included in the appendix. Table 4.5 summarizes the service needs and count by response categories. The service marked "I need help" most frequently was ranked as number one indicating that consumers reported this as the most important service need. The service need receiving the second most frequent marks as "I need help" was ranked as number two. This method was used for all ranking. Ties are given the same ranking.

The three needs marked most commonly were education/training; job search; and career/job decision making and selection. Given the surveys were of individuals who had requested services from an agency that helps individuals with disabilities prepare for and obtain employment these responses might not be surprising. Descriptions of the service categories are in the section on the Consumer Survey Instrument (see page 22).

The service needs most frequently marked "I do not need help" by respondents were assistive technology, housing, support services, and life skills training. Since respondents are newer to the VR system, they may not think of WY-DVR as an agency that would assist with the latter three, so the individual might have been less likely to mention them. For assistive technology, fewer individuals in general need these types of services.

	Rank	I need help		I do not need help		I do not know	
		Count	% of total	Count	% of total	Count	% of total
Education-training	1	219	68%	75	23%	26	8%
Job search	2	214	66%	88	27%	17	5%
Career/job decision making and selection	3	191	59%	107	33%	21	7%
Program eligibility	4	170	53%	102	32%	33	10%
Transportation	5	160	50%	131	41%	14	4%
Information on community resources	6	155	48%	126	39%	29	9%
Health benefits	7	150	46%	137	42%	20	6%
Potential impact of earnings on benefits	8	146	45%	113	35%	41	13%
Legal-advocacy services	9	144	45%	129	40%	37	11%
Life skills training	10	139	43%	152	47%	28	9%
Housing	11	127	39%	155	48%	24	7%
Support services	12	125	39%	154	48%	36	11%
Assistive technology	12	125	39%	160	50%	25	8%

Consumers could also indicate other service needs they had. The most needed other services were related to economic factors and financial constraints, assessing interests and choosing career, and medical needs. The “other” category included responses that did not fit into any category and were recorded only once. See Table 4.6.

The comments under “other service needs” and the barriers to employment question summarized below were frequently duplicative of each other. A summary of the categories used most frequently are included in the barriers to employment section (see Barriers to Employment, page 33).

Coded categories	Count (n=109)	% of respondents that mentioned
Economic factors and financial constraints	18	17%
Assessing interests/choosing career	11	10%
Medical needs	10	9%
Lack of education/skills	8	7%
Transportation issues	7	6%
WY-DVR complaint/feedback	7	6%
Assistive technology/adaptive equipment	5	5%
Housing	5	5%
Issues with government benefits	4	4%
Legal assistance/advocacy	4	4%
Physical limitations, health	4	4%
Fear & lack of confidence	3	3%
Mental health issues	3	3%
Soft skills	3	3%
WY compliment	3	3%
Employer & social discrimination	2	2%
Total coded comments	121	

PRIMARY DISABILITY AND SERVICE NEEDS

All respondents indicating “I need help” on a service were cross-tabulated with the primary disability grouping (see Table 4.7). Although not in the same order, the top needs for the physical, cognitive, and mental impairments groups are education/training, job search, and career/job decision making and selection. The sensory group also rated education/training and job search high (respectively, one and three) but rated assistive technology as the second highest need.

The mental health group rated information on community resources higher as a service need. Individuals in the physical impairment group indicated a higher need for assistance in understanding their health benefits than the other groups.

	Physical (105)		Cognitive (n=62)		Mental (n=104)		Sensory (n=28)		
	Rank of need	% of responses	Rank of need	% of responses	Rank of need	% of responses	Rank of need	% of responses	
Education/training	1	70%	2	66%	2	73%	1	57%	**
Job search	2	58%	1	74%	1	76%	3	39%	*
Career/job decision making and selection	3	57%	3	63%	3	69%	5	32%	*
Program eligibility	4	51%	5	52%	5	64%	4	39%	**
Transportation	5	51%	4	53%	7	57%	7	29%	**
Health Benefits	6	50%	10	42%	12	58%	9	25%	*
Legal-Advocacy Services	7	48%	12	40%	8	56%	12	21%	*
Potential Impact of Earnings on Benefits	8	44%	8	48%	9	55%	6	31%	**
Assistive Technology	9	39%	13	36%	13	38%	2	57%	**
Information on Community Resources	10	39%	9	47%	4	68%	10	25%	*
Housing	11	37%	11	40%	11	50%	11	25%	**
Life Skills Training	12	28%	7	52%	6	61%	13	21%	*
Support Services	13	25%	6	52%	10	52%	8	29%	*

* Significant difference indicated by Likelihood Ratio; ** No significant difference indicated by Likelihood Ratio

INDIVIDUALS WITH MOST SIGNIFICANT DISABILITIES

One of the target populations for the needs assessment is individuals with most significant disabilities. Vocational rehabilitation counselors determine if an eligible individual's disability meets the criteria for one of three "significance of disability" statuses. The categories are: 1) individuals with most significant disability, 2) individuals with significant disability, and 3) Individuals without a significant disability.

Table 4.8 summarizes how those coded "most significantly disabled" assess their service needs compared to those coded significantly or not significantly disabled.

Table 4.8: Cross Tabulation of Consumers' Most Significant Disabilities with Service Needs

	Most Significantly Disabled (n=125)		Significantly/Not Significantly Disabled (n=187)		Likelihood
	Rank	% of responses	Rank	% of responses	
Job search	1	70%	2	63%	*
Education/training	2	69%	1	67%	
Career/job decision making and selection	3	66%	3	55%	*
Transportation	4	57%	6	45%	*
Program eligibility	5	54%	4	52%	
Information on community resources	5	54%	7	44%	
Potential impact of earnings on benefits	7	54%	9	41%	
Support services	7	54%	13	29%	*
Life skills training	9	50%	11	38%	*
Legal-advocacy services	10	50%	8	42%	
Health benefits	11	47%	5	47%	*
Assistive technology	12	42%	12	37%	
Housing	13	40%	10	39%	

* Significant difference indicated by Likelihood Ratio

COMPARISON OF SERVICE NEEDS BY AGE GROUPS

Almost all of the respondents are in two of the age groups: 18 to 24 years old and 25 to 64 years old (97.6%). Table 4.9 displays a comparison of service needs by the age groups and percent of respondents indicating the need. Individuals age 18-24 rate life skills training as the fifth most important need while group 25-64 rate it near the bottom at tenth. In contrast, the transition age population rates health benefits as eleventh while the older group rates it as sixth most important. These differences are not surprising given the issues faced by the groups: members of the transition age are looking to find their way in the world; while members of the older group may be facing more health issues. No other significant differences noted between the groups.

	Ages 18-24 (n=63)		Ages 25-64 (n=236)	
	Rank	% of responses	Rank	% of responses
Education/training	1	67%	1	70%
Job search	1	67%	2	66%
Career/job decision making and selection	3	62%	3	60%
Program eligibility	4	59%	4	53%
Transportation	6	49%	5	52%
Information on community resources	7	44%	6	51%
Health benefits	11	40%	6	51%
Potential impact of earnings on benefits	8	43%	8	49%
Legal-advocacy services	11	40%	9	48%
Life skills training	5	51%	10	42%
Assistive technology	12	29%	10	42%
Housing	8	43%	12	41%
Support services	8	43%	13	39%

COMPARISON OF SERVICE NEEDS BY MINORITY STATUS

Below is a comparison of minority status and consumer needs as indicated by responding, "I need services." For this analysis, the minority group includes all minorities as well as individuals coded Hispanic or Latino.

In three areas, minorities indicated that they needed services at a higher than expected rate than non-minorities. The areas were job search, housing and legal-advocacy services. It is very important to note that the number of minorities who responded is very low; although their representation is comparable to minorities' representation in the target population.

Table 4.10: Comparison of Consumers' Service Needs by Minority Status

	Minority (n=26 or 8.3% of respondents)		Non-Minority (n=286 or 91.7% of respondents)		Signif.
	Rank	% of responses	Rank	% of responses	
Education/training	19	9.0%	193	91.0%	
Job search	21	10.2%	184	89.8%	*
Career/job decision making and selection	16	8.6%	170	91.4%	
Program eligibility	14	8.5%	151	91.5%	
Transportation	15	9.7%	140	90.3%	
Information on community resources	18	11.9%	133	88.1%	
Health benefits	10	6.8%	136	93.2%	
Potential Impact of earnings on benefits	12	8.4%	131	91.6%	
Legal-advocacy services	13	9.3%	127	90.7%	*
Life skills training	13	9.7%	121	90.3%	
Housing	14	11.4%	109	88.6%	**
Support services	14	11.6%	107	88.4%	
Assistive technology	11	9.1%	110	90.9%	

Likelihood ratio: *=<.05 level; **=<.01 level;

BARRIERS TO EMPLOYMENT

The next section asked consumers about barriers to employment: “What are the top three things that make it hard for you to get and keep a job?” The question was open-ended so respondents were not limited to a predetermined list. Responses varied significantly, yet patterns in responses were observed. The investigator read all responses on the consumer surveys and identified common patterns or themes. A list of 23 themes resulted plus a code for “other” responses that did not fit into a theme and were noted only once. The investigator then read all the responses a second time and coded each into one of the themes. Table 4.10 summarizes the frequencies for the “Barriers to Employment” categories used.

Physical limitations presented the largest barrier to employment (36%) followed by a lack of education and skills (21%), transportation issues (17%), mental health issues (15%), and economic factors and financial constraints (13%).

The words of the respondents describe the categories in better detail than a label can provide. As such, following the table, summaries are provided of the most frequently noted categories using the verbatim words of the respondents. The Appendix contains the entire code list and all verbatim comments.

Table 4.11: Consumers' Barriers to Employment (n=242)		
Coded categories	Count	% of respondents that noted
Physical limitations, health	88	36%
Lack of education/skills	51	21%
Transportation Issues	40	17%
Mental health issues	37	15%
Economic factors and financial constraints	32	13%
Soft skills	30	12%
Assessing Interests/choosing career	25	10%
No comment	22	9%
Fear & lack of confidence	16	7%
Age	13	5%
Lack of employment experience	12	5%
Other	11	5%
Assistive technology/adaptive equipment	9	4%
Criminal history/felon	9	4%
Medical needs	9	4%
Cognitive disability/issues	8	3%
Lack of motivation	8	3%
Substance abuse issues	8	3%
Learning disability/literacy	7	3%
Child care	5	2%
Employer & social discrimination	5	2%
Housing	5	2%
Lack of self-advocacy skills	4	2%
Issues with government benefits	3	1%
Total coded comments	457	n/a

The narrative responses of the consumers elaborated on the barriers to successful rehabilitation. The following explains these categories using the actual words and expressions of the respondents. As noted in the "other needs" section since responses to the questions "other service needs" and "barriers to employment" tended to be duplicative, the explanations of the categories have incorporated comments from both.

