



Center For
Public Policy & Administration
THE UNIVERSITY OF UTAH

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COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT OF INDIVIDUALS WITH DISABILITIES IN UTAH

Prepared for the

Utah State Office of Rehabilitation

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EXECUTIVE SUMMARY

The Center for Public Policy & Administration conducted a comprehensive assessment of the rehabilitation needs of individuals with disabilities in Utah at the request of the Utah State Office of Rehabilitation. The purpose of the study is to provide information for development of a three year vocational rehabilitation state plan. The needs assessment and state plan are requirements of the federal Rehabilitation Act. Seven research questions guided the study:

1. What are population estimates and characteristics of individuals with disabilities in Utah?
2. What are estimates and characteristics of individuals who receive Social Security disability benefits (SSDI and SSI) in the State?
3. How do the processes and outcomes of Utah Vocational Rehabilitation (VR) services compare with other peer states? What are the anomalies and are these of concern?
4. What do vocational rehabilitation clients 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 clients? How do providers' perceptions of needs and barriers compare with the clients' perceptions?
6. What individuals with disabilities 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 individuals with disabilities from racial and ethnic minority populations?

POPULATION ESTIMATES AND SOCIAL SECURITY DATA

Analysis of U.S. Census American Community Survey data shows Utah has a lower percentage (9%) than the nation as a whole (12%) of people who state they have a disability according to the 2008-2010 American Community Survey. In Utah the proportion of males and females with disabilities is nearly equal; while nationwide there is a slightly larger proportion of females with disabilities than males (0.95 to 1). According to Census data the employment rate of individuals with disabilities in Utah (44%) is significantly higher than in the U.S. (36%).

According to USOR, the agency served 28,537 clients in 2010. This is 12% of Utah's disability population using the American Community Survey definition of disability. Looking at all USOR clients, 55% are male, 45% are female. This is in contrast to Utah's disabled population which is evenly split with 50% male and 50% female.

A smaller percentage of Utah's population receives SSDI and SSI benefits than nationally. In 2010 approximately 2.8% of Utahns received SSDI compared to 4.5% nationally, and 1.0% received SSI compared to 2.6% nationally.

VOCATIONAL REHABILITATION PROGRAM PERFORMANCE

An analysis of vocational rehabilitation caseload data shows how Utah's program compares with six peer states (Colorado, Kansas, Louisiana, Mississippi, Oklahoma, and West Virginia). In terms of types of disability, Utah has the highest percentage of psychosocial impairments and lowest percentages of clients with visual, communicative, and other mental impairments compared with the six peer states. Among the peer states Utah had the median "successful employment" rate in FY 2010 - 67% of all individuals whose cases were closed in FY 2010 after receiving services were employed - but this is still well above the national average employment rate of 51%. During the same year, Utah had the highest successful employment rate (71%) for transition-age clients (16-24 years of age) compared to the peer states. The Utah Vocational Rehabilitation program had the highest successful employment rate for clients with cognitive impairments (69%), and mental and emotional disabilities (66%) compared to the peer states.

The Utah vocational rehabilitation program was able to accomplish this excellent performance despite having a lower than average staff size (269 in 2010) compared with its peer states. Additionally, Utah's staff size as a percentage of cases closed (5.2%) is second lowest (behind Kansas at 4.0%) of peer states and below the national average for combined agencies (6.3%).

CONSUMER SURVEY

The purpose of the consumer survey was to assess what vocational rehabilitation clients perceive as their unmet needs and barriers to successful employment outcomes. In October 2012, surveys were sent to 3,730 individuals in Status 10. These individuals had been determined eligible for the program but had not begun receiving services under an Individual Plan for Employment (IPE). Completed surveys were received from 318 respondents which represented an 8.5% response rate. The survey asked individuals to check which services they needed from a list of 31 items. The survey then asked open-ended questions for individuals to list barriers they have in becoming successfully employed, and other service needs not listed elsewhere. Administrative data obtained from USOR included age, gender, race, ethnicity, education level, significance of disability designation, SSDI and SSI, TANF, and GA status at application, and primary disability. Survey data were matched with the administrative data in order to analyze the survey results by demographic indicators.

Respondents were representative of the overall Status 10 population in gender, age, and racial status. However, there were several characteristics of the respondents that differed statistically from the Status 10 population. There were fewer Hispanic-Latino survey respondents compared to the overall Status 10 population. This difference was significant at the .05 level, with 12% of the population classified as Hispanic/Latino and only 5% of the respondents. The respondents were slightly more educated than the overall Status 10 population, and individuals with primary disabilities of mental and cognitive responded less than their proportion in the Status 10 group. Individuals identified as having most significant disability were more likely to have responded. Also, respondents were significantly more likely to be receiving SSDI or GA at application than the overall Status 10 group.

SERVICES NEEDED – CONSUMER SURVEY

The following list of needs is the top ten service needs identified by USOR clients in 2012.

1. Locating employers with suitable job openings (76%)
2. Paying for a school or training program, including books or tools (74%)
3. Learning what jobs are available (69%)
4. Choosing a suitable job (67%)
5. Learning what programs and/or benefits they are eligible for such as Social Security or health care benefits (66%)
6. Understanding how work will impact benefits (62%)
7. Understanding health benefits and finding providers (59%)
8. Job coaching including short term on-the-job training or help with problems on the job (57%)
9. Choosing a school or training program (57%)
10. Writing a resume and preparing for job interview (55%)

The service need responses were analyzed by subgroups to see if consumers with certain characteristics differed from the other consumer respondents. The characteristics examined were most significant disability status, transition age (16-24 years old), and primary disability. Subgroup comparisons were made using a Chi-Square statistical test to determine whether differences between the measures were statistically significant. The results of the Chi-Square tests are reported for the variables that have significant difference at a 95% confidence level. Significant results are reported as a p value of less than .05.

The following need areas were higher for individuals coded as most significantly disabled (statistical significance levels are noted).

- Writing a resume and preparing for a job interview (p<.01)
- Job coaching (p<.05)
- A wheelchair, scooter, or other mobility device (p<.05)

It was also found that fewer individuals coded as most significantly disabled needed assistance with finding and paying for a place to live (Chi-Square p<.05).

The older age group (25 and older) indicated they needed help significantly more than younger respondents in two areas:

- Obtaining prescription drugs (p<.01)
- Assistance with car maintenance, repairs or gasoline (p<.05)

The younger age group (16-24) indicated they needed help significantly more than older respondents in one area:

- Finding and paying for a place to live (p<.01)

The following service needs are those that showed differences that were significantly higher than expected or lower for the specific primary disability.

- Pursuing self-employment – Physical (higher) Choosing a school or training program – Sensory (lower)
- Paying for school or training program – Sensory (lower)
- Improving self-advocacy skills – Cognitive and Mental (higher)
- Understanding health benefits and finding providers – Physical (higher); Sensory (lower)
- Obtaining mental health and substance abuse counseling – Mental (higher)
- Assistance with car maintenance, repairs or gas – Physical and Mental (higher)
- Visual aids – Sensory and Physical (higher)

- Hearing devices – Sensory (higher)
- Wheelchair, scooter or other mobility device – Physical (higher)

INDIVIDUALS WITH MOST SIGNIFICANT DISABILITY

The service needs expressed by individuals coded as most significantly disabled were compared with the needs of the remaining consumers. Individuals who were coded as most significantly disabled expressed higher frequency of needs in the areas of: writing a resume and preparing for a job interview ($p < .01$); job coaching ($p < .05$); and a wheelchair, scooter, or other mobility device ($p < .05$). In contrast, consumers coded as most significantly disabled had lower needs for finding and paying for a place to live ($p < .05$). The rank order of the needs list was very similar between groups.

TRANSITION AGE CONSUMERS

The needs of transition age consumers (16-24 years old) were compared with respondents 25 years and older. Results of the Chi-Square analysis found three services in which age groups differed significantly in the degree they felt they needed help. The older age group (25 and older) indicated they needed help significantly more than younger respondents in two areas: obtaining prescription drugs ($p = .01$); and assistance with car maintenance, repairs or gasoline ($p = .05$). The younger age group (16-24) indicated they needed help significantly more than older respondents in finding and paying for a place to live ($p < .01$).

PRIMARY DISABILITY

Respondents identified as having mental disability comprised 42% of the total, physical 30%, cognitive 23%, and sensory 6% of the total number of respondents ($n = 318$). The following service needs are those that showed differences that were significantly higher or lower for the specific primary disability. Chi-Square tests are reported in Table 4.13.

- Pursuing self-employment – Physical (higher)
- Choosing a school or training program – Sensory (lower)
- Paying for school or training program – Sensory (lower)
- Improving self-advocacy skills – Cognitive and Mental (higher)
- Understanding health benefits and finding providers – Physical (higher); Sensory (lower)
- Obtaining mental health and substance abuse counseling – Mental (higher)
- Assistance with car maintenance, repairs or gas – Physical and Mental (higher)
- Visual aids – Sensory and Physical (higher)
- Hearing devices – Sensory (higher)
- Wheelchair, scooter or other mobility device – Physical (higher)

BARRIERS TO EMPLOYMENT

Consumers listed barriers to employment in response to an open-ended question: “What are the top three factors that cause you the most difficulty in becoming successfully employed?” Their responses were grouped into 34 different categories. The following categories represent the most common barriers expressed:

- Physical limitations and health concerns (33% of respondents)
- Mental health issues including bipolar, depression, anxiety, ADD/ADHD, depression (28%)
- Transportation issues including those related to employment such as cannot take bus, do not have car, no driver license (23%)
- Lack of education or skills training, including computer (20%)
- Soft skills training needed including interpersonal/social skills, interview skills, money and time management; decision making (18%)
- Cognitive issues (13%)

PROVIDER SURVEYS

Three groups of service providers were surveyed to assess their perceptions of rehabilitation needs of the individuals they serve: Utah State Office of Rehabilitation employees (n=123), Department of Workforce Services' (DWS) employees (n=81), and employees of other community agencies serving people with disabilities (n=62). The third group, referred to as All Other Providers, included employees of Veterans Administration Vocational Rehabilitation, Deseret Industries, the Worker's Compensation Fund of Utah, and the Division of Services for People with Disabilities. The invitation email was also sent to members of the Utah Association of Community Services, and the Utah Behavioral Health Network, which represent community providers of day, habilitation, mental health, and rehabilitation services for people with disabilities. These organizations were encouraged to forward the invitation email to their members. Surveys were conducted during September 2012 and December 31, 2012; a total of 266 responses were received from all groups.

Providers were asked to rate on a 4-point scale the level of clients' needs for each of 31 different services. A mean score for each need rating was calculated and then ranked from the largest mean as number 1 rank to the smallest mean as number 31. The rankings were compared across the three provider groups (USOR, DWS, and All Other Providers).

Then questions were asked about the availability of each service for the same list of needs, also using a 4-point scale. A mean for the availability rating was calculated and then ranked from largest mean (i.e., most available) as number 1 to least available as 31. The level of need for the service was defined as "demand" for a service and the level of availability was defined as "supply" of the service in the community. The differences between demand and supply rankings were also compared across provider groups. If the demand for a service is much larger than the supply, this is an issue that needs attention. For this survey, researchers chose to use a difference of 10 or more points between demand and supply to indicate an area that deserves further consideration.

SERVICES IDENTIFIED BY PROVIDERS

Of the list of 31 service needs on the survey, the top ten (upper third) identified by USOR employees of their clients were:

1. Learning what jobs are available
2. Choosing a suitable job
3. Assessing client's interests and abilities
4. Locating employers with suitable job openings
5. Writing a resume and preparing for a job interview

6. Understanding their health benefits and finding providers
7. Improving self-advocacy skills
8. Learning what programs and/or benefits they are eligible for (such as Social Security and health care)
9. Paying for a school or training program including books or tools
10. Understanding how work will impact benefits

The rankings of DWS employees were compared with those of USOR. There was only one need which showed significant difference between USOR and DWS. Improving self-advocacy skills was ranked number 7 by USOR, while DWS ranked it number 22.

AVAILABILITY OF SERVICES

Provider ratings of service availability resulted in three service needs identified by USOR with a gap of 10 or greater between demand and supply. This is a marked change from the prior needs assessment survey in 2009 for which USOR rankings showed twice as many service needs (i.e., 6) with a 10-or-more point gap. The researchers divide the rankings into upper third, middle third, and lower third to differentiate the highest from the medium from the lowest requested needs.

Only one of the needs identified by USOR this time was in the upper third group of services:

- Improving self-advocacy skills (Demand rank 7, Supply rank 22)

Two other needs with a 10-point or greater gap was in the middle third of rankings:

- Obtaining life skills training such as money and time management, or getting along with people (Demand rank 13, Supply rank 23)
- Finding and paying for a place to live (Demand rank 17, Supply rank 29)

Department of Workforce Services rankings displayed three service needs with more than a 10-point gap between demand and supply. Two of the needs were in the middle third, and one was in the lower third of the rankings:

- Finding and paying for a place to live (Demand rank 11, Supply rank 21)
- Maintaining or repairing a home (Demand rank 15, Supply rank 25)
- Environmental controls (enable hands-free control of lighting, heating and air conditioning, and other devices within the home or office) (Demand rank 8, Supply rank 28)

The All Other Providers group had *two* service needs that showed a 10-point or greater gap between demand and supply. This could be shortage of capacity, lack of training, or difficulty in accessing the services. Both needs were in the upper third of the All Other Providers rankings:

- Locating employers with suitable job openings. (Demand rank 4, Supply rank 16)
- Understanding their health benefits and finding providers. (Demand rank 5, Supply rank 12)

BARRIERS PERCEIVED BY PROVIDERS COMPARED WITH CONSUMERS

The survey asked providers an open-ended question: “What are the top three barriers that prevent your clients from achieving successful outcomes?” The barriers listed by providers were coded into the same 34 categories as

the consumer barriers. Below is a comparison between the top ten rankings of consumers with the top ten rankings of providers.

Consumer Rank	Barriers to Employment	Provider Rank
1	Physical limitations, health	6
2	Mental Health issues (including Bipolar, depression, anxiety, ADD/ADHD, depression)	5
3	Transportation issues (including those related to employment such as cannot take bus, do not have car, no driver license)	2
4	Lack of education or skills training, including computer	3
5	Lack of soft skills training including interpersonal/social skills, interview skills, money and time management; decision making	10
6	Cognitive issues	22
7	Medical needs (such as conflicts between work and doctor appointments, medication schedule conflicts with job, paying for medication and Dr. visits)	17
8	Financial constraints including poverty and inadequate income. Cannot pay financial obligations	13
9	Need a job/ need an employer willing/able to hire me (no reference to discrimination)	15
10	Assistance with barriers to education (funding for education, tutoring, school application process)	29
24	Lack of family/social/community support	1
15	Employer and social discrimination, stigmas, societal stereotypes; lack of disability awareness by public; tattoos	4
18	Lack of motivation & boredom; dependence on system	7
31	Disability specific issues not noted in other category	8
30	Economic factors (bad economy, lack of jobs)	9

UNSERVED AND UNDERSERVED GROUPS AS IDENTIFIED BY PROVIDERS

The providers were asked to identify groups that may be unserved or underserved by the rehabilitation system. The largest number of responses (16% of all responses) listed people with mental illness and substance abuse as unserved or underserved groups. Tied for second rank were students in transition from high school, and individuals with developmental disabilities (9% each). Racial and ethnic minorities were listed in fourth place with 8%. Individuals who are homeless were tied for fifth place with individuals who are not aware of vocational rehabilitation services at 7%.

RACIAL AND ETHNIC MINORITIES

An analysis was done to compare the responses of consumers who indicated they were racial and ethnic minorities with responses of non-minority consumers. The percentages of minority consumers indicating “I need help” are higher than non-minorities in all 31 need areas. The higher need for services was statistically significant for this group in seven areas:

- Understanding how work will impact benefits
- Writing a resume and preparing for a job interview
- Maintaining or repairing a home
- Assessing my interests and abilities
- Finding and paying for a place to live
- Assistance with car maintenance, repairs or gasoline

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. This attention can then be directed toward remediation of these concerns through Utah's next three-year Vocational Rehabilitation State Plan.