PHYSICAL LIMITATIONS, HEALTH

According to respondents, physical limitations and health are the largest barriers to employment opportunities for individuals with disabilities in Wyoming. Many report “walking or standing for long periods of time” as challenges to employment. Others mention the need to be in a sedentary or “sitting” position to reduce or alleviate pain. Fine motor skills or manual dexterity are challenges for several respondents. Many respondents reference sensory challenges as well, such as “poor eyesight” and “difficulty hearing.”

ECONOMIC FACTORS AND FINANCIAL CONSTRAINTS

Respondents indicate their concern and limitations with obtaining employment related to economic factors and financial constraints. Many respondents mention that due to the current economic status of the state of Wyoming there are very few employment opportunities available for those with disabilities. Others explain that because of their lack of financial resources they cannot afford the basic costs of daily living, like food or gasoline for their vehicle.

LACK OF EDUCATION/SKILLS

Lack of education/skills ranked as third most common obstacle to employment. Many respondents specifically mention writing, spelling, grammar, reading, and computer skills as areas where they feel they lack sufficient education. Two responses that also stand out: “It takes longer for me to learn how to do new stuff,” and “I need help learning new tasks.” These comments suggest that perhaps there is an increased need for extended training and preparation for employment.

TRANSPORTATION ISSUES

For many of those who include transportation as a barrier to their employment, their explanation of “transportation difficulties” is relatively generic. However, a few specific responses describe the problem: “have a car need help with gas because I live in the middle of nowhere.” One respondent stated, “I don’t have money for the bus,” and another claims, “I can’t ride CATC anymore, they cut me off.”

MENTAL HEALTH ISSUES

Several respondents refer to mental health issues as a barrier to employment. Most state that challenges arise because of depression and/or anxiety. Others mention PTSD as a mental health issue that makes securing employment difficult.

SOFT SKILLS

Soft skills are typically defined as desirable qualities not necessarily acquired through formal education. Usually included among these skills are common sense, ability to “get along” with others, and having a positive attitude. Several respondents cite these as difficulties to gaining employment, more specifically they refer to “communicating well with others,” “being too impulsive; inability to make good decisions,” and “not being able to get along with people.”

ASSESSING INTERESTS/CHOOSING A CAREER

Another barrier noted quite often by Wyoming consumers addresses the assessment of their interests and choosing their careers. As one respondent stated, “fin[d]ing the right job I can handle.” Others express dissatisfaction with obtaining “a job that I like,” or finding employment “available for me to do being disabled.” Job coaching is also a specific request by some respondents as an additional need, with emphasis on helping individuals enhance their interview skills and improve their employment search capabilities.

OTHER

In the category for “other” barriers to employment, respondents state they presently have a job or “not presently working, due to school.” One respondent noted “no job interviews.”

WY-DVR COMPLAINT/FEEDBACK

Complaints or feedback from WY-DVR consumers seem to reflect a general sentiment that there is a lengthy timeframe between initial correspondence and further follow-up. As one respondent claims, “I was fired from my job about two months ago. I reported this to my job coach and have heard nothing since.”

MEDICAL NEEDS

Those who include medical needs as a significant barrier to employment most commonly refer to a need for eyeglasses, dental care, and assistance to pay for medications. As one respondent states, “Cannot function without my 3 prescriptions.”

FEAR & LACK OF CONFIDENCE

A number of Wyoming respondents express fear and lack of confidence as barriers to employment. More specifically, individuals cite “anxiety,” “low self-esteem,” and “worrying if I am doing a good job; worrying if I am doing it right.” One respondent claimed, “My skills aren’t as good as others.”

LEGAL ASSISTANCE/ADVOCACY

Legal assistance and advocacy are perceived by some Wyoming respondents as a need to be addressed before pursuing employment. Primarily, respondents need specific legal help with custody battles.

CONSUMERS' OTHER COMMENTS

The final question allowed consumers to provide any other comments. Since this question is a catch-all, quite a broad range of comments were received and some responses repeated prior comments. Most frequently, comments provided compliments to WY-DVR (30%) or complaints (15%). See Table 4.12.

The compliments ranged from very specific (thanking a specific counselor or office) to more broad. Sample comments provide a taste of some consumers' appreciation: "DVR has helped and made such an impact on my life already. Thank you!" and "I have recently received assistance from DVR, and in the long run - extra help was provided just to get me what I needed. I can't express enough thanks and gratitude to DVR." Looking at WY-DVR goal in helping people achieve employment, one comment catches it all, "DVR has been a huge help in starting a new career! The counseling, training and support I've received has been incredible. I can't thank you enough!"

The complaints were broad as well. In general, there was frustration with services, length of time getting services, counselors not being responsive, and the focus on paperwork instead of assistance getting a job. Some sample quotes, "My DVR counselor has not been keeping in contact with me on a regular basis and helping me look for jobs in a variety of fields that could possibly fit my needs. I am needing a job ASAP and needing help but am not receiving the help I need" and "Time involved in getting initial appointment too long – three months. But am still in need of assistance." Some also addressed external providers used by WY-DVR, "When DVR pays others to help with employment. Those receiving pay for service should be held accountable or pay back \$'s."

The employment-focused comments were mostly requests for help finding a job. For example, "Can you please help me look for a job please" and "I am ready to go out and get a job and keep it and become a responsible person." Other comments covered a number of items from remembering appointments that have been rescheduled, childcare, cognitive disability/issues, lack of support, legal assistance/advocacy needs, and even a request, "We need the high school transition program back in Wyoming."

Code	Count	% of all respondents to question
WY-DVR compliment	37	30%
WY-DVR complaint/feedback	19	15%
Other	19	12%
Employment focused	11	9%
Physical limitations, health & medical	11	9%
Economic factors and financial constraints	9	7%
Lack of education/skills	7	6%
Assessing interests/choosing career	6	5%
Assistive technology/adaptive equipment	6	5%
Transportation issues	5	4%
Fear & lack of confidence	4	3%
Age	3	2%
Issues with government benefits	3	2%
Criminal history/felon	2	2%
Employer & social discrimination	2	2%
Housing	2	2%
Lack of employment experience	2	2%
Learning disability/literacy	2	2%
Mental health issues	2	2%
Total of coded remarks	152	

PROVIDER SURVEYS

PROVIDER SURVEY INSTRUMENT AND RESPONDENTS

Providers were surveyed to obtain a different perspective on the rehabilitation needs of individuals with disabilities. Providers see people with varying types of impairments and disabling circumstances and therefore are more aware of the broad range of services that are available. Thus providers were able to comment not only on the needs of the individuals they serve, but also the availability of services.

WY-DVR developed an initial list of providers; CPPA added additional provider names. The list included specific names as well as entire agencies such as “all DFS offices” and all WY-DVR staff. WY-DVR used the final list to email a link to the on-line survey at the end of January 2013. In addition, a snowball sampling technique requested providers to forward the link to other appropriate individuals or organizations. So additional responses are gathered in the same way a snowball gathers snow as it rolls downhill. As a result, a specific response rate cannot be provided. Of the 215 individuals that started the survey, 196 completed one or more of the questions with 90% of the respondents completing the entire survey. All 196 responses were included in the analysis.

PROVIDER SURVEY INSTRUMENT

The provider survey design paralleled the consumer survey so that comparisons of responses to questions could be made as appropriate. The survey was divided into six sections:

1. Service needs and availability of services;
2. Barriers to employment;
3. Unserved or underserved groups;
4. Change in WY-DVR service provision
5. Background information of respondent; and
6. Other comments.

The section on service needs contained a list of 13 service need categories defined in the same way as the consumer survey. Respondents could also fill in additional service needs and rate them based on the scales discussed below.

Providers were asked to indicate “How many of your consumers” need this service and the same examples were provided. The providers’ response categories were different though; the provider was asked to indicate: “none”= 0, “some”= 1, “most”= 2, “all”= 3, and “don’t know”= DK. In analyzing the data, the responses were weighted based on the values noted and treated as continuous data, and arithmetic means were computed for each variable. A higher mean indicates more demand for the service. For example, if a person felt all their consumers needed the service, it would be rated higher.

This will be referred to as the frequency of need scale. The calculated means were ranked one (1) to thirteen (13) with one being the service that is most in demand.

If the respondent indicated “some,” “most,” or “all” for service need, the next question asked, “Please tell us if there are resources available to meet this need.” Responses for the availability scale and corresponding values are: “never available”= 1, “sometimes available”= 2, “usually available”= 3 and “always available”= 4. In analyzing the data, the responses were weighted based on the values noted and an arithmetic mean calculated. A high mean indicates the service is more available and a low mean indicates the service is less available. The services were ranked 1 to 13 with the lowest mean being ranked one – indicating the service is not as available. The questions on availability can be viewed as the supply of services.

Section 2, the barriers section, asked providers to list three barriers that prevent their consumers from achieving successful employment outcomes. These may be personal barriers, family barriers, social barriers, or barriers in the physical environment. This was an open-ended question and responses coded based on themes identified in the responses.

Section 3 solicited input on unserved or underserved groups of people with disabilities in their community, one of the target groups required in a needs assessment. Unserved people are those who would be eligible for VR services but have not received any rehabilitation services. Underserved groups are those that have not traditionally received equal access to and benefits of rehabilitation services. This was an open-ended question and a follow-up question was asked on whether they had any recommendations on how to meet the needs of these unserved or underserved groups.

In Section 4, Since WY-DVR completed a needs assessment three years ago, respondents were asked to indicate their perception of how Wyoming DVR service provision had changed on a five-point Likert scale plus a “no opinion” option. Respondents were also asked to provide any additional comments on service changes.

Section 5 asked for background information on the respondent such as job title, whether the provider primarily served people with disabilities who want to work, the percent of people with disabilities served by the provider, and the agency type (public, private not for profit, private for-profit). The final section asked the respondent to provide “any other comments.”