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COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT OF INDIVIDUALS WITH DISABILITIES IN UTAH

INTRODUCTION

The Utah State Office of Rehabilitation (USOR) in cooperation with the State Rehabilitation Council (SRC) is required to conduct a comprehensive statewide needs assessment on a 3-year cycle describing the rehabilitation needs of individuals with disabilities residing in the state. The needs assessment must include information on three populations: 1) individuals with the most significant disabilities; 2) individuals with disabilities who are minorities or who are unserved and underserved; and, 3) individuals with disabilities who are served through other components of the statewide workforce system. USOR 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 study to include four major activities:

- Conduct a review of population estimates from the U.S. Census and Social Security Administration data.
- Conduct a review and analysis of Utah's 2010 caseload data submitted to RSA and returned to the state with cross-state comparisons.
- Conduct surveys with providers of services to individuals with disabilities.
- Conduct surveys with vocational rehabilitation clients in Status 10 (accepted for services but have not begun an Individualized Plan for Employment).

This report describes the methods and results from this research.

METHODS

This study was designed to obtain input from stakeholders including people with disabilities. Members of the State Rehabilitation Council (SRC) were invited to participate on a research advisory group. A subcommittee of the SRC and administrative staff from the Utah State Office of Rehabilitation participated on the research advisory group. The advisory group provided input on framing the research questions and refining surveys of providers and consumers. Once the data were collected the researchers analyzed the survey data and presented the preliminary analyses to the SRC subcommittee for their feedback and interpretation of the data. 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 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 Utah? How do these compare with USOR clients?
2. What are estimates and characteristics of individuals who receive Social Security disability benefits (SSDI and SSI)? How do these compare with USOR clients?
3. How do the processes and outcomes of Utah VR services compare with other peer states? What are the anomalies and are these of concern?
4. What do vocational rehabilitation clients 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 clients? How do provider perceptions of needs and barriers compare with the clients' 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 see where Utah stands as compared with the nation as a whole, population estimates and the demographic characteristics for individuals with disabilities were collected. Estimates were used from 2010 since this was the most recent year for which complete information was available for all of the historical data fields studied in this report.

The American Community Survey (ACS)¹ estimates on disabilities are for the civilian noninstitutionalized 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 anyone 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 are a population count, American Community Survey data are population estimates based on sampling. Because of limited sample sizes 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 will 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 the 2008-2010 3-year ACS estimates. Statistical tests for significance were performed on some of the data comparing Utah and the nation. Instructions for applying statistical testing were obtained from the US Census Bureau (United States Census Bureau, 2012).

ANALYSIS OF USOR ADMINISTRATIVE DATA

¹ American Community Survey (ACS) disability questions were changed in 2008 with critical distinctions that limit comparison with previous years' data (Erickson, Lee, & Von Schrader, 2010). Not only were questions related to disability changed in the ACS as of 2008, the ACS itself was 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).

Historical USOR caseload data from fiscal year 2010 were analyzed to assess how Utah performance has varied over time and in comparison with other state VR programs. The data were obtained from USOR and the Rehabilitation Services Administration (RSA) website. They included comparisons of Utah program performance across five years and with six other “peer states” for fiscal years 2010 and 2007. Through discussion among the SRC members, USOR administrative staff and CPPA staff, observations were made using the historical data that will contribute to this comprehensive statewide needs assessment.

SURVEYS

An online survey tool was used for the provider surveys and a mail survey was developed for rehabilitation consumers. USOR records do not contain email addresses for all of their clients; thus a mail survey would reach a more 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 advisory group also provided input on the survey questions and reviewed survey results for meaning. Survey questions had been developed three years prior for the 2007-2010 Utah Comprehensive Statewide Needs Assessment. The advisory group wanted to use the same questions in order to see how the results differed three years later. The only changes made were to clarify the meaning of several of the questions in the Support Services and Assistive Technology section and this section was moved to the end of the list of service needs.

Both the consumer and provider survey questions had been field tested three years earlier, thus the researchers decided there was no need for further field testing of the questions. Accessibility of the Qualtrics™ online survey tool had been tested in 2007 and was found to be accessible for individuals with vision impairments or who used screen readers.

Quantitative data from the surveys were analyzed using IBM SPSS Statistics v.20 for tests of significance. Ranking and ordering were performed using Excel 2010 v. 14.0. Qualitative data analysis was used for open-ended survey questions using Excel and imported to SPSS for analysis.

POPULATION ESTIMATES

1. WHAT ARE POPULATION ESTIMATES AND CHARACTERISTICS OF INDIVIDUALS WITH DISABILITIES IN UTAH? HOW DO THESE COMPARE WITH USOR CLIENTS?

COMPARISON OF INDIVIDUALS WITH A DISABILITY IN UTAH AND THE UNITED STATES

This section examines the population estimates and the demographic characteristics for individuals with disabilities in Utah and provides a comparison with national data. According to the 2010 American Community Survey (ACS), there were 233,917 civilian noninstitutionalized persons with a disability in Utah. This is 8.7% of the state population. This is significantly lower than the national average of 12% of the population with a disability. See Table 1.1.

There are several factors in Utah that may explain this lower rate of persons reporting a disability. For one, Utah consistently maintains a status as one of the healthiest states in the nation, in part due to the lowest tobacco and alcohol consumption in the nation (United Health Foundation, American Public Health Association, Partnership for Prevention, 2010). Additionally, Utah has a culture of self-reliance whereby people with disabilities are more likely to get help from their family and community than to rely on public assistance.

Table 1.1: Individuals with a Disability in Utah and the United States

Utah Total Disabled Population	Percent of Utah Population	United States Total Disabled Population	Percent of US Population
233,917	8.7%	36,180,124	12%

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

Table 1.2 illustrates the number and percent of civilian noninstitutionalized individuals with a disability in Utah and the United States. Utah has the same percentage of males and females with disabilities, both 8.7%. The percentage nationwide with disabilities is 11.7% of males and 12.3% of females.

Individuals with disabilities	Utah Total	Percent of Utah Population by Gender	United States Total	Percent of U.S. Population by Gender
Male	116,421	8.7%	17,236,270	11.7%
Female	117,496	8.7%	18,943,854	12.3%
Total	233,917	8.7%	36,180,124	12%
		% of all males in age bracket		% of all males in age bracket
Male <18 years	15,840	3.6%	1,852,052	4.9%
Male 18-64	63,828	8%	9,446,321	10.2%
Male 65+ years	36,753	33.8%	5,937,897	35.7%
		% of all females in age bracket		% of all females in age bracket
Female <18 years	9,615	2.3%	1,096,441	3%
Female 18-64 years	60,689	7.6%	9,537,945	9.9%
Female 65+ years	47,192	36.4%	8,309,468	38.3%

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

Table 1.3 illustrates the percent of civilian noninstitutionalized persons with a disability, by race and ethnicity, for the United States and Utah. Utah has a smaller percentage of each race that has a disability compared to the United States.

	Utah Total	Utah Percent*	United States Total	United States Percent*
Race				
White	213,476	8.8%	27,811,116	12.4%
Black	2,131	7.6%	5,066,234	13.6%
American Indian or Alaska Native	4,265	14.3%	392,051	16%
Asian	2,910	5.4%	913,315	6.3%
Native Hawaiian or Pacific Islander	1,321	5.2%	45,282	9.3%
Other	5,069	6.2%	1,111,111	7.5%
Two or More Races	4,745	8.2%	841,015	11%
Ethnicity				
Hispanic or Latino	19,510	5.7%	3,983,100	8.2%

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

* Percent is the percent of the race and ethnicity with a disability.

Table 1.4 illustrates the percent of civilian noninstitutionalized persons with a disability, by type, for the United States and Utah. Utah has a smaller percentage of its disabled population with vision, ambulatory, self-care, and independent living difficulty type compared to the United States. For example, 45% of individuals with a disability

in Utah have an ambulatory difficulty compared to 54% of the U.S. population of individuals with a disability. Utah has a larger percentage of its disabled population with hearing and cognitive difficulty type compared to the United States.

Table 1.4: Individuals with a Disability in Utah and the United States, by Disability Type

	Utah Total	Percent of Utah Disabled Population	United States Total	Percent of U.S. Disabled Population
Hearing Difficulty	74,115	32%	10,301,761	29%
Vision Difficulty	38,062	16%	6,539,795	18%
Cognitive Difficulty	91,516	39%	13,494,279	37%
Ambulatory Difficulty	105,311	45%	19,358,773	54%
Self-Care Difficulty	40,846	18%	7,203,374	20%
Independent Living Difficulty	71,473	31%	12,799,277	35%
Total	233,917	100%	36,180,124	100%
Source: U.S. Census Bureau, 2010 American Community Survey				
* Percent is the percent of the race with a disability.				

Table 1.5 illustrates the difference in employment rates for civilian noninstitutionalized individuals, by disability status for the United States and Utah. The employment rate was higher for Utah 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 Utah and the United States, by Disability Status

	Utah Employment Rate**	United States Employment Rate**	Statistically Significant*
With a Disability	85%	83%	YES
Without a Disability	94%	92%	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 Utah 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 noninstitutionalized individuals, by disability status, for the United States and Utah. 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 Utah (52%) than the nation as a whole (43%).

Table 1.6: Labor Force Participation Rate in Utah and the United States, by Disability Status

	Utah Labor Force Participation Rate*	US Labor Force Participation Rate*
With a Disability	52%	43%
Without a Disability	82%	82%
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 noninstitutionalized individuals, by sex and disability status, for the United States and Utah. Table 1.7 indicates that while Utahns have lower median earnings than the national median, the earnings difference does not exist for individuals with disabilities as a group, and does not exist for males regardless of disability. In contrast, compared with the national median, females in Utah earn a significantly lower median income than the national median. The median earnings for Utah males without a disability are \$35,913. The median earnings for Utah males with disability are \$24,782, more than \$10,000 less than males without disability. The median earnings for Utah females without disability are \$19,274. The median earnings for Utah females with disability are \$15,047, more than \$4,000 less than females without disability.

Table 1.7: Median Annual Earnings, by Gender and Disability Status

	Utah	United States	Statistically Significant*
Total:	\$26,433	\$29,577	YES
With a disability:	20,116	19,920	NO
Male:	24,782	23,214	NO
Female:	15,047	16,172	YES
Without a Disability	26,767	30,263	YES
Male:	35,913	35,759	NO
Female:	19,274	24,846	YES
Source: U.S. Census Bureau, 2010 American Community Survey			
*Statistically significant difference between Utah and the United States at the 90 percent confidence level.			

COMPARISON OF USOR CLIENTS WITH THE UTAH DISABILITY POPULATION

It is helpful to compare clients of the Utah Vocational Rehabilitation (VR) program with the entire disability population in Utah. Table 1.8 contrasts USOR VR clients served with the disability population in Utah. The American Community Survey identified 233,917 civilian noninstitutionalized persons with a disability in Utah in 2010. That same year, the Utah State Office of Rehabilitation served 28,537 persons with disability, almost all of whom were working age (18-64) at time of referral. In total, USOR served 12% of Utah's disability population in 2010. Only slightly more than half (53%) of persons with a disability in Utah are working age (18-64). Among Utah's working age population, USOR served 23% of persons with a disability.

The overall disability population in Utah in 2010 was 233,917 people, nearly evenly split between males and females. In comparison, 55% of USOR clients in 2010 were males, and 45% of USOR clients were females.

Table 1.8: USOR VR Clients Served as a Percentage of the Utah Disabled Population, FY 2010

	All USOR Clients	USOR Client Percent	Utah Disabled Population	Utah Disabled Population Percent	All USOR Clients as a Percent of the Utah Disabled Population
Male	15,841	55%	116,421	40%	14%
Female	12,696	45%	117,496	50%	11%
Working Age (18-64)	28,169	99%	124,517	53%	23%
Total	28,537	100%	233,917	100%	12%

Source: USOR 2013; USOR 2010; U.S. Census Bureau, 2010 American Community Survey

Table 1.9 contrasts USOR VR closed cases with all USOR clients served. In 2010, USOR VR served 28,537 disabled persons, 5,196 of whose cases were closed (18%). The majority of cases closed were working age (99%). The distribution of male, female, and working age cases closed by USOR matched the distribution of all USOR clients (18% for all three groups).

Table 1.9: USOR VR Clients Compared to the Utah Disabled Population, by Sex, FY 2010

	USOR All Closed Cases	USOR Client Percent (Closed Cases)	All USOR Clients	USOR Cases Closed as a Percent of all USOR Clients in Category
Male	2,883	55%	15,841	18.20%
Female	2,313	45%	12,696	18.22%
Working Age (18-64)	5,137	99%	28,169	18.24%
Total	5,196	100%	28,537	18.21%

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

Table 1.10 shows USOR clients by age group, as well as the USOR's disabled population by age group. As noted above, almost all of USOR clients are working age, between 18-64 years (99%). USOR serves very few individuals over age 65 (267 or less than 1%), as these individuals tend not to be in the workforce. Slightly over 50% of persons in Utah with a disability are working age (53%), followed by 65 and older (36%), followed by the under 18 age group 11%.

Table 1.10: Age of USOR VR Clients Compared to Utah’s Disabled Population, FY 2010

	USOR Clients	USOR Client Percent	Utah Disabled Population	Utah Disabled Population Percent	Percent Served by USOR
Under 18	101	0.4%	25,455	10.88%	<1%
18-64	28,169	98.7%	124,517	53.23%	23%
65 and Older	267	0.9%	83,945	35.89%	<1%
Total	28,537	100.00%	233,917	100.00%	12.2%

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

Table 1.11 provides data on the racial and ethnic composition of all USOR clients in 2010. The majority of clients served by USOR are white (87%). This is not surprising since 91% of Utah’s population is white. American Indian/Alaskan Native clients comprise 4% of all USOR clientele, followed by Black clients (3%). In 2010, USOR served 3,178 clients of Hispanic or Latino ethnicity (11% of its clients). This percentage is higher than the proportion of Utah’s disabled population that is Hispanic or Latino (8%).

Table 1.12 shows USOR cases closed by employment status. Additionally, among clients whose cases were closed with employment, Table 1.12 shows the benefit, transition age, significance of disability status of the clients. During fiscal year 2010, USOR closed 5,196 cases. More than two thirds (67%) of the closed cases were closed with employment. Among the clients closed with employment, 13% received Social Security Disability Insurance at application, and 6% received Supplemental Security Income; 30% were transition-age (aged 14-24); 20% were coded most significantly disabled; and 78% were coded significantly disabled (2715).

Table 1.11: Race and Ethnicity of USOR Clients Compared to Utah Disabled Population, 2010

	USOR Clients	USOR Client Percent	Utah Disabled Population	Utah Disabled Population Percent
Race				
White	24726	87%	213,476	91%
American Indian or Alaska Native	1189	4%	4,265	2%
Black	954	3%	2,131	1%
Asian	307	1%	2,910	1%
Native Hawaiian and Other Pacific Islander	327	1%	1,321	1%
Other	0	0%	5,069	2%
Two or more races indicated	1,034	4%	4,745	2%
Total	28,537	100%	233,917	100%
Ethnicity				
Hispanic or Latino	3,178	11%	19,510	8%
Source: USOR 2013; U.S. Census Bureau, 2010 American Community Survey				

Table 1.12 USOR VR Closed Cases, by Employment, Benefit, Transition Age, & Significance of Disability Status

	USOR Clients (All Closed Cases)	USOR Client Percent (5,196 Cases)	USOR Employed Percent (3,486 Cases)
Cases Closed with Employment			
SSDI Beneficiary	447	9%	13%
SSI Recipient	222	4%	6%
Transition Age (14-24)	1,032	20%	30%
Most Significantly Disabled	707	14%	20%
Significantly Disabled	2715	52%	78%
Total	3,486	67%	100%
Total Cases Closed			
Employed (Status 26)	3,486	67%	100%
Not Employed (Status 28)	1,710	33%	n/a
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 UTAH?