PROVIDER SURVEY RESULTS

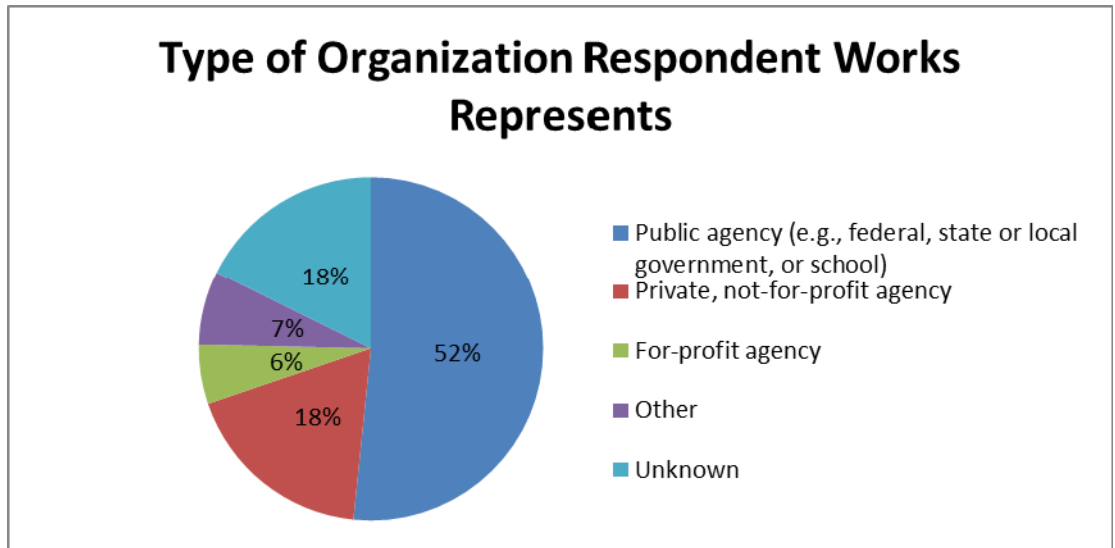
- 4. WHAT DO REHABILITATION PROVIDERS PERCEIVE AS UNMET NEEDS AND BARRIERS TO SUCCESSFUL OUTCOMES FOR THEIR CONSUMERS? HOW DO PROVIDER PERCEPTIONS OF NEEDS AND BARRIERS COMPARE WITH THE CONSUMERS' PERCEPTIONS?
- 5. WHAT GROUPS APPEAR TO BE UNSERVED OR UNDERSERVED BY VR SERVICES? WHAT ARE THE UNMET SERVICE NEEDS OF THESE GROUPS?
- 6. WHAT ARE BARRIERS AND SPECIAL SERVICE NEEDS OF RACIAL AND ETHNIC MINORITY POPULATIONS WITH DISABILITIES?

The following summarizes the characteristics of the providers that responded followed by their specific perceptions of service needs and availability, barriers to employment, and opinions on unserved or underserved groups.

RESPONDENT CHARACTERISTICS – PROVIDERS

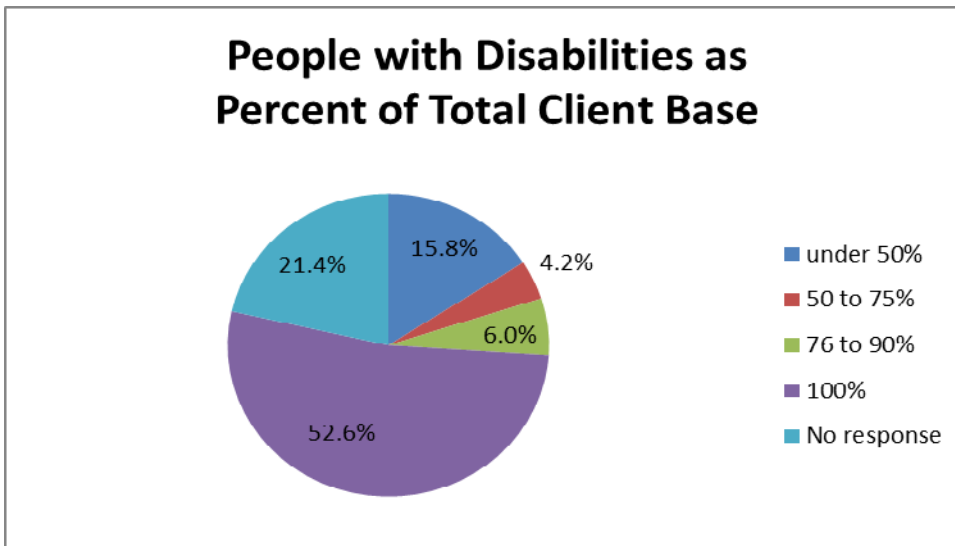
Half of the respondents indicated they work for a public agency (e.g., federal, state or local government, or school). Private, not-for-profit agencies accounted for another 18%, followed by for-profit agencies (6%). Of the 15 respondents that marked "other" on organizational type, 12 provided a description. Independent providers or contractors accounted for six, "self" accounted for four additional. The final two "other" were "adult day care" and "behavioral health division." Approximately 18% of respondents left this question blank. See Figure 1.

Figure 1: Organization that Respondent Represents



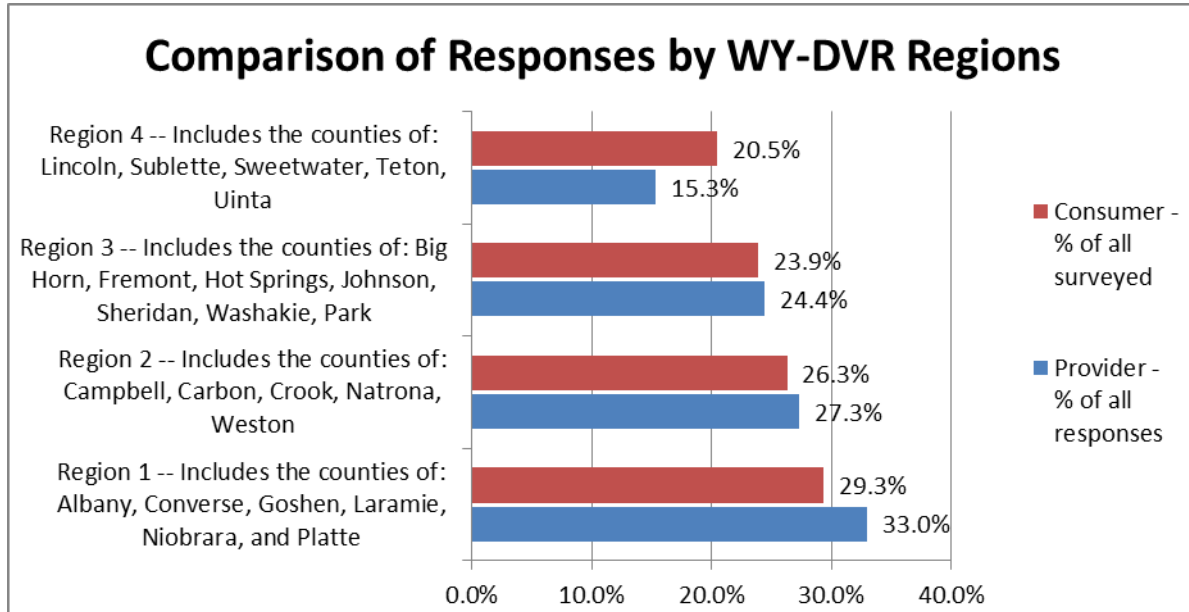
Identifying providers' perception about service needs and the availability of services was a key part of the assessment. A provider's perspective on service availability will be impacted by their consumer base and needs. As a result, a question was asked about the approximate percentage of the respondent's consumer base was people with disabilities. Slightly over the half of the respondents indicated that 100% of their consumer base was made up of individuals with disabilities. Another 10% indicated 50 to 90%. The high percentage that serves predominantly individuals with disabilities implies respondents will have a good understanding of service needs and availability. Only 15.8% marked under 50%. The final 21% left this question blank. Figure 2 summarizes the information.

Figure 2: Consumer Base with a Disability



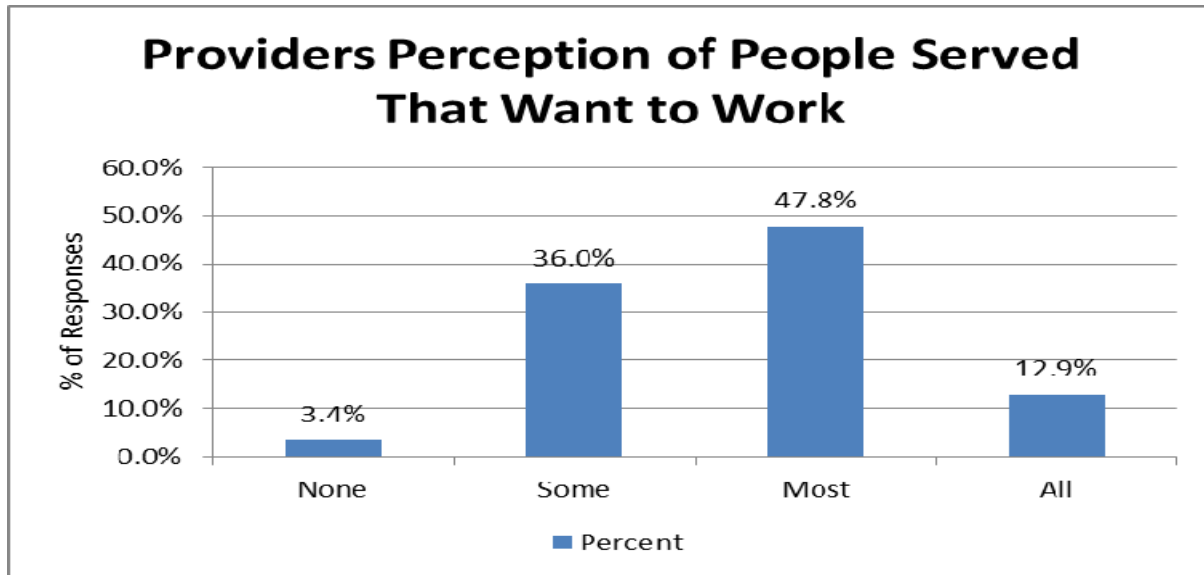
Looking at responses by WY-DVR region, provider response rate ranged from 33% in Region 1 to 15.3% in Region 4. With exception of Region 4, consumer responses were slightly below provider responses. In Region 4, consumers responded at a higher rate. For 39 respondents (18% of 215), the region is unidentified and therefore they are excluded from this analysis. See Figure 3.