Table 2.1 compares the number percentages of Social Security Disability Insurance (SSDI) beneficiaries aged 18-64 in the US, Utah, and served by USOR. There were 45,956 individuals aged 18-64 who received SSDI benefits in 2010 in Utah. This is approximately 2.8% of the state's civilian noninstitutionalized disability population aged 18-64. In comparison, 4.5% of the U.S. disability population aged 18-64 received SSDI benefits during the same year. Among its closed cases aged 18-64 in FY 2010, 447 (12.9%) of USOR's clients received SSDI.

Table 2.1: SSDI Beneficiaries as a Percentage of the Disabled Population Aged 18-64, 2010

	Number who Receive SSDI Benefits	Population Age 18-64	Percentage of Population
U.S.	8,753,932	194,296,087	4.5%
Utah	45,956	1,643,396	2.8%
USOR (Cases Closed)	447	3,486	12.8%

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

Table 2.2 compares the number of Supplemental Security Income (SSI) beneficiaries in the US, Utah, and served by USOR, and displays the percentage of each of these populations that receive SSI. Approximately 28,079 individuals living in Utah received SSI benefits in 2010. This is 1% of the state's civilian noninstitutionalized population. In comparison, approximately 2.6% of the U.S. population received SSI benefits in 2010.

Table 2.2: SSI Recipients as a Percentage of the Population , 2010

	Number who Receive SSI Benefits (all ages)	Population	Percentage of Population
U.S.	7,912,266	301,501,772	2.6%
Utah	28,079	2,691,232	1.0%
USOR (Cases Closed)	222	3,486	6.3%

Source: U.S. Census Bureau, 2010 American Community Survey, Statistical Supplement to the Social Security Bulletin, 2011: <http://www.ssa.gov/policy/docs/statcomps/supplement/2011/supplement11.pdf>

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

UTAH VOCATIONAL REHABILITATION CASELOAD DATA COMPARISONS

3. HOW DO THE PROCESSES AND OUTCOMES OF UTAH 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 Utah as it compares with peer states' caseloads and outcomes. The data for this section are from the Rehabilitation Services Administration (RSA) website, and reflect only closed cases rather than all clients 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 comparable 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 Utah's performance. Utah's peer states in 2007 (general/combined agencies) were Colorado, Kansas, Oklahoma and West Virginia, and in 2010 were Colorado, Kansas, Louisiana, and Mississippi. For this report all six of these states will be included in the comparison of 2012 data. Below are select measures which highlight Utah and the peer states.

Table 3.1: Comparison Among Peer States of Funding, FY 2010

Category	UT	CO	KS	OK	WV	LA	MS
Funds Available (US Dollars)							
Final federal VR grant	37,672,947	39,952,101	29,188,253	41,092,230	54,579,169	31,482,174	44,514,376
Nonfederal expenditures (Match)	11,158,484	10,673,366	7,899,743	11,121,595	12,010,031	8,522,557	12,049,357
Program income	1,055,351	1,348,203	752,491	2,220,524	1,093,775	1,200,287	11,889,894
Carryover	9,211,369	4,856,449	3,658,703	33,409,754	1,738,698	2,019,173	13,055,456
Federal supported employment grant	300,000	399,836	300,000	300,000	300,000	357,043	300,000
Total	59,398,151	57,229,955	41,799,190	88,144,103	69,721,673	43,581,234	81,809,083
Funds Used (Dollars and Percent)							
Total FY 2010	51,465,886	58,096,099	34,381,987	59,398,369	52,467,466	56,861,232	71,781,148
Percent change from 2009	19.7%	21.0%	12.0%	35.1%	22.5%	17.2%	9.4%
Source: RSA 9-11 data for FY 2010.							

In FY 2010, the Federal VR grant among Utah’s peer states ranged from approximately \$29 to \$55 million. Utah’s 2010 allocation, \$37,672,947, was slightly below the average of its peers, \$40 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. All of Utah’s peer states experienced an increase in their total budget from 2009 to 2010, ranging from a 9.4% increase in Mississippi’s budget, to a 35.1% increase in Oklahoma’s budget. The increase in Utah’s total budget from 2009 to 2010 was slightly larger than the peer states’ average, 19.7% and 19.5% respectively. See Table 3.1.

In FY 2010, Utah closed 5,196 individual cases. This is the second highest number of closed cases in comparison with peer states. Only the state of Mississippi closed more cases in FY 2010 (6,273 cases). As a function of the agency’s budget, Utah performs very highly among its peer states, with only one state, Kansas, closing more cases with a lower budget per case (\$9,905 and \$8,435 respectively). See Table 3.2.

Disability Populations Served, by Primary Disability	UT	CO	KS	OK	WV	LA	MS	USA Ave. (gen/co mbined)	Comp w/ Peers FY 2010
Total Cases Closed	5196	2135	4076	3392	3076	4802	6273	5,036	2nd highest
Budget (funds used) per Case Closed	\$9,905	\$27,211	\$8,435	\$17,511	\$17,057	\$11,841	\$11,443	N/A	2nd lowest
Visual Impairments	2.5%	6.5%	3.9%	16.6%	3.1%	4.6%	11.7%	3.1%	lowest
Communicative Impairments	4.8%	12.3%	6.6%	8.9%	17.9%	13.7%	19.1%	9.7%	lowest
Physical Impairments	22.7%	21.3%	25.8%	31.6%	32.0%	27.7%	36.3%	24.5%	2nd lowest
Cognitive Impairments	22.0%	30.8%	26.4%	22.1%	29.5%	19.5%	15.8%	29.2%	3rd lowest
Psychosocial Impairments	47.4%	18.3%	32.4%	12.2%	15.4%	24.0%	1.0%	33.5%	highest
Other Mental Impairments	0.6%	10.9%	4.9%	8.5%	2.0%	10.5%	16.0%		lowest

Source: RSA 9-11 data for FY 2010.

The Utah State Office of Rehabilitation serves a diverse population in terms of the type of disabilities of its clients. Disabilities are categorized as: visual impairments, communicative impairments, physical impairments, cognitive impairments, psychosocial impairments, and other mental impairments. The majority of clients served with cases closed by USOR have psychosocial impairments (2,463 individuals, or 47% of the clients whose cases were closed in FY 2010). In comparison, Utah serves a higher percentage of individuals with psychosocial impairments than any of the six peer states. Utah served the lowest percentage of clients with visual, communicative, and other mental impairments in 2010 compared with the six peer states. See Table 3.2.

Sixty-seven percent of individuals whose cases were closed in Utah in FY 2010 after receiving services were employed. Utah had the median employment rate for vocational rehabilitation cases in FY 2010 in comparison with its peer states (67.1%), but was more than fifteen percentage points above the national average (51.6%). Among the peer states, Utah had the third lowest percentage of clients whose cases were closed with competitive employment (98.3%), but this percentage was higher than the national average (96%). Utah had the highest employment rate for cases with a significant disability that were closed in FY 2010 compared to its peer states (65.9%). See Table 3.3.

Table 3.3: Comparison of Select Measures of Closure Performance, FY 2010 (all ages)

Individuals whose cases were closed after receiving services	UT	CO	KS	OK	WV	LA	MS	USA Ave. (gen/combined)	Comp w/ Peers
Number closed with employment	3,486	1,235	1,452	2,292	2,169	2,362	4,557		2nd highest
Employment rate	67.1%	57.8%	35.6%	67.6%	70.5%	49.2%	72.6%	51.6%	median
Percent closed in supported employment	7.2%	16.5%	3.1%	8.9%	3.8%	0.5%	0.5%	4.0%	3rd highest
Percent with competitive employment	92.8%	83.5%	96.9%	91.2%	96.2%	99.5%	99.7%	96.0%	3rd lowest
With employment and significant disability	65.9%	56.6%	33.6%	56.9%	64.3%	46.5%	52.9%	46.7%	highest

Source: RSA 9-11 data for FY 2010.

Utah had a high number of transition age cases compared with the six peer states (1448 cases), but the percentage of transition age cases to total cases (27.9%) is lower than the six peer states' average. The transition age employment rate (71.3%) is highest in Utah among the six peer states, and more than 20 percentage points higher than the national average. See Table 3.4.

Table 3.4: Comparison of Select Measures of Closure Performance, FY 2010 (transition age)

Closure Performance for Transition Age Population	UT	CO	KS	OK	WV	LA	MS	USA Ave. (gen/com bined)	Comp w/ Peers
Total number of transition age cases closed	1448	686	1262	1239	1314	1644	1466	35.2%	3rd highest
Transition age cases closed with employment	1,032	467	439	847	872	638	802	33.4%	highest
Transition age Employment rate	71.3%	68.1%	34.8%	68.4%	66.4%	38.8%	54.7%	48.8%	highest
Percent of transition age served to total served	27.9%	32.1%	31.0%	36.5%	42.7%	34.2%	23.4%	35.2%	2nd lowest

Source: RSA 9-11 data for FY 2010.

In comparison with peer states in fiscal year 2010, Utah had the highest employment rate for clients with cognitive impairments (69%) and mental and emotional impairments (66%). Employment rates for clients with other disabilities are around the median as compared with the six peer states; however, Utah’s employment rates regardless of disability type are above the national average. See Table 3.5.

In comparison with the six peer states, Utah has a smaller than the average staff size (269 employees in 2010). Looking at Utah’s staff size as a percentage of cases closed (5.2%), and cases closed with employment (7.7%), only Kansas has a smaller staff size as a percentage of cases closed (4%), and Utah has the smallest staff size as a percentage of cases closed with employment. The percentages of different types of staff in Utah are similar to the national averages, with the greatest percentage of staff being counselors (45%), followed by staff supporting counselor activities (42.8%). See Table 3.6.

Table 3.5: Comparison of Employment Rate by Disability, FY 2010

Disability Type, by Primary Disability	UT	CO	KS	OK	WV	LA	MS	USA Ave. (gen/com bined)	Comp w/ Peers
Visual impairments employment rate	71.0%	73.2%	42.8%	70.4%	75.8%	52.5%	81.1%	64.9%	median
Physical disorders employment rate	63.8%	39.9%	33.0%	66.6%	68.7%	52.6%	75.7%	49.9%	median
Communicative impairments employment rate	79.4%	83.3%	52.6%	84.7%	90.4%	78.8%	90.7%	74.9%	3rd lowest
Cognitive impairments employment rate	69.1%	66.2%	37.0%	67.0%	68.7%	38.0%	52.2%	50.9%	highest
Mental and emotional (psychosocial) disabilities employment rate	66.3%	48.0%	32.7%	60.1%	55.5%	40.6%	59.0%	45.3%	highest

Source: RSA 9-11 data for FY 2010.

Table 3.6: Comparison of Vocational Rehabilitation Staff among Peer Combined Agencies, FY 2010

Staff Breakdown	UT	CO	KS	OK	WV	LA	MS	USA Ave. (gen/comb ined)	Comp w/ Peers
Total	269	231	165	347	284	314	566	358	3rd lowest
Administrative Staff	10.8%	13.9%	17.0%	6.1%	9.5%	12.4%	10.4%	12.6%	median
Counselor Staff	45.0%	48.5%	48.5%	58.2%	37.3%	37.3%	25.4%	43.9%	3rd highest
Staff Supporting Counselor Activities	42.8%	35.1%	32.1%	33.1%	46.1%	48.1%	60.8%	41.1%	(tied) 3rd lowest
Other Staff	1.5%	2.6%	2.4%	2.6%	7.0%	2.2%	3.4%	2.2%	(tied) lowest
Staff as a percentage of cases closed	5.2%	10.8%	4.0%	10.2%	9.2%	6.5%	9.0%	6.3%	2nd lowest
Staff as a percentage of cases closed with employment	7.7%	18.7%	11.4%	15.1%	13.1%	13.3%	12.4%	14.5%	lowest

Source: RSA 9-11 data for FY 2010.

Compared with its peer states in 2010, USOR served near the median percentage of its clients who receive Social Security Disability Insurance (15.2%). This is lower than the national average percentage of clients who receive SSDI (18.3%). Utah's employment rate among its clients that receive SSDI (56.8%) is higher than the national average (42.8%) and highest among its peer states. See Table 3.7.

Table 3.7: Comparison of Select Measures of Closure Performance, FY 2010 (SSDI beneficiaries)

Closure Performance for Transition Age Population	UT	CO	KS	OK	WV	LA	MS	USA Ave. (gen/com bined)	Comp w/ Peers
Total SSDI Pop served	787	440	1047	459	406	703	426	922	2nd highest
SSDI cases closed with employment	447	214	352	238	229	296	164	394	highest
SSDI Employment rate	56.8%	48.6%	33.6%	51.9%	56.4%	42.1%	38.5%	42.8%	highest
SSDI population percent served to total served	15.2%	20.6%	25.7%	13.5%	13.2%	14.6%	6.8%	18.3%	3rd highest

Source: RSA 9-11 data for FY 2010.

Compared with its peer states in 2010 USOR served the lowest percentage of its clients who receive Supplemental Security Income (9.3%). This is less than half the national average percentage of clients who receive SSI (18.9%). Utah's employment rate among its clients that receive SSI (46%) is higher than the national average (36.9%) and the median among its peer states. See Table 3.8.

Table 3.8: Comparison of Select Measures of Closure Performance, FY 2010 (SSI recipients)

Closure Performance for Transition Age Population	UT	CO	KS	OK	WV	LA	MS	USA Avg. (general/ combined)	Comp w/ Peers
Total SSI Pop served	483	520	933	695	382	932	733	950	2nd lowest
SSI cases closed with employment	222	287	240	341	205	334	312	351	2nd lowest
SSI Employment rate	46.0%	55.2%	25.7%	49.1%	53.7%	35.8%	42.6%	36.9%	median
SSI population percent served to total served	9.3%	24.4%	22.9%	20.5%	12.4%	19.4%	11.7%	18.9%	lowest

Source: RSA 9-11 data for FY 2010.

CONSUMER SURVEY

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

A survey of clients of the Utah State Office of Rehabilitation (USOR) was chosen as the most effective method of collecting data on a large pool of individuals with disabilities in the state. 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 received services under an Individual Plan for Employment (IPE). This status was chosen because they would reflect the greatest “unmet needs” than clients further along in the program. This group had been determined eligible for VR and had been assessed for the significance of their disability. The size of the Status 10 population (over 3,700 individuals) was an appropriate size so as to make sampling unnecessary.

SURVEY TOOL AND RESPONDENTS

CONSUMER SURVEY INSTRUMENT

The consumer survey was divided into three sections: I. Service Needs; II. Barriers to Employment; and III. Other Comments. To mirror the provider survey, the service needs section contained a list of 31 needs within 8 categories. The respondents were asked to indicate whether they need help with the service, if they do not need help, or if they do not know if they need help with the service. There was also an open-ended question, where the respondent could list other needs not included elsewhere. The barriers section asked for the consumer to list the top three things that make it hard for {the consumer} 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 in July 2012. The survey was mailed by USOR to 3,730 eligible individuals (referred to as the population) in September with a second mailing in October. Each survey was coded with a unique ID number so responses could be tracked. Population was supposed to include only individuals age 18 or over in USOR Status 10 at the end of July 2012. Unfortunately, nine respondents under age 18 were inadvertently sent the survey; only one respondent who is under 18 is included in the survey analysis. Surveys were returned by 335 individuals of whom there were 318 useable responses. This resulted in a survey response rate of 8.5% (318/3730). As noted above, consumers could complete and return the hard copy survey or they could complete the survey on-line. Hard copy surveys were returned by most respondents (96% or 303 of useable responses) versus 5% on-line (or 15).

Administrative data obtained from USOR was also coded with the unique survey ID number to allow for matching the administrative data to the survey responses without revealing the identity of the respondents. The administrative data elements were: age, gender, race, ethnicity, education level, significance of disability, SSDI and SSI status at application, and primary disability.

RESPONDENT CHARACTERISTICS

The following tables summarize the demographics of the target population and the respondent pool. The first characteristic is the gender of the respondents. Among respondents, males accounted for 55% and females 45%;

whereas in the Status 10 population males comprised 59% and females 41%. Although a difference is observed in the percentages of the respondents, Chi-Square indicates no significant difference at the <.05 level. Chi-Square is used because it allows a determination to be made as to whether a difference in the respondent pool is due to random chance or other factors resulting in the difference of the respondents to the population. See Table 4.1.

TABLE 4.1 GENDER OF CONSUMER RESPONDENTS

Demographic	Population*		Respondents	
	Count	Percent of Total	Count	Percent of Total
Gender				
Male	2,214	59%	175	55%
Female	1,515	41%	143	45%
Total	3,729	100%	318	100%
No significant difference between respondent group and non-respondents was observed using Chi-Square.				

Looking at age groupings, a large majority of respondents (75%) are in the working age group of 25 to 64. The second largest group is the transition population of 18 to 24. No significant difference is noted between the respondents and Status 10 population based on age. See Table 4.2.

TABLE 4.2 GENDER OF CONSUMER RESPONDENTS

Demographic	Population*		Respondents	
	Count	Percent of Total	Count	Percent of Total
Age Groupings				
Under 18	9	< 1%	1	< 1%
18-24	884	24%	71	22%
25 to 64	2,793	75%	239	75%
65 and over	43	1%	7	2%
Total	3,729	100%	318	100%
*Population was supposed to include only individuals age 18 or over in USOR Status 10 at the end of July 2012. One respondent who was under 18 was included in survey analysis.				
No significant difference between respondent group and non-respondents was observed using Likelihood Ratio.				

Of all 318 respondents to the survey, 92 percent were White which reflects the proportion of the Utah population that has disabilities. All races responded at a slightly lower rate than Whites except Asians. Only two Asians responded of the 46 surveys sent. There was no statistical difference for all racial groups using Chi-Square. See Table 4.3.

Looking at Hispanic ethnicity, only 5% of respondents were of Hispanic ethnicity based on the administrative data. This is a significantly lower percentage than the entire population which was 12%. Unsurprisingly, a significant difference between respondent group and non-respondents is observed using Chi-Square. Given this result, the service needs of Hispanics will be under-reported in the results. See Table 4.4.

TABLE 4.3: RACE OF POPULATION AND CONSUMER RESPONDENTS

Demographic	Population		Respondents	
	Count	Percent of Total	Count	Percent of Total
Race *				
White	3458	89%	301	92%
Black	151	4%	10	3%
Indian	175	4%	11	3%
Asian	46	1%	2	1%
Pacific Islander	64	2%	4	1%
Total	3894	100%	328	100%
* Counts by race include counts for those individuals that marked two or more races. Total count for each will exceed the total population and respondent counts.				
No significant difference between respondent group and non-respondents was observed using Chi-Square.				

TABLE 4.4: ETHNICITY OF POPULATION AND CONSUMER RESPONDENTS

Demographic	Population		Respondents	
	Count	Percent of Total	Count	Percent of Total
Hispanic Ethnicity				
No	2988	88%	302	95%
Yes	423	12%	16	5%
Total	3411	100%	318	100%
A significant difference between respondent group and non-respondents is observed at the <.05 level using Chi-Square.				

Looking at education level at application, respondents are more educated than non-respondents. A statistically significant difference is observed using Chi-Square. This difference could result from individuals with higher educational achievement being more comfortable reading and responding to a survey. This means the survey results could understate the needs of individuals with a lower education level. See Table 4.5

The primary disabilities were grouped into four categories: mental, physical, cognitive and sensory. The mental category was the largest group for both the respondents and non-respondents. For respondents, individuals with

physical disabilities were the next largest group while for the non-respondent group and the entire population the cognitive group is the second largest. Looking at expected counts, lower than expected responses were noted for both the cognitive and mental disability groupings. This is not surprising since individuals with mental or cognitive disabilities may find it more difficult to respond to surveys. See Table 4.6.

TABLE 4.5: EDUCATION LEVEL OF POPULATION AND RESPONDENTS

Demographic	Population		Respondents	
	Count	Percent of Total	Count	Percent of Total
Education level at application				
No formal schooling	6	<1%	0	0%
Elementary education	50	1%	1	<1%
Secondary education no diploma	760	20%	56	18%
Special education certificate of completion	69	2%	8	3%
HS graduate or equivalency	1712	46%	136	43%
Post-secondary education, no degree	685	18%	55	17%
Associates degree or vocational/technical certificate	287	7.8%	32	10%
Bachelor's degree	135	4%	25	8%
Master's degree or higher	25	<1%	5	2%
Total	3729	100%	318	100%
A statistical significant difference at the <.001 level is observed using Likelihood Ratio.				

TABLE 4.6: PRIMARY DISABILITY CATEGORIES BY POPULATION AND RESPONDENTS

Disability Categories	Population		Respondent	
	Count	Percent of Total	Count	Percent of Total
Mental	1833	49%	133	42%
Physical	846	23%	94	30%
Cognitive	941	25%	73	23%
Sensory	109	3%	18	6%
Total	3729	100%	318	101.00%
Percentages may not sum to 100 due to rounding.				
A significant difference between the respondent group and non-respondents is noted at the <.05 level using Chi-Square.				

Looking at significance of disability, individuals coded as having the most significant disability were more likely to respond to the survey. Given that this group is one of three target groups that must be addressed in the state plan, this higher response rate is viewed as beneficial. The response rate between groups is statistically different at the <.05 level using Chi-Square. See Table 4.7.

TABLE 4.7: SIGNIFICANCE OF DISABILITY OF POPULATION AND RESPONDENTS

	Population		Respondent	
	Count	Percent of Total	Count	Percent of Total
Significance of Disability				
Most significant	760	20%	92	29%
Significant	2941	79%	225	71%
Not disabled	28	1%	1	<1%
Total	3729	100%	318	100%
A significant difference between the respondent group and non-respondents is noted at the <.05 level using Likelihood Ratio.				

Looking at the receipt of government benefits at the time of application for USOR services, survey respondents receiving SSDI were significantly more likely to respond to the survey than the other Status 10 population. The same is true for General Assistance (GA) recipients. In contrast, there was not a significant difference between respondents and non-respondents in terms of receipt of SSI or Temporary Assistance for Needy Families (TANF). See Table 4.8.

TABLE 4.8: RECEIPT OF BENEFITS BY POPULATION AND RESPONDENTS

		Population		Respondent	
		Count	Percent of Total	Count	Percent of Total
Benefits					
SSI *	Received at application	353	10%	39	12%
	Not received at application	3376	91%	279	88%
SSDI **	Receive at application	532	14%	75	24%
	Not received at application	3197	86%	243	76%
TANF *	Receive at application	98	2.6%	1	< 1%
	Not received at application	3631	97%	317	100%
GA **	Receive at application	104	3%	6	2%
	Not received at application	3625	97%	312	98%
* No significant difference noted at <.05 level using Fisher’s Exact Test.					
** Significant difference noted at <.001 level using Fisher’s Exact Test.					

RESULTS: CONSUMER SERVICE NEEDS

The purpose of the consumer survey was to assess what vocational rehabilitation clients perceive as their unmet needs and barriers to successful employment outcomes. To more precisely target the needs of consumers, a list of 31 service needs was included in the survey and 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 is included in the Appendix. Table 4.9 provides the entire list of service needs and summarizes the responses sorted by areas in which needing help was most commonly indicated. The following summarizes the responses in terms of greatest service needs, and service areas in which the client is not sure if they need services.

Fifty- five percent or more of the respondents indicated needing help in each of the following areas:

HELP IS NEEDED

1. Locating employers with suitable job openings (76%)
2. Paying for a school or training program including books or tools (74%)
3. Learning what jobs are available (69%)
4. Choosing a suitable job (68%)
5. Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits (66%)
6. Understanding how work will impact my benefits (62%)
7. Understanding my health benefits and finding providers (59%)
8. Job coaching (assistance with applying for and learning a job) (57%)
9. Choosing a school or training program (57%)
10. Writing a resume and preparing for a job interview (55%)

Clients could also indicate they do not need help in an area. The top ten areas in which the least help is needed are highlighted below, and sorted by the area in which the fewest indications of need were noted. Each of these ten areas of need received at least 175 or more responses-- representing 55% or more of the respondents--indicating that help was **not** needed. See list below

HELP IS NOT NEEDED

1. A wheelchair, scooter or other mobility device (81%)
2. Equipment that aids communication with others (80%)
3. Environmental controls (79%)
4. Hearing devices (78%)
5. Wheelchair accessible personal transportation including vehicle modifications (78%)
6. Visual Aids (78%)
7. Changes to improve accessibility inside the home (75%)
8. Personal care assistance (65%)
9. Maintaining or repairing a home (57%)
10. Obtaining mental health or substance abuse counseling (55%)

Looking at the service needs in which the respondent indicated they do not know if they need help, the most common responses are noted in the list below. The "I don't know" response could also be interpreted as "maybe." The most commonly noted area of need in which people were unsure they need help was pursuing self-

employment which was indicated by 22% of the respondents and dealing with discrimination received 17%. In regard to dealing with discrimination, respondents may not have been sure if they were being discriminated against.

DO NOT KNOW IF I NEED HELP

1. Pursuing self-employment (22%)
2. Dealing with discrimination related to my disability (17%)
3. Appealing a loss or denial of benefits (15%)
4. Supported employment services (13%)
5. Job coaching (assistance with applying for and learning a job) (13%)

Table 4.9 Consumer Service Needs Sorted by Frequency of Response to “I Need Help” (n=318)

Rank by "need help"	Service Need (All Consumers)	I need help		I do not need help		I do not know	
		N	%	N	%	N	%
1	Locating employers with suitable job openings	242	76	54	17	12	4
2	Paying for a school or training program including books or tools	234	74	51	16	24	8
3	Learning what jobs are available	219	69	69	22	20	6
4	Choosing a suitable job	213	67	68	21	25	8
5	Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	210	66	70	22	24	8
6	Understanding how work will impact my benefits	197	62	78	25	29	9
7	Understanding my health benefits and finding providers	187	59	87	27	27	9
8	Job coaching (assistance with applying for and learning a job)	182	57	80	25	41	13
9	Choosing a school or training program	177	57	88	28	38	12
10	Writing a resume and preparing for a job interview	174	55	102	32	28	9
11	Assessing my interests and abilities	172	54	101	32	30	9
12	Improving self-advocacy skills	165	52	97	31	37	12
13	Obtaining life skills, such as money and time management, or getting along with people	161	51	111	35	31	10
14	Supported employment services	148	47	112	35	42	13
15	Pursuing self-employment	140	44	81	26	72	23
16	Finding and paying for a place to live	139	44	145	46	21	7

Rank by "need help"	Service Needs (All Consumers)	I need help		I do not need help		I do not know	
		N	%	N	%	N	%
17	Assistance with car maintenance, repairs or gasoline	132	42	146	46	25	8
18	Public transportation such as bus, light rail, or train (including wheelchair accessible)	130	41	139	44	34	11
19	Obtaining prescription drugs	113	36	163	52	18	6
20	Maintaining or repairing a home	101	32	181	57	21	7
21	Obtaining mental health or substance abuse counseling	93	29	175	55	27	9
22	Dealing with discrimination related to my disability	93	29	156	49	54	17
23	Appealing a loss or denial of benefits	93	29	157	49	49	15
24	Personal care assistance	61	19	205	65	34	11
25	Changes to improve accessibility inside the home	32	10	238	75	23	7
26	Visual Aids	31	10	248	78	15	5
27	Hearing devices	28	9	249	78	15	5
28	Environmental controls	21	7	251	79	22	7
29	Equipment that aids communication with others	20	6	255	80	20	6
30	A wheelchair, scooter or other mobility device	19	6	256	81	18	6
31	Wheelchair accessible personal transportation including vehicle modifications	18	6	249	78	25	8

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 groups are: 1) Individuals with most significant disability, 2) individuals with significant disability, and 3) Individuals without a significant disability.

In analyzing the needs of those coded as most significantly disabled, comparisons were made between the needs of individuals in Group 1 (n=92) with individuals in Groups 2 and 3 combined (n=226). Individuals coded as most significantly disabled expressed higher frequency of needs when compared with the rest of the consumers. For example, 80% of individuals coded as most significantly disabled indicated they needed help with "locating employers with suitable job openings" compared with 74% of all other consumers. Individuals with most significant disabilities rated the need for "understanding how work will impact my benefits" in second place (tied) compared with the list for all other respondents where the same statement was ranked sixth. This is logical because people coded as most significantly disabled receive Social Security Disability benefits and they are likely to have a high level of concern about earnings affecting their benefits. The largest difference was on the need "writing resume and preparing for a job interview" in which 69% of individuals coded as most significantly disabled needed help, compared with 49% of all other consumers. Other than frequency of needing help in most areas, the rank order of the lists was very similar. Table 4.10 shows the services needed as indicated by more than 50% of respondents coded as most significantly disabled. Table 4.11 shows the service needs for all other respondents.

Analyzing the differences in the populations using Pearson's Chi-Square, individuals coded as most significantly disabled expressed higher frequency of needs compared to all other respondents. It is important to consider the increased needs of this population and take them into account as services are being planned. The following need areas were higher for individuals coded as most significantly disabled (statistical significance levels are noted).

- Writing a resume and preparing for a job interview (p<.01)
- Job coaching (p<.05)
- A wheelchair, scooter, or other mobility device (p<.05)

It was also found that fewer individuals coded as most significantly disabled needed assistance with finding and paying for a place to live (Chi-Square p<.05).

TABLE 4.10 SERVICE NEEDS FOR PEOPLE CODED AS MOST SIGNIFICANTLY DISABLED

Service Needs for People Coded as Most Significantly Disabled	Coded as Most Significantly Disabled (n= 92)		
	n	%	Rank
Locating employers with suitable job openings	74	80%	1
Learning what jobs are available	67	73%	2
Understanding how work will impact my benefits	67	73%	2
Choosing a suitable job	64	70%	4
Paying for a school or training program including books or tools	64	70%	4
Writing a resume and preparing for a job interview	63	69%	6
Job coaching (assistance with applying for and learning a job)	63	69%	6
Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	56	61%	8
Understanding my health benefits and finding providers	54	59%	9
Choosing a school or training program	52	57%	10

TABLE 4.11 SERVICE NEEDS FOR PEOPLE CODED SIGNIFICANTLY OR NOT SIGNIFICANTLY DISABLED

Service Needs for People Coded Significantly Disabled and Not Significantly Disabled	Significantly Disabled and not Significantly Disabled (n= 226)		
	n	%	Rank
Paying for a school or training program including books or tools	170	75%	1
Locating employers with suitable job openings	168	74%	2
Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	154	68%	3
Learning what jobs are available	152	68%	4
Choosing a suitable job	149	66%	5
Understanding my health benefits and finding providers	133	59%	6
Understanding how work will impact my benefits	130	58%	7
Choosing a school or training program	125	55%	8
Assessing my interests and abilities	123	54%	9
Job coaching (assistance with applying for and learning a job)	119	53%	10
Improving self-advocacy skills	119	53%	10

AGE OF RESPONDENTS IN RELATION TO SERVICE NEEDS

The top five needs ranked highest by transition age respondents (18-24 years old) were the same for all respondents and for everyone 25 years and older. Three need areas were ranked higher by transition age youth than clients in the older group: writing a resume and preparing for a job interview (tied for sixth rank), improving self-advocacy skills (tied for ninth rank), and obtaining life skills training (eighth rank). See Table 4.12.