Figure 3: Comparison of Consumer and Provider Respondents to Surveys



To gain an understanding of their base, respondents were asked, “Of the people with disabilities you serve in your job, how many of them want to work?” A majority of the respondents feel the people with disabilities they serve want to work. Almost half (47.8%) indicated that “most” want to work and another 12.9% feel “all” of them want to work. Over a third (36.0%) feel “some” of the consumers want to work. Very few (3.4%) feel none of those they serve want to work. In general, the respondents are working with consumers that want to work. So having needed services available is important for success. See Figure 4.

Figure 4: Providers Perception of % of Consumers that Want to Work



Respondents were also asked to indicate their job title; seven categories were provided as well as “Other” and the respondent could specify their title. Where appropriate “other” was merged with existing categories. Case managers accounted for a quarter of the respondents followed by managers/directors with almost 20%. Vocational rehabilitation counselor or evaluator accounted for 13.5%. (See Table 5.1)

Title	Count	% of total
Case manager	44	24.7%
Manager/director	34	19.1%
Vocational rehabilitation counselor or evaluator	24	13.5%
Support services provider	16	9.0%
Office support technician	12	6.7%
Special education director, teacher, coordinator	11	6.2%
Program specialist	10	5.6%
Provider	8	4.5%
Other	7	3.9%
Claims analyst/adjuster	6	3.4%
Employment counselor	4	2.2%
Disability examiner/counselor	2	1.1%

PROVIDER PERCEPTIONS OF CONSUMER NEEDS

As noted in the description of the provider survey instrument, providers were asked about the need and availability for services based on a list of 13 services. Responses were coded as numbers, means calculated, and services ranked from 1 to 13 with 1 being the most important or highest ranking.

On the first question, how many of your consumers need the following service, the response choices were “none”= 0, “some”= 1, “most”= 2, “all”= 3, and “don’t know”= DK. This will be called the “demand scale.” A larger mean on the demand scale indicates the service is needed more, or has higher “demand” by consumers. The largest mean score would have a number 1 rank, second largest a number 2 rank, and so forth.

If providers perceived that “some,” “most” or “all” of their consumers needed the service, they were asked to rate the availability of the service in their community based on a Likert scale. The response options were: “never available”= 1, “sometimes available”= 2, “usually available”= 3, and “always available”= 4. (See page 39 for details). This is the “supply scale” since it indicates providers’ perception of the availability or supply of the service. A smaller mean (i.e. lower rank) on the supply scale indicates the service is not as available. Full details of responses to the questions can be found in the Appendix. Table 5.2 below summarizes the responses to both questions.

The worst scenario is when the service demand is ranked high and the service availability is ranked low. In essence this is when people want the service but it is not available.

Looking at the demand for services from a provider’s perspective, the four services ranked highest are career/job decision making and selection, life skills training, job search, and understanding the impact of earnings from work on their benefits (see Table 5.2). Clearly, the focus is on services related to finding employment and services that would assist the consumer in working. The services ranked as needed less often are not typically associated with vocational rehabilitation: housing and legal / advocacy services as well as assistive technology services, a service fewer consumers need.

Looking at availability (or supply), the services with the tightest supply are housing, transportation, legal and advocacy, and life skills training. The services most available were job search, career/job decision-making and selection, and assistive technology.

Comparing the two scales, a few things can be highlighted. Career/job decision-making services are demanded the most (ranked #1) and the supply or availability is ranked second. It is similar with job search category. In effect, the relationships are in balance: the services needed frequently and are more readily available.

Two areas that providers rate demand need as high but the availability as low are life skills training and understanding the impact of earnings from work on benefits. Providers’ high ranking of consumer’s need of life skills training may be a reflection of their experience in working with the consumers; they are aware of areas in which consumers’ behaviors will affect their success in employment. Providers

indicate that the supply of life skills training is inadequate in their communities. This is an imbalance between the need and the supply of the service.

The second area is the impact of earnings from work on benefits. Providers realize that individuals with disabilities are fearful of losing benefits upon which they rely and therefore consumers may be unwilling to work. As a result, services that help build an understanding the impact of earnings from work on benefits ranked fourth in demand. Unfortunately, the supply was ranked tenth. By providing consumers with more information on the impact of earnings on their benefits, they may be more willing to consider working.

Service category	Need for Service (Demand)		Availability of Service (Supply)	
	Mean	Ranking – lower number: higher need	Mean	Ranking – lower number: smaller supply
Career/job decision making and selection	1.71	1	2.74	2
Job search	1.67	2	2.78	1
Life skills training	1.67	2	2.51	10
Understand the impact of earnings from work on their benefits	1.57	4	2.52	9
Support services	1.55	5	2.68	5
Health benefits	1.54	6	2.59	8
Program eligibility	1.53	7	2.68	5
Transportation	1.52	8	2.28	12
Information on community resources	1.51	9	2.63	7
Education/training services	1.42	10	2.69	4
Housing	1.23	11	2.18	13
Legal / advocacy services	1.21	12	2.29	11
Assistive technology services	1.09	13	2.73	3

In addition to the 13 service categories, respondents could also indicate other service needs and the availability of the needs. Respondents recorded additional needs (n=79) which were coded into categories similar to the consumer survey. Table 5.4 summarizes the categories with four or more comments.

Comments in the assessing interests and choosing career category mostly addressed job coaching. One respondent indicated, “competent, trained job coaches/developers” and “job placement/on the job training.” In transportation, a number of comments were made about “access to weekend/evening transportation” as well as transportation due to “isolated area services (Midwest, etc.)”

Table 5.3: Other Service Needs Indicated by Providers (n=79)

Categories	Count	% of total respondents to question
Assessing interests/choosing career	8	10%
Transportation issues	7	9%
Other	7	9%
Recreation/leisure/social interaction	5	6%
Medical needs	5	6%
Child care	5	6%
Lack of family/social/community support	4	5%
Housing	4	5%
Economic factors/financial constraints	4	5%

A comparison of providers’ and consumers’ ranking of service needs reveals some interesting differences. Consumers ranked education/training as the service needed most while providers ranked it 10th out of 13 services. In addition, providers ranked life skills as the second most important service (tied with job search) which consumers’ ranked it 10th. Providers also ranked consumers understanding the impact of earnings from work on their benefits and “support services” (4th and 5th, respectively) -- higher than consumers ranked the service needs (8th and 12th, respectively). The differences result from each group’s perspective. Providers see needs from a broader perspective looking at prior clients’ experiences as well as the current consumer’s situation. In contrast, consumers look at their or their families, specific needs. For example, consumers could see education/training as the solution to their employment issues – not surprisingly given how society stresses the importance of education. In contrast, providers realize that other factors could be affecting consumers’ success such as their life skills or consumer’s hesitance to work due to a lack of knowledge of their benefits. (See Table 5.4)

Table 5.4: Comparison of Providers’ and Consumers’ Perception of Need

Provider – listed in ranked order (from Table 5.2)	Rank	Consumer – listed in ranked order (from Table 4.5)	Rank
Career / job decision making and selection	1	Education / training services	1
Job search (<i>tied with below</i>)	2	Job search	2
Life skills training	2	Career / job decision making and selection	3
Understand the impact of earnings from work on their benefits	4	Program eligibility	4
Support services	5	Transportation	5
Health benefits	6	Information on community resources	6
Program eligibility	7	Health benefits	7
Transportation	8	Understand the impact of earnings from work on their benefits	8
Information on community resources	9	Legal / advocacy services	9
Education/training services	10	Life skills training	10
Housing	11	Housing	11
Legal / advocacy services	12	Support services (<i>tied with below</i>)	12
Assistive technology services	13	Assistive technology	12

UNSERVED & UNDERSERVED GROUPS

The provider survey asked whether the respondents believe there are groups of people with disabilities in their communities that are unserved or underserved. The survey contained the following introduction:

We would like your input on whether there are groups of people with disabilities in your community that you feel are unserved or underserved.

Unserved people are those who would be eligible for VR services but have not received any rehabilitation services.

Underserved groups are those that have not traditionally received equal access to and benefits of rehabilitation services.

Following the introduction were two questions: “What groups do you feel are unserved or underserved?” and “Do you have any recommendations on how to meet the needs of these unserved or underserved groups?” Both were open-ended questions to which the respondents could write in their answers. The responses were reviewed and a list of categories was developed separately for each question reflecting the common themes among the responses. The responses were then reviewed a second time and coded into the categories; some responses addressed more than one category and were coded as such. The frequency of responses was totaled and percentages for each category calculated based on the number of respondents to the questions.

For the first question, “What groups do you feel are unserved or underserved,” 136 substantive comments from 111 respondents were coded; comments such as “don’t know” were not included (n=9). Table 5.5 includes all the categories and counts.

Respondents indicated the mental illness category as being unserved or underserved most frequently (18%), followed by young adults and youth in transition (12%). Addressing both categories, one respondent commented, “Students with social/emotional disabilities seem to be underserved.” Respondents mentioned people with cognitive and intellectual/ developmental disabilities as the next group (10%). The word “All” was used by seven individuals to describe the unserved or underserved. As one respondent expressed, “All groups with disabilities have been both underserved and unserved due to lack of resources/personal/funding in our community.”

People who “fall in the middle ground” were of concern to 6%. These are, as one respondent stated, “Individuals that present to be more capable of completing tasks independently, but when it comes down to it they really just don't understand.” The low income group contains a similar population: “VR as a last resort when they have tried other options first and are totally without resources – financial, etc. If they had come in sooner, they may have been employed BEFORE they hit 'bottom'.”

Additional groups mentioned were: Traumatic Brain Injuries, lack of education, Autism or Asperger’s spectrum, veterans, and children. Although children could be included in the transition group, the concerns seemed unique and address issues such as children not in the school system or in rural areas.

Although not mentioned as frequently, some additional categories should be highlighted. It was surprising that minorities were mentioned only twice. One was a particular mention of Native Americans and the other was “minority consumers with limited English speaking skills.” Seven respondents indicated “none” or “N/A.”

Lack of knowledge about services was noted by four providers. Although not specifically referencing individuals with a disability, one commented, “We need to inform employers on what can be offered to help them retain good employees that might just need some adjustment to their work environment.”

Table 5.5: Summary Of Unserved And Underserved Groups Listed By Providers

Category	Count	% of Total Groups Mentioned
Mental illness & substance abuse	20	18%
Young adults/transition	13	12%
Intellectual/developmental disabilities & cognitive	11	10%
Other	8	7%
All	7	6%
People who fall in middle ground	7	6%
Acquired/TBI	6	5%
Lack of education	6	5%
Autism/Asperger’s spectrum	5	5%
Children	5	5%
Veterans	5	5%
Blind or visually impaired	4	4%
Dual diagnosis	4	4%
Low income/people with no resources	4	4%
Those with lack of service knowledge	4	4%
Waiver/wait list	4	4%
Deaf	3	3%
Legal issues/record	3	3%
Seniors/middle age	3	3%
Severely disabled	3	3%
Homeless	2	2%
Minority	1	1%
Native Americans	1	1%
None or N/A	7	6%
Totals	136	

RECOMMENDATIONS TO SERVE THE UNSERVED AND UNDERSERVED

Respondents also provided recommendations (n=109) on how to better serve these populations. Substantive comments (n=127) provided by 109 respondents were coded; comments such as “don’t know” (n=23) were not included. Table 5.6 includes the categories used and corresponding counts. One comment covered many of the recommendations, “Work with other state agencies to have a stronger philosophy about the importance of employment, helping the providers and job coaches have better skills and knowledge in how to find people employment, make mentorships and trial work experiences happen, and raise the provider qualifications to be a vendor with DVR.” The following provides more specifics.

Recommendations related to improving services included improving the WY-DVR overall system, such as reducing caseload sizes, and increasing counselors’ knowledge of community resources (20%). Recommendations were also made to improve the system such as getting people into services sooner, “not dropping the ball” on consumers, and increasing staff size. Respondents also mentioned counselors should be prepared to work with specific populations such as Deaf and/or visually impaired, transition-age, or special needs. Increasing staff awareness of emerging economic and workplace trends was also suggested to improve services.

Improved education and outreach on services and building community awareness was mentioned frequently as well (17%). One provider stated, “Be at job fairs. Meet with employers on a regular basis. Work with community organizations/churches who know their consumers and their needs.” Some comments were related to employment such as, “We need to inform employers on what can be offered to help them retain good employees that might just need some adjustment to their work environment.” Other remarks focused on reaching out to consumers, “Certain groups are unserved or underserved, because they do not know about services and because they are difficult to engage in services.”

Improved collaboration would be beneficial according to respondents (16%). This includes working with specific agencies such as Division of Family Services, Department of Workforce Services, workers’ compensation, schools and employers. Respondents recognized that this is difficult given counselors full caseloads; reduced caseloads would allow counselors to focus on improved collaboration and help consumers find jobs.

In terms of providers, concerns were expressed about: ensuring agencies comply with state statutes regarding service provision, the skill level of providers, and accountability. Respondents feel WY-DVR needs to ensure providers are qualified to provide services. Specific comments about job coaches included: adequate funding, the utilization of “job coaches who do not have the experience or education needed” to work with the mentally ill or with Autism Spectrum Disorders.

Additional comments related to building employment opportunities, improved wraparound services, services for transition-age populations, and the waitlist for services.

One provider’s comment summarized a number of perspectives, “I think [unserved and underserved are] always going to be an issue and you just have to have people in place who want to help those who are unserved or underserved when they come in the door by treating them with empathy and respect. A lot of times I think [people with disabilities] don’t like the stigma attached with having a disability so they don’t seek the services available.”

Categories	Counts	% of total respondents
Improve DVR services (including reduce case load and increase counselors knowledge of resources)	22	20%
Improved education/outreach on services including building community awareness	19	17%
Improve collaboration with other agencies	17	16%
Funding issues, especially increasing funding for services	15	14%
Specific service provider comments (including accountability, improving quality, better training of vendors, job coaches)	14	13%
Build employment opportunities	10	9%
Other	9	8%
Get people into services sooner	6	6%
Consumer issues	4	4%
Improved wraparound of services	4	4%
Transition services	4	4%
Wait list issues	2	2%
Outreach on reservations	1	1%
Total coded comments	127	

PROVIDERS PERCEPTION OF BARRIERS TO EMPLOYMENT

Providers were asked to describe their perceptions on barriers that prevent their consumers from achieving successful outcomes. Like the consumer survey, providers were asked to list the top three barriers. The responses were coded into 12 categories; any category with more than 10 responses is included in Table 5.7. The 156 respondent comments were coded into over 300 separate responses. The top four barriers identified by providers were: transportation (26% of respondents), followed by employer and social discrimination (21%), assessing interests and choosing careers (18%), and lack of consumer motivation (18%).

Most of the respondents indicating “transportation” as a barrier provided no additional details. A few clarifications were “Limited availability of transportation,” and “Living in a rural area ... the nearest community college is 90 miles away.”

Employer and social discrimination included stereotypes or social barriers toward individuals with disabilities, and employers not willing to give people with disabilities an opportunity. Specific comments include, “Lack of community members being willing to work with people with disabilities,” “Lack of disability awareness by employers and potential coworkers,” and “Learned discrimination in school by segregation of disabled students.” One person commented, “VR seems to be reluctant to serve people with Intellectual/developmental disabilities (I/DD).”

In terms of motivation, comments generally addressed lack of motivation, lack of work ethic. Some comments provided more detail including, consumers’ lack the “Motivation to look for work, locate work, and maintain employment,” “Not willing to retrain--would rather stay home,” and “Some choose not to follow through with seeking out DVR services or seeking employment.”

Lack of family, social and community support was also noted as a significant barrier by providers. “Family barriers” was listed most frequently. Two respondents elaborated further, “Many families do not offer appropriate support to assist their children in achieving their employment goals,” and “Parents don't follow through after graduation/completion to promote employment and schooling.” Other comments included, “lack of support.”

Assessing interests and choosing career included comments related to helping individuals find jobs, lack of qualified job coaches and opportunities. Two provider comments explain further, “Jobs they want are outside of physical limitations,” and “Realistic goals often not implemented.”

	Count for code	% of all respondents (n=156)
Transportation issues	41	26%
Employer & social discrimination	33	21%
Assessing interests/choosing career	28	18%
Lack of motivation	28	18%
Lack of family/social/community support	25	16%
Lack of education/skills	24	15%
Issues with government benefits	21	13%
Physical limitations/health	19	12%
Economic factors/financial constraints	18	12%
Mental health issues	15	10%
Soft skills	13	8%
Lack of self-advocacy skills	11	7%

OBSERVED CHANGES IN WY-DVR SERVICES

Providers were asked to rate their perceptions on how service provision has changed in the past three years. The purpose of this question was to assess whether administrative changes made in response to the last Comprehensive Statewide Needs Assessment in 2009 were seen to have improved service provision. Figure 5 below displays that most respondents perceive things are about the same (56.9%) while about a quarter feel things are “better or much better” (26.2%). In contrast, some providers think service provision is “worse/much worse” (17%). Respondents also could provide additional comments on service provision. The 57 comments provided covered a variety of topics; the most common being the impact of budget constraints, specific suggestions to improve services, and concerns about service provision as well as positive comments about services received.

Regarding budget constraints, respondents indicated that while budgets have been cut, caseload sizes have grown resulting in “negative limits on the amount of clients served and types of services that can be provided.” This results in clients not receiving the services needed as well as experiencing increased wait time for appointments and services. The record keeping requirements were labeled as cumbersome by several providers. As one respondent indicated, “The Wyoming DVR system is so laden with paperwork, codes and status numbers that no one understands, and is not focused on the person and their needs.”

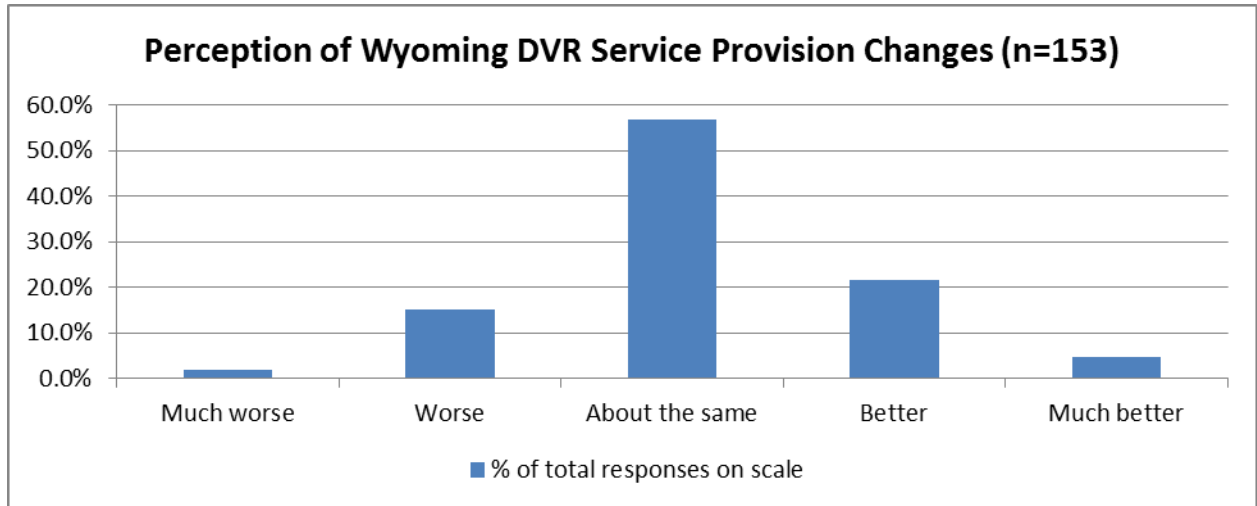
Several specific populations of concern are individuals with intellectual or developmental disabilities, acquired brain injuries, and transition-age youth. A provider commented that the focus is so much on “successful placement outcomes, and as a result, individuals with intellectual disabilities, which tend to not be as successful to place and maintain in placements are underserved in Wyoming.” More focus on transition-age population is desired by providers.

Suggestions for improving services include improved coordination with other programs as well as eliminating duplication of services. Inadequate job coaching was a concern of several respondents – although one noted job coaching was “Great.”

Respondents provided a number of positive comments on the WY-DVR program and the services provided. Some responses were quite broad, “Despite the national economy Wyoming DVR was able to assist individuals in becoming successfully employed” while others were more focused “Much better communication.” Comments focused on communication, new counselors and counselor skills. One comment summarized it nicely, “I do know that the provision of services - at least in the local office - are significantly better than they have been in the past. I suspect it's attributable to the staff.”

A number of negative comments were made. Specific concerns were about high turnover of VR employees, and not serving difficult populations adequately. Some concerns with VR employees’ lack of knowledge on things such as workers’ compensation, community resources, and how to access the services and resources. Other concerns were noted about the difficulty consumers have in accessing services, and that VR is, “Less accessible. More rigid.”