TABLE 4.12 SERVICES NEEDED BY AGE GROUP

Service Need by Age of Client - Consumer Survey	Age between 16-24 (n=69)			Age 25 and older (n=239)		
	n	%	Rank	n	%	Rank
Locating employers with suitable job openings	56	81%	1	180	75%	1
Paying for a school or training program including books or tools	51	74%	2	178	75%	1
Learning what jobs are available	51	74%	2	162	68%	3
Choosing a suitable job	47	68%	4	161	67%	4
Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	46	67%	5	159	67%	4
Job coaching (assistance with applying for and learning a job)	42	61%	6	136	57%	8
Writing a resume and preparing for a job interview	42	61%	6	127	53%	11
Obtaining life skills, such as money and time management, or getting along with people	40	58%	8	115	48%	13
Understanding how work will impact my benefits	39	57%	9	153	64%	6
Assessing my interests and abilities	39	57%	9	130	54%	10
Improving self-advocacy skills	39	57%	9	120	50%	12

PRIMARY DISABILITY AND SERVICE NEEDS

Looking at services needs by Primary Disability Causing Impairment in Table 4.13, findings indicate that the ranking of service needs are similar across the four subgroups. A few differences are worth noting: choosing a school or training program is a much higher priority--above 50% of participants requested this service--except those with sensory impairments. Only 22% of individuals with sensory impairments requested help with a school or training program. The full table is available in the Appendix.

TABLE 4.13 SERVICE NEEDS BY PRIMARY DISABILITY CAUSING IMPAIRMENT

Service Needs	Sensory (n=18)		Physical (n=94)		Cognitive (n=73)		Mental (n=133)	
	%	Rank	%	Rank	%	Rank	%	Rank
Paying for a school or training program including books or tools	39%*	6	80%	1	69%	3	77%	1
Locating employers with suitable job openings	72%	1	78%	2	78%	1	74%	2
Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	56%	3	69%	4	58%	8	70%	3
Choosing a suitable job	44%	4	68%	6	67%	4	69%	4
Learning what jobs are available	67%	2	69%	4	73%	2	67%	5
Understanding how work will impact my benefits	39%	6	72%	3	56%	9	61%	6
Improving self-advocacy skills	33%	12	42%	14	53%**	12	61%**	6
Understanding my health benefits and finding providers	39%*	6	64%*	7	56%	9	59%	8
Choosing a school or training program	22%*	17	59%*	9	53%	12	59%	8
Job coaching (assistance with applying for/ learning a job)	44%	4	52%	10	64%	5	59%	8
Obtaining life skills, such as money and time management, or getting along with people	33%	12	42%	14	53%	12	58%	11
Assessing my interests and abilities	39%	6	49%	12	62%	6	56%	12
Writing a resume and preparing for a job interview	39%	6	60%	8	59%	7	51%	13

Service Needs	Sensory (n=18)		Physical (n=94)		Cognitive (n=73)		Mental (n=133)	
	%	n	%	n	%	n	%	n
Finding and paying for a place to live	33%	12	36%	17	44%	15	50%	14
Supported employment services	28%	16	40%	16	55%	11	49%	15
Public transportation such as bus, light rail, or train (including wheelchair accessible)	33%	12	36%	17	34%	20	49%	15
Assistance with car maintenance, repairs or gasoline	6%	28	45%**	13	36%	18	47%**	17
Pursuing self-employment	22%	17	52%*	10	38%	16	44%	18
Obtaining prescription drugs	17%	22	32%	19	36%	18	41%	19
Obtaining mental health or substance abuse counseling	17%	22	23%	23	22%	23	39%*	20
Appealing a loss or denial of benefits	22%	17	29%	22	21%	24	35%	21
Maintaining or repairing a home	17%	22	32%	19	37%	17	31%	22
Dealing with discrimination related to my disability	22%	17	30%	21	27%	21	31%	22
Personal care assistance	17%	22	16%	25	25%	22	19%	24
Changes to improve accessibility inside the home	11%	27	13%	27	12%	25	7%	25
Visual Aids	22%**	17	19%**	24	1%	31	6%	26
Hearing devices	39%**	6	12%	28	3%	29	6%	26
Environmental controls	6%	28	11%	29	6%	26	5%	28
A wheelchair, scooter or other mobility device	0%	31	14%*	26	3%	29	3%	29
Equipment that aids communication with others	17%	22	11%	29	4%	27	3%	29
Wheelchair accessible personal transportation including vehicle modifications	6%	28	11%	29	4%	27	3%	29
*Chi-Square significance at <.05 level; **Chi-Square significance at <.01 level.								

Statistical analysis was conducted on the differences between groups based on primary disability. Chi-Square levels are indicated in Table 4.13. The following service needs are those that showed differences that were significantly higher than expected or lower for the specific primary disability.

- Pursuing self-employment – Physical (higher)
- Choosing a school or training program – Sensory (lower)

- Paying for school or training program – Sensory (lower)
- Improving self-advocacy skills – Cognitive and Mental (higher)
- Understanding health benefits and finding providers – Physical (higher); Sensory (lower)
- Obtaining mental health and substance abuse counseling – Mental (higher)
- Assistance with car maintenance, repairs or gas – Physical and Mental (higher)
- Visual aids – Sensory and Physical (higher)
- Hearing devices – Sensory (higher)
- Wheelchair, scooter or other mobility device – Physical (higher)

OTHER SERVICE NEEDS AND BARRIERS IDENTIFIED BY CONSUMERS

The next section of the survey asked consumers to write in: “Other areas you need help with that have not been mentioned already,” and “What are the top three things that make it hard for you to get and keep a job?” These were both open ended questions thus responses varied significantly; yet patterns in responses were observed. The responses tended to repeat each other, such as I have a mental health problem and my mental health problem prevents me from working. So responses were coded together. The investigator read through responses from all the consumer surveys and identified common patterns or themes. The investigators then read through the surveys a second time and coded each response into one of the themes. Ultimately, responses to both questions were coded together into thirty-four themes including a code for “no comment” and an “other” code for responses that did not fit into one of the themes and were noted only once. The entire list of “Other Needs and Barriers” can be found in the Appendix. Table 4.14 summarizes the frequencies for the categories used in coding the other needs and barriers question.

TABLE 4.14 BARRIERS TO EMPLOYMENT IDENTIFIED BY CONSUMERS

Other service needs and barriers to employment (open-ended questions)	(n=271)	% Noting Barrier
Physical limitations, health	90	33%
Mental Health issues (including Bipolar, depression, anxiety, ADD/ADHD, depression)	77	28%
Other	62	23%
Transportation issues (including those related to employment such as cannot take bus, do not have car, no driver license)	61	23%
Lack of education or skills training, including computer	54	20%
Soft skills training needed including interpersonal/social skills, interview skills, money and time management; decision making	50	18%
Cognitive issues	34	13%
Medical needs (such as conflicts between work and doctor appointments, medication schedule conflicts with job, paying for medication and Dr. visits)	33	12%

Other service needs and barriers to employment (open-ended questions)	(n=271)	% Noting Barrier
Financial constraints including poverty and inadequate income. Cannot pay financial obligations	30	11%
Need a job/ need an employer willing/able to hire me (no reference to discrimination)	30	11%
Assistance with barriers to education (funding for education, tutoring, school application process)	23	8%
Fear & lack of confidence; lack of self-advocacy	21	8%
Not clear what jobs are available; do not know how to look for job	21	8%
Age	19	7%
USOR complaint/feedback	19	7%
Employer and social discrimination, stigmas, societal stereotypes; lack of disability awareness by public	18	7%
Lack of experience; Job History	18	7%
Housing	18	7%
Lack of motivation & boredom; dependence on system	17	6%
Assessing interests; choosing appropriate/satisfying field/career;	16	6%
Time constraints	16	6%
Issues with government benefits (unemployment, SSDI, SSI, applying for benefits)	15	6%
Criminal history/felon	14	5%
Lack of family/social/community support	14	5%
Substance Abuse issues (including drug and alcohol)	11	4%
Employment benefits issues and/or lack of medical insurance	11	4%
Clothing	11	4%
Problems with reading & writing, comprehension (literacy related)	9	3%
Lack of specialty services (brain injury, job finding/placement, job coaching, sign language, adaptive technology, aids for low vision or hearing)	9	3%
Child care	9	3%
Economic factors (bad economy, lack of jobs)	7	3%
Disability specific issues not noted in other category	4	1%
Assistance with self-employment	3	1%
Professional certification or licensing (such as commercial driver's license (CDL)	2	1%

The words of the respondents describe the categories in better detail than a label can provide. As such, the following sections explain the most frequently noted categories using the actual words and expressions of the respondents. The codes for which 10% or more respondents indicated the barrier are included.

1. PHYSICAL LIMITATIONS/HEALTH – OTHER SERVICE NEEDS AND BARRIERS (33%)

The most common barrier identified by consumers was their physical limitations or health concerns. Many reported experiencing pain. Some identified the conditions that caused the pain such as bad backs, fibromyalgia, dental pain, no cartilage in knees, and injury due to bike accident. The implications of these physical conditions limit the mobility and performance of the body. Examples of some limitations mentioned are: cannot use right arm, embarrassed by dental problems, cannot sit, cannot stand, cannot lift more than 10 pounds, cannot hear, back freezes up, quadriplegia, and seizures.

2. MENTAL HEALTH ISSUES (INCLUDING BIPOLAR, DEPRESSION, ANXIETY, ADD/ADHD, DEPRESSION) (28%)

The second highest number of comments about barriers to working by consumers was mental health issues. Specific conditions listed include: depression, anxiety, psychosis, paranoia, delusions, dyslexia, impulsivity, bipolar, panic attacks, PTSD, memory problems, social anxiety, voices in my head, hallucinations, antisocial personality, behavior disorder, agoraphobia, ADD, mental breakdowns, and ADHD. The limitations that result from these conditions were reported as: inability to concentrate, short attention span and inability to stay focused on repetitive tasks, cannot function every day, not enough emotional/mental energy, memory problems, cannot tell time, count money or ride bus independently, cannot keep a business with my mental disability, hard time with people in crowds, get overwhelmed with condition, memory loss, and no information retention, see letters and numbers backwards.

3. TRANSPORTATION ISSUES (INCLUDING THOSE RELATED TO EMPLOYMENT SUCH AS CANNOT TAKE BUS, DO NOT HAVE CAR, NO DRIVER LICENSE) (23%)

The next highest mentioned category was transportation. Consumers listed the following problems related to their disability that interfered with obtaining transportation: do not drive due to attention span, cannot see well enough to drive, cannot sit due to back and knee pain, no driver's license, have no transportation in my area, cannot afford driver license fee and court fines (for reinstatement), need money for transportation, I venture out on the bus but my walking is unstable, need glasses to drive, need bus pass, need transportation, no car to get around or even to the bus, severe fatigue and nausea prevents driving, constant pain makes it hard to get to and from work, spine is degenerating makes it hard to sit and stand, lost driver license (DUI), and need help to pass written driver's test.

Limitations to transportation resulted in the following: cannot get to my job, hard to find work nearby, long distances are hard to get to for a person with disability, cost of gas, cannot work nights, job has to be in walking distance, transportation when bus or bike won't do (timing and weather).

4. LACK OF EDUCATION OR SKILLS TRAINING, INCLUDING COMPUTER (20%)

Many consumers cited lack of education and skills training as significant barriers to work. Some of the education/training barriers were directly related to the individual's disability, while other obstacles were related to preparing for a job. Problems related to the person's disability were listed as: inability to type/learn new things quickly, lack of education, lack of skills, lack of confidence, all I know how to do is swing a hammer, do not have the right skills, all the jobs I have ever done require heavy lifting, lack of schooling, lack basic adult education (math),

knowing how to keep a business if self-employed, or a job with my mental disabilities, I'm not allowed to get a job. If I even try to do to work I go to jail, cannot operate a computer, do not have high school certificate, high educational level, high age, low professional experience, limited ability in certain basic skills, no job record.

Some of the specific needs requested were: need equipment necessary to learn skills for a new career, finding a mentor, on the job training would be great, jobs I could do from home, certificate in a trade that will help with medical expenses, finances to help with new line of employ, Internet/typing or computer literate, college tutor, knowing where to find experience and training I lack, re-training in new computer programs, recertification in equipment usage (forklift, backhoe, CDL), list of (better fitting) jobs for those who have back issues, getting training at a pace slow enough to learn the job well.

5. SOFT SKILLS TRAINING NEEDED INCLUDING INTERPERSONAL/SOCIAL SKILLS, INTERVIEW SKILLS, MONEY AND TIME MANAGEMENT; DECISION MAKING (20%)

A large number of consumers identified communication as a problem for them. Some stated they need help with better communication with people in general, meeting people, making friends, having closer friends, finding social activities, socializing with other people, difficulty in group situations, difficulty with social cues and social boundaries. Other respondents related their interpersonal issues to a disability: "I'm antisocial; don't like people much" and another indicated problems with "social skills-related to Asperger's." A third person stated he wanted help with "coping skills-- helping obtain what I want to do instead of someone dictating me to do." How to disclose a disability was a source of anxiety for one respondent.

Several respondents expressed having difficulty with behaviors that interfere with work: being dependable, following a routine, "motivation, desire to get up and be somewhere in the mornings," "time--struggle to be punctual, being on time, impulsivity, short attention span, initiating tasks," and "Don't say the wrong thing." Several comments focused on job interviews. Respondents expressed they are "anxious in an interview situation," "have difficulty understanding and answering questions in an interview," and knowing "what to say at an interview." Another respondent admitted he is afraid of, "the interview itself: I'm too shy to be considered."

A final group of comments related to life skills such as money management, including managing bank accounts, doing taxes, and budgeting. One respondent said she needed "help with money issues (I have none of it)." A respondent, who completed the survey for a person with an intellectual disability, expressed the person's deficits as: "cannot tell time, count money, ride bus independently." Another respondent requested help with parenting skills.

6. COGNITIVE ISSUES (13%)

A large number of consumers identified cognitive /mental issues as barriers to successful employment. Some comments were: "Because of scar tissue on my brain, I do not learn things as quickly as I use to and I have memory issues." "I'm learning disabled. Skills are limited." "IQ below 65 cannot read." Finally, another respondent is stymied by not having a diagnosis or obvious treatment: "The unknown of my health--what's wrong? How is it treated? Until then-I don't even know how to consider working."

The resulting functional limitations that affect cognitive processing comprised the largest number of comments in this category. Symptoms of a traumatic brain injury were described thusly: "Ability to comprehend complex situations. Frustration over change, Lack of focus on long-term goals." Other respondents described their thinking problems in these ways: "I have memory issues"; "frustration with thinking errors"; "low IQ—fear of not being able

to do the job and getting fired”; “ability to concentrate with my problems--and daily activities. I have problems with my brain sometimes”; “mostly I have trouble processing (large amounts of) information since I got sick.” One respondent described her reaction when she realized she does not understand instructions at her job: “I do not ask the questions I should about the job . . . understand things right away when people are explaining them to me. And then I do not ask people to explain what they’re talking about. . . better to just let it go.”

A few comments recommended strategies for dealing with thinking problems: “Need for longer time to learn tasks and apply them to memory. Notes are slow too and can't always work.” “Getting training at a pace slow enough to learn the job well”; and “Needing a job coach who is really interested in helping me.”