Figure 5: Provider's Perception of Changes in WY-DVR Service Provision Over Past Three Years



PROVIDERS OTHER COMMENTS

The final question allowed respondents to provide any other comments. The catch-all question received a broad range of comments; some of which repeated comments on prior questions. Only 35 providers responded to the question. Similar to the consumer survey, responders most frequently provided either compliments to WY-DVR (34%) or complaints/feedback (20%). Comments also suggested that WY-DVR should improve their focus on employment (17%).

In terms of compliments to WY-DVR, respondents appreciated the opportunity to provide feedback via the survey (n=4). Other comments included, “DVR is a valuable organization and we appreciate the services they are able to provide to the community;” and “Our counselor is excellent that works with the schools.”

The complaints and feedback responses also varied. Respondents commented counselors encourage applicants to apply for SSDI prior to considering retraining, and issues with “adequate funding.” One comment indicated that the WY-DVR management needed to be more supportive of staff, “Our staff needs more support and encouragement from the administration to do this job well and provide the best tools to do so.” Another comment reflected that WY-DVR needs to partner more effectively with other state agencies, a concern expressed by consumers during the focus groups.

“It would be nice to identify barriers of DVR working in conjunction with other state agencies - we need to work together to help the citizens of Wyoming to become employed, not worry about sharing information - we need to focus on our common goals.”

In terms of employment focus, respondents said that some consumers are not motivated due to frequent employment rejections. One respondent suggested that “providing positives of working and how it affects their health” could benefit this population. Three providers commented on consumers not understanding their benefits and therefore not being willing to work due to fear of losing benefits. The lack of understanding about benefits was mentioned by consumers in a focus group as well as in the service need section of the consumer survey.

Table 5.8: Provider Other Comments (n=35)		
	Count for code	% of all respondents (n=35)
WY-DVR compliment	12	34%
WY-DVR complaint/feedback	8	23%
Employment focus needed/improved	6	17%
Assessing interests/choosing careers	3	9%
Lack of funding for programs	3	9%
Lack of motivation	3	9%
Issues with government benefits/do not understand	3	9%

FOCUS GROUPS WITH CONSUMERS

Focus groups are an effective method to collect qualitative data. “Qualitative data that provides insights into the attitudes, perceptions, and opinions of participants” but it is not easily counted or quantifiable (Krueger, 1994). Being qualitative in nature, they are designed to collect input that helps to better describe a situation or shed light on it. They provide detailed and descriptive responses which are not restricted by standardized survey questions. The opinions expressed by the participants are enhanced by the group interaction; individuals respond to others comments and elaborate on their own experiences. By design, focus groups are small to allow participants adequate opportunity to express their opinions.

Thus, the challenge of using focus groups is to select participants from diverse groups to ensure particular demographic characteristics are represented (Rossi et al., 2004). In this case, factors considered in inviting participants were geographic area (WY-DVR region), and WY-DVR closure status (successful and unsuccessful). Additional details on the methodology for the focus groups are found on page 5.

CHARACTERISTICS OF PARTICIPANTS

The design of the focus groups helped to ensure participant distribution across the state. Table 6.1 below summarizes participation by target area and WY-DVR region. Comparing this information to survey respondent data, Region 4 had the lowest participation in both the Focus Group and the consumer respondents and Region 1 had the highest on both. (See Figure 3 for a list of counties included in each region as of February 2013).

Target Area	WY-DVR Region	Participants	% of total	Group Location
Cheyenne	Region 1	8	30%	Public library
Casper	Region 2	5	20%	Workforce Services
Sheridan	Region 3	5	20%	Hotel conference room
Riverton	Region 3	4	20%	Telephone in-depth interview
Rock Springs	Region 4	3	10%	Telephone in-depth interview
TOTAL		25		

The gender of the participants reflects the WY-DVR consumer population as a whole with more males than females participating. The consumer population has 53% male and 47% female. Since not all participants were clear on their case closure status, a tally of participants’ employment status indicates their current employment status. It is important to note, that although the counts in the table indicate “working” it does not necessarily mean the participants were successful WY-DVR closures (see Table 6.2). When compared, the percentage of focus group participants who are working is much lower than the 2010 cases closed in working status (36% versus 56% from Table 1.12). Although one might assume that a lower rate of working participants might have a negative impact on comments received, moderators’ perception was that this was not always the case. Some unemployed participants had positive things to say about services received as well as useful insights.

Gender of Participants	Number of Participants	Percent
Male	14	56%
Female	11	44%
	25	100%
Participant Employment Status	Number of Participants	Percent
Working	9	36%
Not working	16	64%

FOCUS GROUPS KEY AREAS OF FINDINGS

A number of findings were garnered from both the focus groups and in-depth interviews conducted with vocational rehabilitation consumers in Wyoming. Both strengths and weaknesses of WY-DVR services were identified during discussions and the moderator probed participants for more specific information when appropriate.

Though each participating consumer has had a unique experience, some general themes can be seen. Subjects discussed in the sessions and examined in more detail include:

- Understanding of WY-DVR services
- Consumer expectations
- WY-DVR experience
- Services received
- Setting employment goals
- Identifying employment strengths
- Challenges to obtaining WY-DVR services
- Improving satisfaction with WY-DVR services

The following is an overview of participant experiences on each of the general subjects addressed in the groups. Verbatim comments are included to express the consumer's attitudes, opinions and experiences in their own words.

It is important to note again that the goal of focus group research is to provide details of consumer experiences with WY-DVR services that the quantitative survey cannot provide.

UNDERSTANDING OF WY-DVR SERVICES

Many consumers did not have a clear understanding of the program even after their initial visit to WY-DVR. Mixed responses were given when participants were asked if their WY-DVR counselor explained the WY-DVR program and services to them in their first meeting. Participant answers ranged from those who say they received a full explanation of the program to those who indicated they received little or no explanation. One satisfied respondent from Cheyenne area described the experience this way, "The counselor, said he was going to do the whole spectrum... I walked in the door I knew absolutely nothing... I walked out the door thinking I knew absolutely everything."

Many recalled their counselor telling them something about the program but didn't understand or remember details of the conversation. A male consumer who was still receiving services from WY-DVR said, "I wasn't clear on all services offered. A lot of it is my fault for not asking." A smaller number of attendees said the WY-DVR program was not described to them at all.

After hearing the experiences of other participants during the group sessions, many respondents commented that they had definitely *not* been made aware of all of the services provided by WY-DVR.

CONSUMER EXPECTATIONS OF WY-DVR SERVICES

Clearly most participants in the groups went to the WY-DVR with limited information about the program and the depth of services available there. The phrase "I heard they would..." prefaced a number of participant remarks suggesting the information that brought them to WY-DVR was second-hand. Early in each session, when consumers were asked about what they initially thought the WY-DVR program would do for them, a wide variety of responses were given and many consumers had multiple expectations prior to meeting with WY-DVR. The most common participant responses were that they expected to receive training, schooling, and to develop skills to help in obtaining employment. Several respondents said they wanted WY-DVR to "get me a job."

Some consumers went to WY-DVR with an idea of gaining employment in a particular field while others wanted to find a job that would fit with their ability/disability. A female participant from the Rock Springs area commented, "I have had a head injury. I wanted to get back to work and get something that would work out for me. I wanted them to help me find a job that would work with me and my problems." Consumers with similar issues are looking to identify employment that they can perform with their disability.

A number of consumers had medical and health concerns and believed they could get assistance from WY-DVR with those issues. These problems included things like needing hearing aids, knee replacement, depression, anxiety, vision, and dental problems. After a long period of having multiple health issues, a consumer from Cheyenne said his reason for going to WY-DVR was "...for hearing aids because I couldn't afford them. I thought if I get hearing aids and can hear, it makes it a lot easier when you go to an interview. You don't have to keep saying 'What are you saying?'"

Other expectations of WY-DVR included things like improving confidence, providing motivation and focus, and developing social skills. One participant explained that she "... needed a little help to get my confidence back up and some other issues with that." Another responded "To make me better. Help me get a job and be able to get along better in a social atmosphere."

Though not typical, there were a few participants who came to WY-DVR with virtually no expectations. In responding to the expectancy question, one young man said "I had not a clue what it [WY-DVR] would do. I hadn't heard of it. I had a teacher who had heard of it and helped me make the initial contact."

WY-DVR EXPERIENCE

Each participant's experience with WY-DVR is unique and tends to have both positive and negative aspects. Though numerous elements of participants' experiences were discussed, the importance of the counselor in the consumer experience and their impact on the overall perception of WY-DVR cannot be overstated. When discussing both the challenges to obtaining WY-DVR service *and* how services can be improved, comments about counselors are at the forefront. These counselors are the face of WY-DVR, and to participants, they are in control of any services received.

A participant with a successful closure spoke admirably of her counselor and her overall experience by saying,

"I signed the papers and he said if I needed anything else in the future to come back to him. He told me they never close it [the case] all the way and I could come back for help...I was impressed with them. I thought they were going to tell me 'no' the second time but they didn't. I plan on going back for my nursing degree sometime and my counselor said that they would help me through that when I decided to do it. I *know* that I can do it."

Another consumer with a successful WY-DVR outcome expressed, "I had a good counselor. He helped me step-by-step know what I needed to do. What I was going for was administrative. He helped me with school and whatever else I needed. He got my dentures and glasses."

Some consumers praised counselors who tried to help them even though their outcomes were unsuccessful. A Casper consumer commented about his WY-DVR counselor: "I thought he was interested in me and was honestly trying to do the best for me."

Positive comments are tempered by participants who experienced difficulties with counselors. The problems with counselors included rushed or cancelled appointments, lack of concern, and a feeling of the counselor not listening to the consumer. In describing her counselor a Cheyenne group participant said,

“I didn’t feel like she didn’t care - she didn’t give me that attitude. It was more like she didn’t have the time. She was way too busy. I think I got letters in the mail saying my appointments were cancelled and it didn’t say why.”

Another said, “I would ask for something and she [counselor] would say ‘we are doing this and this is what I need from you’.” Some consumers appeared to feel marginalized by the process and to lose interest and confidence in WY-DVR.

Some participants mentioned they were unable to get answers to their concerns about Social Security benefits and whether they would lose those benefits if they had earnings from employment. Though WY-DVR is not responsible for Social Security, these consumers want/expect the WY-DVR to help them understand the impact on benefits of employment earnings. For some consumers not having this information is a roadblock to employment.

SERVICES RECEIVED

Not surprisingly, the array of WY-DVR services offered to participants is diverse and, in general, seems individualized to most consumer needs. Satisfaction with WY-DVR services ranges from those who are very satisfied to those who are very dissatisfied. After reflecting on services received, only a few consumers expressed complete satisfaction with their WY-DVR services. Though small in number, this satisfied group included both employed and unemployed participants. The majority of focus group attendees received some WY-DVR services but were dissatisfied because they did not get enough services or did not receive the type of service they felt was necessary to be successful. Much discussion in the group sessions centered on the individual WY-DVR experiences of each attendee and the specific services they had received.

Many consumers went to WY-DVR with only partial awareness of the services available. After listening to other group participants talk about the service given them, these same individuals often expressed a desire to go back to WY-DVR for more services. One respondent, when he learned about the dentures that WY-DVR had helped another participant get, remarked, “Tell us what you [WY-DVR] can do and what you can’t do. If I would have known about dentures, I would have smiled more because I don’t smile at all. I’d be more of a people person.”

The following summarizes the wide range of services participants received into broad categories:

- Assessment and evaluation – In early meetings with a WY-DVR counselor many, but not all, consumers recall some level of assessment or testing to determine their skills and interests. The

depth of those tests and whether the results were discussed with them is less clear. Participant comments helped describe their evaluation experience. One said “I started in Rawlins and the lady was helpful. She did testing for learning disabilities and stuff like that.” Another recalled the evaluation and getting results, “They did tests that said I was good in financial stuff and math and stuff like that.”

A young man was left confused after his assessment saying “She [the counselor] gave me a test but that is about it... They said I had a learning disability and that is not all ADD. They didn’t say what it was. I’d like to know what the “all” that is not ADD.”

- **Schooling and training** – Some participants were able to attend school, college, or received training through WY-DVR. Not only did WY-DVR help consumers get accepted and begin schooling but often they covered the cost of tuition. Some had books and computers purchased as well. One Riverton consumer described the things WY-DVR paid for after helping him get in to a college program, “They bought me a computer and printer and all the programs for the computer so I could take notes. That part was good you know. And they paid for some of my tuition.” Only a few participants completed certificates or degrees; most were unable to finish their education because of physical problems, learning problems, transportation issues, or other miscellaneous reasons. The lack of completion was independent of whether WY-DVR paid for it or not.
- **Assistance with physical/health issues** – Most participants told of health issues that made finding or keeping a job difficult. These issues included vision problems, dental problems, and hearing loss. Participants with these conditions were generally provided services to improve the problem like eye exams and glasses, teeth repair and replacement, and hearing aids. Consumers were generally satisfied with this type of assistance from WY-DVR saying these things were important when interviewing or trying to find work. One dissatisfied consumer was not happy with the quality of hearing aids received. Several participants were not aware they could receive health-related services from WY-DVR and expressed disappointment.

Other health issues addressed by WY-DVR and mentioned in the group discussions were about blood pressure, asthma, and COPD.

- **Psychological/psychiatric evaluation and counseling**–For many participants the WY-DVR’s testing and evaluation helped them identify mental health issues and receive help if needed. Counseling services were offered to several attendees with some accepting the service and others choosing not to have counseling. One attendee remarked “She [WY-DVR counselor] was helpful. She helped me with seeing a counselor for anxiety and stuff like that” and another Cheyenne consumer said “They paid for a psychiatric evaluation so I could get an accurate diagnosis with depression.” In contrast, a man from Casper described a different experience “They didn’t do

much for me. Sat me down, talked with some guy and told me I was depressed. Well I know that. That was all they did.”

- Monetary assistance –WY-DVR provided financial assistance to a number of consumers for education, housing and personal effects. Consumers frequently expressed appreciation for the financial aid they had received. Remarks from participants illustrate the types of aid received.
 - “They would help with clothing for jobs...They are nice people.”
 - “DWY-DVR helped me get my books.
 - “They helped me with bills and rent and whatnot while I studied. A lot of help was with the rent.”
 - “They paid for my college. It was an AAS degree. I took some computer classes and things.”
 - “They bought me a computer and printer, and all the programs for the computer. “WY-DVR paid for shirts and pants for interviews.”

Other miscellaneous services were also discussed during the focus groups.

SETTING EMPLOYMENT GOALS

Setting goals with the counselor was important to consumers and most said their WY-DVR counselor did talk with them about their employment goals, though the depth of the individual discussions varied greatly. A few described detailed conversations about possible jobs and their own skills while other consumers described a less in-depth dialogue. The consumers’ perceived value of their employment goal-setting experience with the WY-DVR counselor varied as well. One Casper respondent in referring to his positive experience said, “I had not a clue what I wanted to do...not a single clue. I had no plan for it. They [WY-DVR] helped me and then I made my own decision. I was happy with the advice and the service I received.” A Cheyenne consumer explained, “They talked about it some. I wasn’t sure. I was trying to get it figured out myself. We would discuss different options back and forth about what could be done and what they would be able to do like retraining by schooling or something like that. They discussed different jobs where I could get in and see how it worked out.”

Conversely, another respondent described a more negative experience: “I go to DWY-DVR to do that [medical transcription] and the counselor literally talked me out of it. It is what I can do and what I want to do. I want to work from home...it kind of took the motivation out of my whole plan --- then why don’t you [counselor] think of something then?”

Some participants were not as clear about discussions they had about their employment goals with their counselor. When asked they gave uncertain responses like “I think so...”, “Yea, basically... but I didn’t tell them what I was hoping for and why”, “A little bit...”, and “Yes he did, somewhat....”

Negative comments about setting employment goals at the WY-DVR generally came from consumers who felt their own goals and ideas were ignored. These participants didn't feel their counselor listened to them or cared about their aspirations when employment goals were discussed.

IDENTIFYING EMPLOYMENT STRENGTHS

There is a nearly an equal split in responses of consumers who discussed their employment strengths with a WY-DVR counselor and those who say their competencies were not reviewed. A number of respondents indicated that they were already aware of their own strengths and weaknesses regarding employment before meeting with WY-DVR. For others, the WY-DVR helped them identify and understand their employment strengths. A female consumer recalled, "They helped me see my strong points and what I wouldn't do well at. I wanted to be a secretary but I just couldn't do it. I can't spell well and sometimes I don't understand things so it wouldn't work well. They helped me understand this." Many remember assessment testing at the WY-DVR. Some recalled discussing results of the tests with their counselor while other participants did not remember talking about what the tests revealed.

There were consumers who maintained they never had conversations with their WY-DVR counselor about their employment strengths or they did not remember any discussions with them.

CHALLENGES TO OBTAINING WY-DVR SERVICES

The limited number of counselors and their busy caseloads are the biggest challenges affecting consumers' ability to get WY-DVR services. The inability to schedule meetings in a timely manner with a counselor was frustrating and several participants indicated their cases seemed to move slowly because they could not meet more often. Cancelled appointments were a challenge because they often added weeks to a consumer's wait time. One respondent described his experience, "It would be helpful to have another caseworker or two. They have a lot on their plate with only two caseworkers – which was my struggle with them. The time between appointments is quite a wait - 2-3 months apart." Interestingly, a few consumers expressed empathy for the busy counselors and hoped they would soon get some help with their heavy caseloads

Also mentioned as a challenge were counselors who are viewed as uncaring and unconcerned. Throughout the sessions there were remarks made about counselors not listening or not hearing consumer's needs and desires. A male respondent commented, "Don't judge a book by its cover. They [counselors] don't want to look beyond the cover. They don't want to know what you want to do."

Participants who have attended college through WY-DVR expressed frustration with both physical difficulties like transportation and with academic challenges like getting additional help at school. They feel the problems exist because the WY-DVR and colleges do not work together to help WY-DVR consumers. As one consumer expressed, "They [WY-DVR] help us get there but it is the challenges once you get there. Maybe DWY-DVR needs to work with the college more. I tried to research what services

are available for us disabled people and I didn't find very much so maybe that is something WY-DVR could help us figure out."

Participants would like access to computer skills training. Several participants desired simple computer skills like cutting and pasting text, while others wanted to learn more complex computer skills. Consumers believed the computer training would make them more marketable or that it would help in completing resumes and applications.

Other challenges mentioned were basic transportation needs, being stereotyped by gender for certain jobs (i.e. secretarial jobs are for women), not being given alternatives and options for other jobs, and getting services in different locations.

IMPROVING SATISFACTION WITH WY-DVR SERVICES

Participants provided a range of suggestions when asked what would have made them more satisfied with their WY-DVR experience. Many suggestions deal specifically with consumer/counselor relations. Participants say their satisfaction would improve if counselors listened more, cared more, and were encouraging. The words of the consumers express it most eloquently:

- "I was satisfied. They cared."
- "To know that you are listened to and respected. You are not a child. You are an adult and articulate very well. You have the respect of being there. No one knows you better than yourself. Someone can't sit across from you and tell you what you should do."
- "You have to care about the person you are working with in an empathetic way. The counselors shouldn't get emotionally involved with the person or their case but just help keep them going down the right path."
- "You need to build a relationship as you are building a friendship. You will be spending a lot of time with these people...You sit across from a person with a friendship attitude – just listening attentively. My first appointment was two hours and I was only scheduled for 45 minutes. He would always start with 'How are you feeling? Are you okay today? Have you had any problems? Okay we have 15 minutes left. This is what we are going to do for the next 30 days.'"

Participants also suggested that more step-by-step help from counselors would improve their experience and success. Other improvements suggested were receiving timely service from WY-DVR, getting more training, more help working to improve their skills, money for schools, clothing, and tools. Attending college would improve satisfaction for a number of consumers, as well as having the WY-DVR counselor and college staff work more closely to help WY-DVR students.

A few consumers said they would have liked to receive more services *and* wanted to know what services are actually available through the WY-DVR. Several remarked that becoming employed would be the

thing that would improve their satisfaction with WY-DVR. A Casper consumer succinctly replied that for him satisfaction would be “a decent job that pays decent wages.”

OTHER

Helping WY-DVR consumers become their own advocates for services is important. Not surprisingly, the most positive comments about their WY-DVR experience came from those who had successful outcomes. In each case, these consumers recounted being proactive with WY-DVR. They asked questions, pushed for services, and had open discussions with their counselors. One Cheyenne consumer described herself as a “pest” and saying she *made* them come and work with her on her case. In contrast, another had a different experience: “I never got enough services...I never asked for enough.”

Several participants are planning to return to WY-DVR for services and said their expectations and understanding of services would be different the second time around. Most said they would take more control, ask questions, and request services when they go back to WY-DVR.

Some consumers stated that they were happy they had participated in the focus group research. Many participants heard about additional services from others attending that they previously were not aware of. In expressing her feelings about the meeting one participant said, “I’m glad (*name of other participant*) was here because she is a success story. That is nice to hear because I don’t think we get to see that.” Another consumer whose case was closed unsuccessfully said, “I wanted to come today and see what other people said. I have gotten a lot of information out of it.”