7. MEDICAL NEEDS, SUCH AS CONFLICTS BETWEEN WORK AND DOCTOR APPOINTMENTS, MEDICATION SCHEDULE (12%)

The category of medical needs was created to distinguish conditions that have broad functional and social limitations from the category of physical health (see number 1 barrier above) that describes conditions that impede bodily movement. The words of the respondents give a rich portrayal of how their medical issues interfere with their lives. The following comments are direct quotes: “Getting a job and keeping it; with my mental illness I have breakdowns and am hospitalized [need help in] finding an employer who will work with me”; “Health issues. Don't sleep well, working on that. Depression, Working on that. Just too many things seem to pop up and I miss work. Not a good candidate for employment”; “My bipolar and not taking my pills”; “Finding suitable employment during my dialysis and beyond” ; “Mostly I have trouble processing (large amounts of) information since I got sick; making sense of all the doctors, test results, papers; knowing what documents are important and keeping them organized--medical, bills, Medicaid, Social Security... organizing all the health details to effectively discuss the issues with all the doctors”; “I was working with vocational rehabilitation but put it on hold until I got on Interferon for my hepatitis C. It will take 6 months to 8 months for treatment.” “Tolerance with work schedule due to eating & health related to diabetes and epilepsy and seizures.

Respondents also listed specific services that they needed in relation to their medical needs: “Proper chair to alleviate low back pain, affordable back & knee supports”; “Transportation: I venture out on the bus, but my walking is unstable and I'm afraid to go too far.” “Need housing & people to help meds and tracking. Emotional support”; “Finding suitable employment during my dialysis and beyond; Finding suitable training/education certificate in a trade that will help with medical expenses; Finding a home to live in without burdening my parents.”

8. FINANCIAL CONSTRAINTS INCLUDING POVERTY AND INADEQUATE INCOME. CANNOT PAY FINANCIAL OBLIGATIONS (11%)

Respondents listed financial constraints related to being unemployed with a disability. The first issue is expenses specifically related to their disability, and second is the costs of living for supporting themselves and sometimes other family members. Expenses related to their disability are: “Assistance w/ Medical bills not covered by insurance or balances. Pain management clinic.” “Dental insurance costs. Currently checkups not covered. Shouldn't have to wait for emergency to be covered.”

Expenses related to supporting themselves are described with these words: “SSDI or SSI are being used up before one food items necessary for living (clothes etc.) are accessible. Food stamps and HEAT assistance are big help but don't cover enough.” “Eye/vision care and glasses, utility bills,” “Financial cost of training, books, etc.,” “Getting

prescription glasses, filing bankruptcy/debt issues.” “Grocery shopping, cleaning house, paying bills,” “I need to find a way to pay for a place to live.” Respondents also described financial obligations in relation to supporting other family members: “I am currently acting as caregiver for my mom who has senile dementia. My family refuses (brother) to give me any financial recompense.” “How to get extra money living with someone that you care for?” “Default divorce and back child support.”

9. OTHER NEEDS AND BARRIERS NOT LISTED ELSEWHERE (23%)

One category was created to hold responses to the other needs and barriers questions that did not seem to fit in any other of the 33 categories. Survey respondents noted almost 1,300 other needs and barriers. Quotations from respondents that fit in this category are listed below: “Writing business plan, Financing-loans.” “Legal advice and aid for child support so I will get a paycheck.” “Determining what type of guardianship I need over my son then obtaining it.” “Receiving on-the-job training using assistive technology.” “Getting Medicaid in place before I turn 19 & CHIP expires. Getting guardianship turned over to my mother.” “It would be nice to have a handicap bathroom that’s easier to get in & out of.” “More educational books on tape so I can listen to them instead of read them.” “The disabilities help in Utah is not available for anyone who has an income of an executive. No one is trained to help anyone who earns more than \$50/hr.” “Chemicals perfumes-cleaners. Smokers. Men and women have no portion control -on their perfumes and colognes.”

In addition, the final question of the survey provided consumers an opportunity to provide other comments. Upon review of these comments, it was determined that many continued to list barriers or factors impacting their employment that were already coded. These included comments detailing: their mental health issues that impacted their ability to work, the fact that they cannot find work, their physical or mental disability impacting their ability to work, or self-confidence issues. A list of other comments from both Provider and Consumer surveys are contained in the Appendix.

PROVIDER SURVEYS

5. WHAT DO REHABILITATION PROVIDERS PERCEIVE AS UNMET NEEDS AND BARRIERS TO SUCCESSFUL OUTCOMES FOR THEIR CLIENTS? HOW DO PROVIDER PERCEPTIONS OF NEEDS AND BARRIERS COMPARE WITH THE CLIENTS’ PERCEPTIONS?

Providers were surveyed in order to obtain a different perspective on the rehabilitation needs of individuals with disabilities than that of consumers. Providers see people with varying types of impairments and disabling circumstances and are more aware of the broad range of services that are available. Thus providers are able to comment not only on the needs of the individuals they serve, but also the availability of services. Three groups of service providers were selected to be surveyed: USOR employees, Department of Workforce Services (DWS) employment counselors, and all other community rehabilitation providers. The All Other Provider group included the Veterans Administration Vocational Rehabilitation Counselors, Deseret Industries Rehabilitation Counselors, and Worker’s Compensation Fund of Utah Vocational Rehabilitation Counselors. Also, the Utah Association of Community Services, Utah Behavioral Health Network, and the Division of Services for People with Disabilities sent surveys to their members and contract providers. More than 50 provider organizations were asked to participate in the survey.

PROVIDER SURVEY INSTRUMENT

Part I of the provider survey asked for background information 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).

Part II asked for the top three barriers that prevent clients from achieving successful outcomes. Questions in this section were open-ended and thus produced data that required qualitative analysis. The researchers downloaded the qualitative data into Excel and read through all the comments to identify common themes in both surveys. Thirty-four themes were identified among all surveys. These themes were then used to code the data from the barriers question of the provider surveys.

Part III asked for identification of groups that are unserved or underserved in the community and asked for recommendations to meet the needs of the unserved and underserved groups. These data were also qualitative and were analyzed in a similar manner to Part II.

Part IV of the provider survey presented the list of 31 service needs used in the consumer survey grouped into eight categories:

- A. Career or job decision making and selection
- B. Education and training
- C. Job search
- D. Health care and other benefit programs
- E. Transportation
- F. Housing
- G. Legal and advocacy services
- H. Support services and assistive technology

The survey questions were the same for all provider groups. A print copy of the online survey used for the USOR group is in the Appendix.

The full list of service needs within each category is contained in tables to follow, and can be viewed in the Appendix. The Part IV questions asked the respondent to mark, "How many of the people with disabilities you serve typically need this service?" This was labeled the frequency scale. Responses for the frequency scale questions and their values were "none"=0, "some"=1, "most"=2, "all"=3, and "don't know"=DK. If the respondent indicated "some," "most," or "all" for the service need, he/she was then asked "How available is this service for people to obtain?" This second set of questions was labeled the availability scale. Responses for the availability scale and their values were: "never available"=0, "sometimes available"=1, "usually available"=2 and "always available"=3. The end of Part IV had space for the respondent to write in additional service needs that had not previously been listed, and finally for additional comments.

GROUPS SURVEYED

The providers were divided into three groups to permit separate analyses: 1) Utah State Office of Rehabilitation (USOR) employees, 2) Department of Workforce Services (DWS) employment counselors, and 3) all other providers.

Emails with links to the survey were sent to contact persons in each of the identified agencies beginning on November 16, 2012. Reminder emails were sent approximately two weeks after the first email to increase response rates. All provider surveys were closed to additional responses on December 31, 2012.

SURVEY ANALYSES

Service need and availability variables were treated as continuous data, and arithmetic means were computed for each. A list of the need variables was then ranked from the largest mean as number 1 rank to the smallest mean as number 31. The rankings were compared across the three provider groups (USOR, DWS, and All Other Providers). The level of need for the service was defined as “demand” for a service. The availability variables were separately ranked from the largest mean (i.e., most available) as number 1 to number 31 as least available. The level of availability was defined as the “supply” of the service. The differences between demand and supply rankings were also compared across provider groups. If the demand for a service is much larger than the supply, this is an issue that needs attention. For this survey, researchers chose to use a difference of 10 or more points between demand and supply to indicate an area that deserves further consideration. Qualitative data (barriers, unserved and underserved groups, other needs not listed, and comments) were imported into Excel and reviewed for themes. These data were then coded and sorted by themes.

RESULTS: PROVIDER SURVEYS

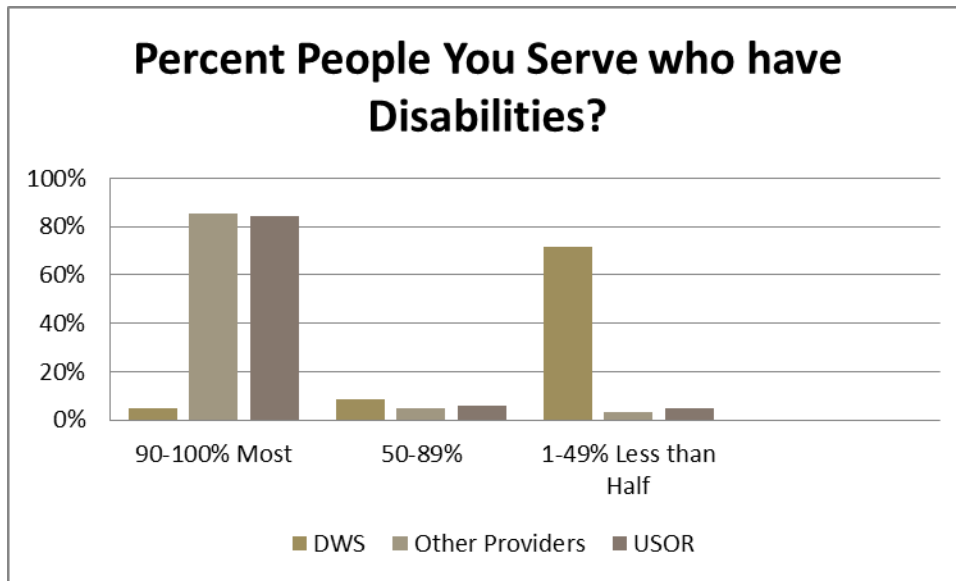
RESPONDENT CHARACTERISTICS OF PROVIDERS

A total of two-hundred-sixty-six (266) providers from all three groups responded to the survey. One hundred twenty-three (123) USOR employees responded to the survey; eighty-one (81) DWS employees, and sixty-two (62) from the All Other Providers group responded to the survey.

PERCENT SERVED WITH DISABILITIES

When asked what percentage of individuals they serve are people with disabilities, 94% of USOR employees indicated over 50% of their clients are people with disabilities whereas 5% indicate less than 50% of their clients have disabilities and 1% did not know. Among DWS employees, 14% said over 50% of their clients have disabilities, whereas 75% of DWS respondents indicated less than 50% of their clients have disabilities, 8% did not know what percent of their clients have disabilities, and 3% said they do not serve people with disabilities. For the All Other Providers group, when asked what percentage of individuals they serve are people with disabilities, 14% said over 50% of their clients have disabilities, whereas 51% indicated less than 50% of their clients have disabilities, 7% did not know what percent of their clients have disabilities, and 3% said they do not serve people with disabilities. See Figure 5.1.

FIGURE 5.1 PERCENT SERVED WHO HAVE DISABILITIES – PROVIDERS



PERCENT OF CLIENTS WHO WANT TO WORK

When asked what percent of their clients want to work, 78% of USOR employees responded most or all whereas 15% responded some or none. Twenty-nine percent of DWS employees reported that most or all of their clients want to work, and 62% indicated some or none. Among all other providers, 56% reported most or all of their clients want to work, while 44% responded some. There were zero “none” responses from the All Other group. See Figure 5.2.

JOB ROLES

Among the 123 USOR respondents, their job roles were: 1) direct services to individuals – 64%, 2) specialty support services – 11%, and 3) administrative/ clerical (not providing direct services) – 25%. Of the 81 DWS employees, their job roles were: 1) direct services to individuals -68%, 2) specialty support services -17%, and 3) administrative/clerical (not providing direct services)- 16%. Finally, among the 62 Other Providers who responded, the roles were: 1) direct services to individuals – 72%, 2) specialty support services – 2%, and 3) administrative/ clerical (not providing direct services) – 26%. The breakdown of job roles for all three groups together were: 1) direct services to individuals – 67%, 2) specialty support services – 11%, and 3) administrative/ clerical (not providing direct services) – 22%. See Figure 5.3

FIGURE 5.2. PERCENT OF CLIENTS WHO WANT TO WORK - PROVIDERS

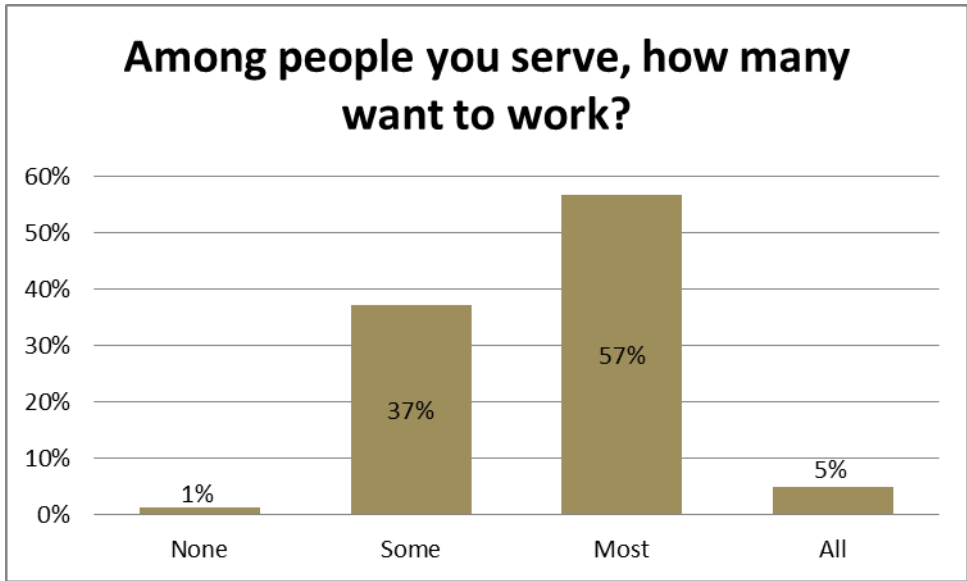
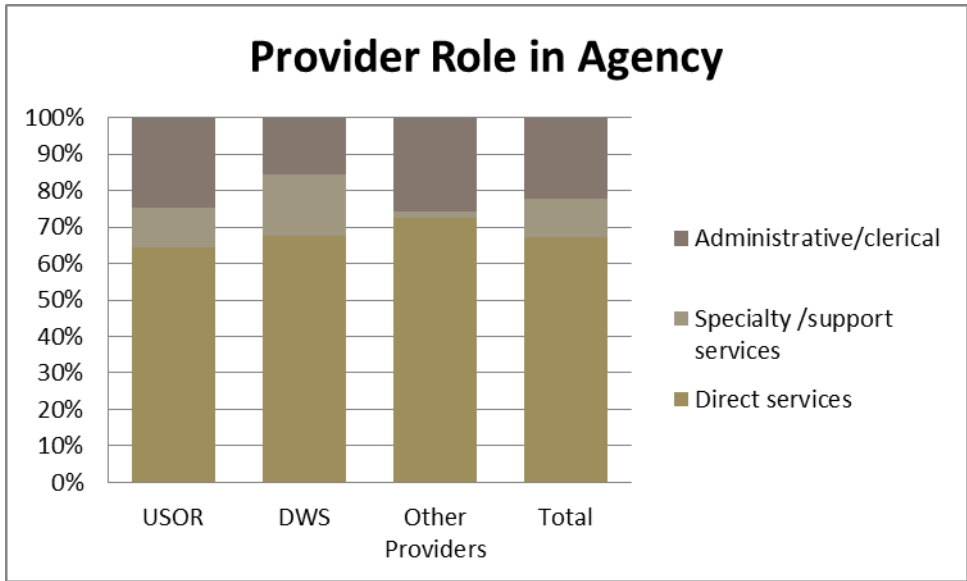


FIGURE 5.3 ROLE IN AGENCY – PROVIDERS



LOCATION OF PROVIDERS IN THE STATE

Comparing the urban and rural representation of the respondents, approximately three-fourths of the respondents (76%) were residing in the four Wasatch Front counties, whereas the remaining 24% were from outside the Wasatch Front. See Figure 5.4.