LIMITATIONS OF THE RESEARCH

All research has limitations. Specific limitations related to this project are summarized below.

First, transition-age youth under 18 were not surveyed nor included in the focus groups. Perceived service needs for this population were collected from providers. To get an in-depth perspective on this population, a separate research project would need to be conducted. Since individuals under age 18 are not adults, parental consent would need to be obtained to have them participate. An alternative would be to invite both parents and young adults to participate in focus groups, either together or separately. Parental consent for the youth to participate could be obtained at the time of the focus group.

The goal of qualitative research for this project was to obtain insights into the attitudes, perceptions, and opinions of WY-DVR consumers. Due to the nature of the qualitative research, the results should not be generalized to all WY-DVR consumers. Recruitment methodology, group size, and reliability impact the outcomes. To maintain consumer confidentiality, WY-DVR recruited former consumers by mail and phone. As a result, participation is impacted by a self-selection bias – only individuals that wanted to participate did so. Whether those that participated are representative of the entire WY-DVR population is unknown. The number participating in the focus groups was small. Some interested consumers were unable to come to the group on the assigned day due to work issues or lack of transportation. The researchers accommodated these situations by conducting in-depth interviews.

Finally, qualitative findings are subjective and based on the interpretation and understanding of the researcher. One limitation of focus groups is the results generated are not statistically reliable. Instead, the researcher seeks to obtain face validity; simply said, do the results look valid (Krueger, 1994).

HIGHLIGHTS OF RESEARCH FINDINGS

Based on the information collected, analyzed, and presented, specific areas warrant attention as WY-DVR develops its next state plan. The following highlights a few items the researchers observed. WY-DVR needs to determine, based on input from its State Rehabilitation Council and the public, the key areas on which to focus its efforts.

The service needs that are requested the most by consumers with most significant disabilities include: education and training; job search assistance; and career/job decision-making and selection. These needs are very similar to providers' top three of: career/job decision-making and selection; life skills training; and job search assistance. Providers rate the consumer's need for life skills training higher than consumers rated it, which may be a reflection of providers' experience. In looking at the availability of the services with the greatest need, providers perceive life skills training as not easily obtainable in the community. WY-DVR may want to increase capacity of support services in this domain.

It is interesting that consumers ranked education/training as the service needed most while providers ranked it 10th out of 13 services. In addition, providers ranked life skills as the second most important service (tied with job search) which consumers' ranked it 10th. Providers also ranked consumers understanding the impact of earnings from work on their benefits and "support services" (4th and 5th, respectively) – higher than consumers ranked the service needs (8th and 12th, respectively). The differences result from each group's perspective. Providers see needs from a broader perspective looking at prior clients' experiences as well as the current consumer's situation. In contrast, consumers look at their or their families, specific needs. For example, consumers could see education/training as the solution to their employment issues – not surprisingly given how society stresses the importance of education. In contrast, providers realize that other factors could be affecting consumers' success such as their life skills or consumer's hesitance to work due to a lack of knowledge of their benefits. Awareness of these differences could be useful in the provision of services. If a provider can highlight how life skills training might be a more important service for an individual given their unique situation. If a person is hesitant about an employment, a provider can also explore if the hesitations about employment are related to concerns about losing their benefits. If it is, the provider can provide information on this issue.

Counselors' heavy caseload impacts the quality of service as indicated by consumers and some providers. The limited interaction and the delays between appointments could be impacting consumers' enthusiasm toward the VR process and negatively impacting successful outcomes.

Provider recommendations to address the unserved and underserved populations include: improving WY-DVR services (including reduce caseload sizes, and increase counselors' knowledge of community resources); and improving education/outreach on services (including building community awareness; improve collaboration with other agencies; and funding, especially increasing funding for services).

Consumers need assistance in understanding their benefits and the impact of employment on benefits. Consumers and providers both identified a lack of knowledge about the impact of employment earnings on benefits. This need was expressed in both the consumer and provider surveys and in one focus group. Recent studies indicate that benefits planning services are correlated with higher earnings for vocational rehabilitation consumers (Tremblay, et al, 2011, Delin, et al, 2011). One factor impacting consumers understanding of their benefits is the lack of Social Security Administration-approved Certified Work Incentive Coordinators (CWIC) in Wyoming. CWICs go through a rigorous training and testing process to become certified. Community rehabilitation programs (CRP) can access these trainings from the Work Incentives Planning and Assistance (WIPA) National Training Center at Virginia Commonwealth University.

Qualifications of WY-DVR service providers are a concern expressed in the focus groups and both surveys. WY-DVR policy manual requires Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation, but from discussions with the working group and other WY-DVR staff members, it is clear that not all providers have it. In part, this appears to be due to the working definition used for what is a provider. The meaning of what a “community rehabilitation program” looks like has evolved as the demand for community-based services has increased. Although CARF accreditation “assists service providers to improve the quality of their services” it can be an expensive and difficult process that is not reasonable to expect smaller providers to achieve. At the same time, a number of respondents expressed concerns about provider skill levels. There does not appear to be an alternative quality standard for providers or a process to assess the quality of providers.

WORKS CITED

- Disability: American Community Survey (ACS)*. (2012, November 14). (United States Census Bureau) Retrieved November 28, 2012, from United States Census Bureau: <http://www.census.gov/people/disability/methodology/acs.html>
- Brault, M., & Stern, S. (2007). *Evaluation Report Covering Disability: 2006 American Community Survey Content Test Report P.4*. Retrieved May 16, 2012, from Housing and Household Economic Statistics Division David Raglin Decennial Statistical Studies Division: http://www.census.gov/acs/www/Downloads/methodology/content_test/P4_Disability.pdf
- Delin, B. S., Hartman, E. A., & Sell, C. W. (2010). Does Work Incentive Benefits Counseling Improve Employment Outcomes for Those with Serious Disabilities? Preliminary Evidence for the “Work Oriented” from Two Demonstration Projects. *APPAM Research Conference (pp. 0–53)*.
- Disability Statistics and Demographics Rehabilitation Research and Training Center. (2011). *2011 Annual Disability Statistics Compendium*. Durham, NH: Institute on Disability. University of New Hampshire.
- Erickson, W., Lee, C., & Von Schrader, S. (2010). *Disability Statistics from the 2008 American Community Survey*. Retrieved 16 May, 2012, from Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC): www.disabilitystatistics.org
- Erickson, W., Lee, C., & Von Schrader, S. (2010). *Disability Statistics from the 2008 American Community Survey*. Retrieved 16 May, 2012, from Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC): www.disabilitystatistics.org
- Krueger, Richard A. *Focus Groups: A practical guide for applied research*. 2nd edition. SAGE Publications. 1994.
- Rehabilitation Services Administration (RSA 2010). United States Department of Education. 2010. Accessed multiple times in 2012 & 2013. <http://rsa.ed.gov/quick-tables.cfm>
- Rossi, Peter H., Mark W. Lipsey, and Howard E. Freeman. *Evaluation: A Systematic Approach*. 7th edition. SAGE Publications. 2004
- Social Security Administration. *Annual Statistical Report on the Social Security Disability Insurance Program, 2010*. http://www.ssa.gov/policy/docs/statcomps/di_asr/2010/di_asr10.pdf, RSA 2010

Tremblay, T., Smith, J., Porter, A., & Weathers, R. (2011). Effects on Beneficiary Employment and Earnings of a Graduated \$1-for-\$2 Benefit Offset for Social Security Disability Insurance (SSDI). *Journal of Rehabilitation*, 77(2), 19–28. Retrieved from <http://www.readperiodicals.com/201104/2339024921.html>

United Health Foundation, American Public Health Association, Partnership for Prevention. (2010). *America's Health Rankings - 2010 Edition*. St. Paul, Minn.: Arundel Street Consulting, Inc.

United States Census Bureau. (2012, November 14). *American Community Survey (ACS)*. (United States Census Bureau) Retrieved November 28, 2012, from Disability: <http://www.census.gov/people/disability/methodology/acs.html>

United States Census Bureau. (2012). *Instructions for Applying Statistical Testing to the 2008-2010 3-Year Data and the 2006-2010 ACS 5-Year Data*. United States Census Bureau.

United States Census Bureau. (2012, October 25). *When to use 1-year, 3-year, or 5-year estimates*. Retrieved November 28, 2012, from American Community Survey: http://www.census.gov/acs/www/guidance_for_data_users/estimates/

United States Census Bureau. (2011, July 14). American Community Survey Questionnaire. Retrieved on June 6, 2013. <http://www.census.gov/acs/www/Downloads/questionnaires/2012/Quest12.pdf>

Wyoming Division of Vocational Rehabilitation. Clients' Guide to Vocational Rehabilitation Services. Retrieved from the Internet April 2013. <http://www.wyomingworkforce.org/job-seekers-and-workers/vocational-rehabilitation/Pages/clients-guide.aspx>

ENDNOTE

ⁱ **American Community Survey Questions Related to Disability**

American Community Survey (ACS) disability questions were changed in 2008 with critical distinctions that limit comparison with previous years' data (Erickson et al., 2010). Not only were questions related to disability changed in the ACS as of 2008, the ACS itself is new as of 2005, and the US Census Bureau long form underwent changes to disability related questions in 1970, 1980, and 2000. Results of questions asked prior to the 2008 changes had reliability and nonresponse issues, which the 2008 changes have addressed. In brief, changes were made to the questions in order to gather data that is more relevant for intended purposes of providing services to people with disabilities, and for providing opportunities in housing, education, employment, and other areas. Disability types were expanded to include four basic areas of functioning (vision, hearing, mobility, and cognitive functioning) as well as self-care and independent living, and wording of the questions was carefully considered to improve sensitivity and understanding (Brault & Stern, 2007).

The ACS used six questions in 2012 to determine if a person had a disability. Possible responses to questions are "yes" or "no." The questions were asked about five persons living in the house. The questionnaire notes respondent may be contacted to obtain the same information on all persons in the household.

1. Is this person deaf or does he/she have serious difficulty hearing?
2. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

The following is asked "*if this person is 5 years old or over.*"

3. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
4. Does this person have serious difficulty walking or climbing stairs?
5. Does this person have difficulty dressing or bathing?

The following is asked "*if this person is 15 years old or over.*"

6. 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?

United States Census Bureau. U.S. Department of Commerce. American Community Survey Questionnaire. Page 9. Accessed on June 6, 2013.

<http://www.census.gov/acs/www/Downloads/questionnaires/2012/Quest12.pdf>