FIGURE 5.4. LOCATION OF RESPONDENTS - PROVIDERS

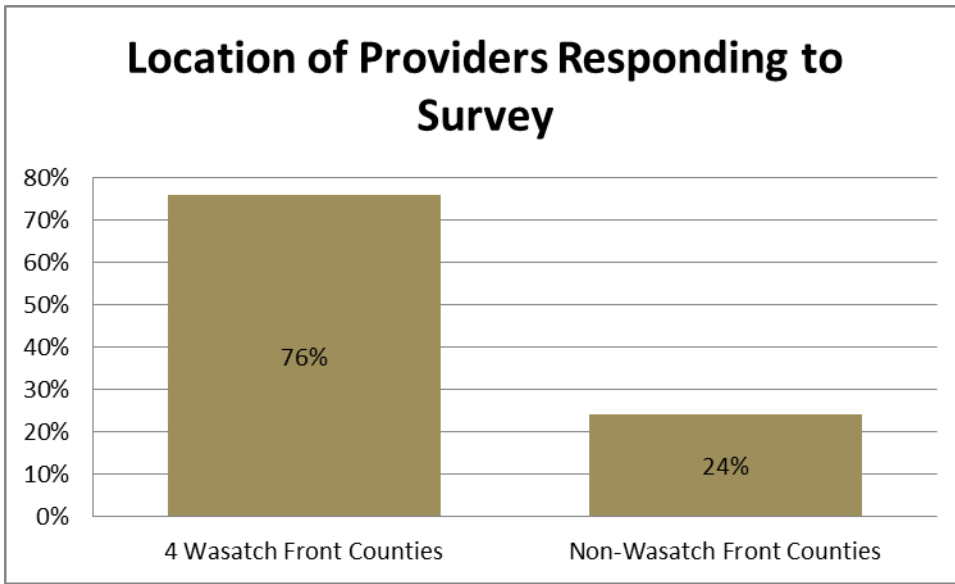
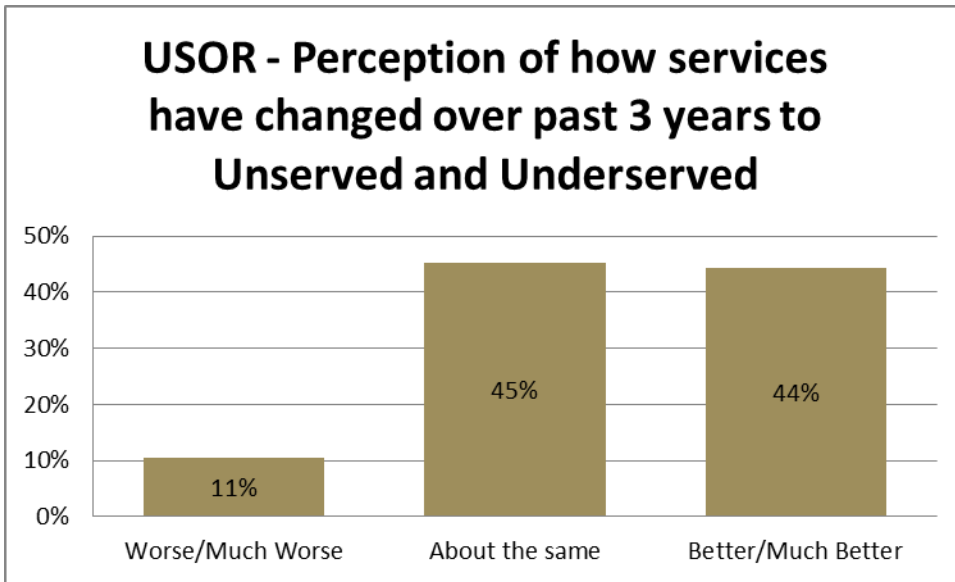


FIGURE 5.5. PERCEPTION OF SERVICE CHANGES OVER PAST 3 YEARS



USOR EMPLOYEES' PERCEPTION OF SERVICE NEEDS

USOR employees were asked to rate their perceptions on how service provision has changed in the past three years. This question followed the question in the survey about identifying unserved and underserved groups. The purpose of this question was to assess whether USOR administrative changes made in response to the last Needs Assessment in 2009-10 were seen to have improved service provision. Forty-four percent indicated that services were “better” or “much better,” 45% noted services were “about the same,” and only 11% indicated services were “worse” or “much worse” than three years ago. See Figure 5.5.

Section IV of the provider survey asked “How many of your clients typically need this service?” Respondents were asked to rate on a 4-point scale the level of clients’ needs for each of 31 different services. Respondents were then asked to rate “How available is this service for your clients to obtain?” also on a 4-point scale. Rankings for a list of needs and a list of availability were calculated for each of the three provider groups. The top ten service needs identified by USOR are:

1. Learning what jobs are available
2. Choosing a suitable job
3. Assessing client's interests and abilities
4. Locating employers with suitable job openings
5. Writing a resume and preparing for a job interview
6. Understanding their health benefits and finding providers
7. Improving self-advocacy skills
8. Learning what programs and/or benefits they are eligible for (such as Social Security and health care)
9. Paying for a school or training program including books or tools
10. Understanding how work will impact benefits

Table 5.6 shows the service needs (“demand”) rated by USOR compared with the availability (“supply”). The list is sorted by the demand ranking and compared alongside the supply ranking for that service need.

TABLE 5.6 USOR TOP TEN SERVICE NEEDS AND PERCEIVED AVAILABILITY

Service Needs – USOR Employees	Demand Rank	Supply Rank
Learning what jobs are available	1	3
Choosing a suitable job	2	7
Assessing client's interests and abilities	3	1
Locating employers with suitable job openings	4	13
Writing a resume and preparing for a job interview	5	8
Understanding their health benefits and finding providers	6	12
Improving self-advocacy skills	7	22
Learning what programs and/or benefits they are eligible for (such as Social Security and health care)	8	10
Paying for a school or training program including books or tools	9	17
Understanding how work will impact benefits	10	2

DEPARTMENT OF WORKFORCE SERVICES (DWS) EMPLOYEES

DWS employees identified the same top five needs ranked by USOR employees but in a different order: learning what jobs are available, choosing a suitable job, writing a resume and preparing for a job interview, locating employers with suitable job openings, and assessing clients’ interests and abilities. DWS rated these five services as highly available, probably because a major emphasis of the agency is matching jobs with labor. DWS and USOR shared seven of the top ten service needs.

1. Learning what jobs are available
2. Choosing a suitable job
3. Writing a resume and preparing for a job interview
4. Locating employers with suitable job openings
5. Assessing client's interests and abilities
6. Understanding their health benefits and finding providers
7. Improving self-advocacy skills
8. Learning what programs and/or benefits they are eligible for (such as Social Security and health care)
9. Paying for a school or training program including books or tools
10. Understanding how work will impact benefits

Two areas that were ranked in the top ten by USOR received much lower ranks by DWS. Paying for school or training program was ranked by USOR as number 9 and by DWS as number 14. Also, USOR ranked improving self-advocacy skills as number 7, while DWS ranked it number 22. See Table 5.3 for a list of service needs ranked by DWS employees by demand and supply. It is interesting to note that the demand and supply ranks are very close, with the exception of obtaining life skills training, such as money and time management and getting along with

people, which DWS employees ranked 6th in demand but 15th in supply, and understanding their health benefits and finding providers was 9th in demand with supply of 16th. See Table 5.7.

TABLE 5.7 DWS TOP TEN SERVICE NEEDS AND PERCEIVED AVAILABILITY

Service Needs – DWS Employees	Demand Rank	Supply Rank
Learning what jobs are available	1	4
Choosing a suitable job	2	6
Writing a resume and preparing for a job interview	3	1
Locating employers with suitable job openings	4	5
Assessing client's interests and abilities	5	3
Obtaining life skills training such as money and time management, or getting along with people.	6	15
Job coaching (assistance with applying for and learning a job)	7	8
Learning what programs and/or benefits they are eligible for (such as Social Security and health care)	8	9
Understanding their health benefits and finding providers	9	16
Assistance with car maintenance, repairs or gasoline	10	17

ALL OTHER DISABILITY PROVIDERS

The All Other Providers group also ranked eight of the service needs in the top ten as USOR and eight of the same top ten service needs as DWS. Learning what jobs are available was rated by all three groups as the top need. The top ten service needs identified by All Other Providers group are:

1. Learning what jobs are available
2. Assessing client's interests and abilities
3. Choosing a suitable job
4. Locating employers with suitable job openings
5. Understanding their health benefits and finding providers
6. Understanding how work will impact benefits
7. Writing a resume and preparing for a job interview
8. Learning what programs and/or benefits they are eligible for (such as Social Security and health care)
9. Obtaining life skills training such as money and time management, or getting along with people.
10. Public transportation such as bus, light rail or train (including wheelchair accessible)

The most notable difference between supply and demand for the All Other Providers group is between locating employers with suitable job openings (ranked 4th for demand and 16th for supply). These providers appear to be not as connected to job placement resources as the other two state agencies. See Table 5.8.

TABLE 5.8 ALL OTHER PROVIDER TOP TEN SERVICE NEEDS AND PERCEIVED AVAILABILITY

Service Needs - All Other Providers	Demand Rank	Supply Rank
Learning what jobs are available	1	5
Assessing client's interests and abilities	2	2
Choosing a suitable job	3	9
Locating employers with suitable job openings	4	16
Understanding their health benefits and finding providers	5	12
Understanding how work will impact benefits	6	6
Writing a resume and preparing for a job interview	7	11
Learning what programs and/or benefits they are eligible for (such as Social Security and health care)	8	4
Obtaining life skills training such as money and time management, or getting along with people.	9	14
Public transportation such as bus, light rail or train (including wheelchair accessible)	10	10

SERVICE NEEDS WITH LARGE GAP BETWEEN DEMAND AND SUPPLY

The providers’ perceptions of the availability of the different service needs, defined as “supply” were compared with how frequently the providers perceive the services are needed, defined as “demand” for the service. Services that have high demand and significantly lower supply may indicate a shortage of capacity of the service, a need for staff training, or a service that is difficult for the counselor or client to access. To assess whether there is a significant gap between demand and supply of services we used a margin of 10 points or more where the demand rank was higher than the supply rank as a measure of a “large gap.” Ten points were chosen as the margin because it is a tertile (10 points in a quartile of 31 units) between the rankings. This is the same measure used in the 2009-2010 needs assessment.

DEMAND GREATER THAN SUPPLY

Provider ratings of service availability resulted in three service needs identified by USOR with a gap of 10 or greater between demand and supply. This is a marked decrease from the prior needs assessment survey in 2009 for which USOR rankings showed six service needs a 10-or-more point gap. The researchers divide the rankings into upper third, middle third, and lower third to differentiate the highest from the medium from the lowest requested needs. Only one of the needs identified by USOR this time was in the upper third group of services:

- Improving self-advocacy skills (Frequency rank 7, Supply rank 22)

The two other need areas which showed large gaps were not in the highest ten needs:

- Obtaining life skills training such as money and time management, or getting along with people (Demand rank 13, Supply rank 23)

- Finding and paying for a place to live (Demand rank 17, Supply rank 29)

The Department of Workforce Services rankings displayed three service needs with more than a 10 point gap between demand and supply. All three need areas were not in their top ten lists:

- Finding and paying for a place to live (Demand rank 11, Supply rank 21)
- Maintaining or repairing a home (Demand rank 15, Supply rank 25)
- Environmental controls (enable hands-free control of lighting, heating and air conditioning, and other devices within the home or office) (Demand rank 8, Supply rank 28)

The All Other Providers group had two service needs that showed a 10 point or greater gap between frequency and supply. Again, this could be shortage of capacity, lack of training, or difficulty in accessing the services. These needs were in the top ten of the All Other Providers rankings:

- Locating employers with suitable job openings. (Demand rank 4, Supply rank 16)
- Understanding their health benefits and finding providers. (Demand rank 5, Supply rank 12)

Table 5.9 shows a side-by-side comparison of demand ranks and supply ranks for all three provider groups. The highlighted cells illustrate where the supply rank is 10 or more points below the demand rank.

The perception of a large gap between demand and supply for “Finding and paying for a place to live” is shared by both USOR and DWS. Otherwise, no other need areas with large gaps between demand and supply are shared between provider groups.

The Rehabilitation State Plan may not be able to address these areas for providers that are not employees of USOR. But it is worth noting the varying perceptions of availability for different services among the different provider groups.

The service needs with large discrepancies between frequency and availability are areas which the Vocational Rehabilitation program may want to focus attention. The large discrepancy may indicate a shortage of capacity of the service, a need for staff training, or a service that is difficult for the counselor or client to access. For example, there may be a need for more services to assist clients in improving self-advocacy skills and obtaining life skills training such as money and time management, or getting along with people. Providing services related to finding and paying for a place to live appear to be a challenge for USOR and DWS providers.

SUPPLY GREATER THAN DEMAND

It is interesting to observe the services for which there appears to be adequate supply in relation to need. USOR respondents indicated five areas in which they report a relatively high supply of services compared with the need for this service. These five areas identified by USOR are listed below, with the ranking of demand and supply in parentheses:

- Supported employment services (Demand rank 21, Supply rank 9)
- Wheelchair accessible personal transportation including vehicle modifications (Demand rank 24, Supply rank 4)
- Equipment that aids communication with others such as a speech board or computer that speaks (Demand rank 26, Supply rank 6)

- Environmental controls (enable hands-free control of lighting, heating and air conditioning, and other devices within the home or office) (Demand rank 30, Supply rank 5)
- Visual aids (including readers, Braille devices, screen readers, & voice recognition software) (Demand rank 31, Supply rank 14)

In contrast analysis of the Department of Workforce Services responses showed no areas in which the supply was significantly greater than the demand.

For All Other Providers group, analysis showed two areas in which they have relatively high supply compared with the needs of their clients:

- Obtaining prescription drugs (Demand rank 13, Supply rank 1)
- Appealing loss or denial of benefits (Demand rank 23, Supply rank 8)

Table 5.9 compares the demand and supply rankings for all three provider groups.

TABLE 5.9. SERVICE NEEDS AND PERCEIVED AVAILABILITY – COMBINED PROVIDERS

Service Needs – Combined Providers	USOR Demand	USOR Supply	DWS Demand	DWS Supply	All Other Demand	All Other Supply
Learning what jobs are available	1	3	1	4	1	5
Choosing a suitable job	2	7	2	6	3	9
Assessing client's interests and abilities	3	1	5	3	2	2
Locating employers with suitable job openings	4	13	4	5	4	16
Writing a resume and preparing for a job interview	5	8	3	1	7	11
Understanding their health benefits and finding providers	6	12	9	16	5	12
Improving self-advocacy skills	7	22	22	20	12	19
Learning what programs and/or benefits they are eligible for (such as Social Security and health care)	8	10	8	9	8	4
Paying for a school or training program including books or tools	9	17	14	11	17	18
Understanding how work will impact benefits	10	2	12	10	6	6
Obtaining mental health or substance abuse counseling	11	16	16	13	14	3
Public transportation such as bus, light rail or train (including wheelchair accessible)	12	21	17	14	10	10
Obtaining life skills training such as money and time management, or getting along with people.	13	23	6	15	9	14
Choosing a school or training program	14	15	24	2	19	23

Service Needs – Combined Providers	USOR Demand	USOR Supply	DWS Demand	DWS Supply	All Other Demand	All Other Supply
Obtaining prescription drugs	15	20	13	19	13	1
Job coaching (assistance with applying for and learning a job)	16	11	7	8	11	13
Finding and paying for a place to live	17	29	11	21	18	21
Dealing with discrimination related to a disability	18	26	21	23	20	17
Assistance with car maintenance, repairs or gasoline	19	19	10	17	28	29
Appealing a loss or denial of benefits	20	25	29	7	23	8
Supported employment services (on-going support in a job including training and help with problems at work by a coach)	21	9	20	12	15	15
Pursuing self-employment	22	24	26	22	25	27
Hearing devices (including amplification systems or TTDs and interpreters)	23	18	30	29	30	31
Wheelchair accessible personal transportation including vehicle modifications	24	4	27	24	21	20
A wheelchair, scooter or other mobility device including lifts and ramps	25	28	28	31	24	25
Equipment that aids communication with others such as a speech board or computer that speaks	26	6	25	30	27	30
Maintaining or repairing a home	27	30	15	25	22	26
Modifications to improve accessibility inside the home	28	27	19	26	26	22
Personal care assistance (services to persons who need help with day-to-day activities which allow them to be more independent and able to work)	29	31	23	18	16	7
Environmental controls (enable hands-free control of lighting, heating and air conditioning, and other devices within the home or office)	30	5	18	28	29	28
Visual aids (including readers, Braille devices, screen readers, & voice recognition software)	31	14	31	27	31	24

COMPARISON OF SERVICE NEEDS IDENTIFIED BY PROVIDERS WITH THOSE IDENTIFIED BY CONSUMERS

The ranking of service needs by providers were compared with those ranked by consumers. For this analysis, a mean score for all three provider groups (“Combined Providers”) was calculated for each need area and then ranked. The two groups are quite similar in their rank order with a few exceptions. Consumers rank paying for school or training as number two, job coaching as number eight, and choosing a school or training program as number nine, while providers do not rank these in their top ten. On the other side, providers see obtaining life skills training such as money and time management or getting along with people as more important (8th rank) than do consumers (13th rank). Overall the rankings are quite similar. See Table 5.10.

TABLE 5.10: COMPARISON OF CONSUMER PERCEPTION OF NEEDS WITH PROVIDER PERCEPTION

Service Needs	Consumer Rank	Combined Provider Rank
Locating employers with suitable job openings	1	4
Paying for a school or training program including books or tools	2	12
Learning what jobs are available	3	1
Choosing a suitable job	4	2
Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	5	7
Understanding how work will impact my benefits	6	9
Understanding my health benefits and finding providers	7	6
Job coaching (assistance with applying for and learning a job)	8	14
Choosing a school or training program	9	17
Writing a resume and preparing for a job interview	10	5
Assessing my interests and abilities	11	3
Improving self-advocacy skills	12	10
Obtaining life skills, such as money and time management, or getting along with people	13	8
Supported employment services	14	18
Pursuing self-employment	15	22

BARRIERS IDENTIFIED BY PROVIDERS

The survey asked providers’ perceptions of the most significant barriers their clients face in the rehabilitation process. The question was “What are the top three barriers that prevent your clients from achieving successful outcomes?” This section asked for open-ended responses and therefore did not provide a list for respondents to check. Data analysis was done by reading through responses from all survey groups (consumer and all three provider groups) and identifying common themes among all responses. Thirty four themes were identified across all surveys. The investigators then read through the surveys again and coded each response into one of the themes. Responses that were general and did not fit into one of the themes were coded as “other,” for example, barriers that were listed as “their disability,” or “personal.”

Table 5.11 lists the categories identified as barriers in the provider and consumer surveys, ranked by how many respondents listed the barrier. The shaded cells identify the ten most frequently listed barriers for each provider group. The number of responses in each category was ranked from high to low.

TABLE 5.11 BARRIERS IDENTIFIED BY PROVIDERS

Provider-Identified Barriers	USOR Rank	DWS Rank	Other Providers
Employer and social discrimination, stigmas, societal stereotypes	1	6	8
Lack of education or skills training, including computer	2	5	2
Lack of family/social/community support	3	3	1
Transportation issues (including those related to employment such as cannot take bus, do not have car, no driver license)	4	1	11
Lack of motivation; dependence on system	5	11	6
Criminal history/felon	6	12	23
Economic factors (poor economy, lack of jobs)	7	21	7
Physical limitations, health	8	4	10
Mental Health issues	9	2	17
Disability specific issues not noted in other category	10	10	9
Soft skills training needed including interpersonal/social skills, interview skills, money and time management; decision making	11	9	14
Fear & lack of confidence; lack of self-advocacy	12	7	15
Substance Abuse issues (including drug and alcohol)	13	24	24
Financial constraints including poverty and inadequate income. Cannot pay financial obligations	14	14	5
Issues with government benefits (Unemployment, SSDI, SSI, applying for benefits)	15	17	20
Assessing interests; choosing appropriate/satisfying field/career;	16	19	18
Medical needs (such as conflicts between work and doctor appointments, medication schedule conflicts with job, paying for medication and Dr. visits)	17	15	19
Lack of specialty services (brain injury, job finding/placement, job coaching, sign language, adaptive technology, aids for low vision or hearing)	18	0	4
Not clear what jobs are available; do not know how to look for job	19	13	21
Housing	20	22	0
Lack of experience; Job History	21	16	22
Need a job/ need an employer willing to hire (no reference to discrimination)	22	23	3
Assistance with self-employment	23	0	0
Age	24	0	0
USOR complaint/feedback	25	0	16
Cognitive issues	26	20	12
Employment benefits issues and/or lack of medical insurance	27	0	0
Problems with reading & writing, comprehension (literacy related)	28	0	25

Provider-Identified Barriers	USOR Rank	DWS Rank	Other Providers
Assistance with barriers to education (funding for education, tutoring, school application process)	30	0	26
Child care	31	8	0
Clothing	32	0	0
Time constraints	33	0	0

The narrative responses of the providers elaborated on the barriers to successful rehabilitation. The following section explains these categories using the actual words and expressions of the respondents. The numbers in parentheses after the name of the barrier indicate the rank of that barrier by each of the three provider groups. Twenty three of the 33 categories are summarized below. The remaining 10 categories had no substantive comments.

1. EMPLOYER AND SOCIAL DISCRIMINATION, STIGMAS, SOCIETAL STEREOTYPES; LACK OF DISABILITY AWARENESS BY PUBLIC (RANKINGS BY PROVIDERS: USOR=1; DWS=6; ALL OTHER=8)

Discrimination against persons because of a disability was the highest ranked barrier by USOR. Respondents believe misconceptions and stereotyping by employers lead to their underestimating the abilities of people. One respondent stated that “Employers tend to underestimate the capabilities of the blind, and overestimate the difficulty of providing accommodations.” Sometimes employers fear regulations and litigation. Employers may lack knowledge about workplace accommodations or “not know how to work with people’s barriers.” They may be concerned that an employee with a disability may need extra supervision, and they are not sure how it will affect their “bottom line.” Providers perceive discrimination by the general public as a barrier to people with disabilities being successful in the workplace. One respondent stated, “The public by and large sees people with disabilities in a stereotypical way. They do not see the desire, willingness and persistence that they have.”

2. LACK OF EDUCATION OR SKILLS TRAINING, INCLUDING COMPUTER (USOR=2; DWS=5; ALL OTHER=2)

Lack of education and relevant job skills was seen as a very significant barrier by all of the providers. Providers perceive many job seekers lacking marketable skills, or they do not have the level of skill required by an employer in the current job market. One respondent commented that it’s not just lack of skills, but a lack of desire to receive training that will prepare them for a job that makes it difficult for a person to get a job. Lack of high school diploma or GED and low literacy levels are barriers¶

3. LACK OF FAMILY/SOCIAL/COMMUNITY SUPPORT (USOR=3; DWS=3; ALL OTHER=1)

Lack of family and community support was identified as the top barrier by the All Other provider group. Problems identified are low expectations for the job seeker to succeed or an underestimation of the person’s abilities. Sometimes a person needs the emotional support from a friend or family member saying, “You can do it.” Lack of support may also arise from parents who are “overprotective” or “too involved.” In some cases parents do not

want their son or daughter to risk losing government benefits. There are also individuals who do not have family members that live near and they must rely on support workers for emotional support and encouragement.

4. TRANSPORTATION ISSUES (INCLUDING THOSE RELATED TO EMPLOYMENT SUCH AS CANNOT TAKE BUS, DO NOT HAVE CAR, NO DRIVER LICENSE) (USOR=21; DWS=21; ALL OTHER=5)

Lack of transportation is often mentioned as a concern regardless of whether a community has public transportation or not. People in rural areas do not have access to public transportation and private vehicle travel is very expensive and distances are far. People who live in an area covered by UTA or other public transit may live far from a bus route, or perhaps they do not qualify for “HandiTrans.” Reliable transportation and/or lack of bus routes. Bus’s schedules may not be convenient for a person who works at nighttime, early morning, or weekends when buses do not run.

5. LACK OF MOTIVATION; DEPENDENCE ON SYSTEM (USOR=5; DWS=11; ALL OTHER=6)

Providers made a large number of comments about self-defeating behavior of people who do not put forth the effort needed for job training or job searches. This behavior is described as lack of motivation or “learned helplessness.” One respondent described the barrier as an individual not willing “to take steps necessary to prepare for a job such as resume preparation, job search efforts or talking to potential leads.” There were a surprising number of comments about a “welfare culture” of individuals displaying an “entitlement attitude.” Commenters stated that some consumers feel entitled to receipt of public benefits, such as unemployment compensation, food stamps, Social Security and medical and dental benefits. One respondent described that consumers believe it is better to “live off the government than to earn one’s living.” Another respondent stated that a “sense of entitlement is supported by the system.”

6. CRIMINAL HISTORY / FELONY RECORD (USOR=6; DWS=12; ALL OTHER=23)

USOR providers ranked the barrier of criminal history of consumers as sixth place, while other provider groups had it lower. These providers work with individuals with that have had brushes with the criminal justice system ranging from misdemeanors to multiple felonies. Individuals who have criminal records have a difficult time getting hired because employers are, according to one respondent, “not supportive of applicants with felony records or who lack education.” These issues are typically tied in with other problems such as drug addiction and mental health issues.

7. ECONOMIC FACTORS (POOR ECONOMY, LACK OF JOBS) (USOR=7; DWS=21; ALL OTHER=7)

The long term effects of the Great Recession have had a large impact on the ability of people with disabilities finding jobs. Job seekers encounter employers who are “not hiring at this time” and may be less willing to give a person with a disability an opportunity. One respondent stated, “In this economy where ‘normal’ people have struggles getting a job, it is double for those with disabilities.”

8. PHYSICAL LIMITATIONS / HEALTH (USOR=8; DWS=4; ALL OTHER=10)

Providers ranked consumers' physical limitations in a lower position than the consumer group, which had it as number one rank. Providers suggested that physical limitations resulting from a disability, pain, and unstable medical or mental health condition are indeed barriers to employment.

9. MENTAL HEALTH ISSUES (USOR=9; DWS=2; ALL OTHER=17)

DWS ranked mental health issues in second place for their consumers. These problems are described as being manifested in ways such as behavioral outbursts, self-defeating attitudes, lack of focus, and lack of follow through. Access to mental health treatment is a large barrier due to limited access at qualified mental health providers. One respondent stated "there are no psychiatrists in this area at all." Access to ongoing medication and treatment for addiction and personality disorders was mentioned as lacking. One respondent pointed out that even if a person with a history of mental illness is stable, potential employers may not be willing to give that person a chance due to stigma or fear.

10. DISABILITY SPECIFIC ISSUES NOT NOTED IN OTHER CATEGORY (USOR=10; DWS=10; ALL OTHER=9)

Some barriers to successful employment were attributed to the effects of a specific disability. Examples of these statements are: 1) "Due to learning disabilities [job seekers] have a hard time navigating through the computer screens and understanding how to complete on line applications." 2) "The . . . conditioning of the blind themselves. The culture we live in sees the blind as incapable, and this affects the beliefs of the blind themselves." And 3) "Employers do not want to pay for an ASL interpreter. Employers/HR are afraid of the ADA when they see a deaf person."

11. LACK SOFT SKILLS: INTERPERSONAL/ SOCIAL SKILLS, INTERVIEW SKILLS, MONEY AND TIME MANAGEMENT, DECISION MAKING (USOR=11; DWS=9; ALL OTHER=14)

A common barrier described by all the providers was a lack of appropriate social skills needed to obtain and retain employment. Employers have expectations that employees will be able to get along with others, be on time and dependable. This term includes social and interpersonal skills, "such as personality problems and not getting along with people in the workforce." One respondent who has a juvenile justice caseload, commented: "They don't follow through and miss appointments and do not follow through with commitments." Another stated: "Many have dropped out of school, have not completed a high school diploma or GED and lack basic planning skills (especially financial planning) and are now financially dependent."

12. FEAR & LACK OF CONFIDENCE; LACK OF SELF ADVOCACY (USOR=12; DWS=7; ALL OTHER=15)

Providers identified lack of self-confidence and self-esteem as a key personal barrier to successful rehabilitation. These problems may arise from "from mental health issues or unsuccessful experiences." Another respondent stated a consumer had a "fear of being in public places."

13. SUBSTANCE ABUSE ISSUES (INCLUDING DRUG AND ALCOHOL) (USOR=13; DWS=24; ALL OTHER=24)

Substance abuse, including alcohol, prescription or illegal drugs, was cited as barriers by all providers. Substance abuse may accompany a serious mental illness. In most communities resources are limited for treatment, housing, and financial support. Recovering addicts may have relapses and drop out of contact. This makes it difficult to sustain a rehabilitation plan.

14. FINANCIAL CONSTRAINTS INCLUDING POVERTY AND INADEQUATE INCOME. CANNOT PAY FINANCIAL OBLIGATIONS (USOR=14; DWS=14; ALL OTHER=5)

People with disabilities seeking assistance from vocational rehabilitation often find themselves struggling financially because of unemployment along with loss of medical coverage. Bills mount up and income and resources are inadequate for food, rent, transportation, and medical treatment.

15. CLIENTS LACK KNOWLEDGE ABOUT THEIR OWN SKILLS AND ABILITIES AND HOW THESE WOULD FIT INTO JOB (USOR=16; DWS=19; ALL OTHER=18)

A major barrier is lack of knowledge of one's abilities and limitations in relation to the job market. Providers recognize the importance of providing assessment to help clients learn their own interests and abilities, and how these might match the job market and training opportunities. One respondent said, "Clients may have misconceptions about their abilities and that's often perpetuated by family members and people in the schools (such as teachers)." Young people or those with limited job experience may have very narrow understanding of their options. Another respondent suggested that "many people would benefit from Choices or one of those programs that evaluate skills and interests and suggest vocational goals."

Assessment may not always be accepted or appreciated by some clients. For example, one provider expressed frustration with "clients not willing to look at other possibilities and have their "hearts" set on one thing, particularly schooling." And another stated "some people have unrealistic expectations."

16. MEDICAL NEEDS (SUCH AS CONFLICTS BETWEEN WORK AND DOCTOR APPOINTMENTS, MEDICATION SCHEDULE CONFLICTS WITH JOB, PAYING FOR MEDICATION AND DR. VISITS) (USOR=17; DWS=15; ALL OTHER=19)

Health and medical difficulties was identified as a barrier by providers, but it was ranked quite a bit lower than consumers ranked the same issues. Such things as lack of medical care, lack of health insurance, cost of medical treatment, behavioral health services, and medications, "few resources, especially for single individuals, for health care services,"

17. LACK OF SPECIALTY SERVICES (BRAIN INJURY, JOB FINDING/PLACEMENT, JOB COACHING, SIGN LANGUAGE, ADAPTIVE TECHNOLOGY, AIDS FOR LOW VISION OR HEARING) (USOR=18; DWS=0; ALL OTHER=4)

In this category providers listed specialized services that are needed for people with different types of disabilities. These included Sign Language interpreters as well as foreign language interpreters; accessibility of computers, for example "compatibility of software programs with company-specific programs or internet/email"; lack of specialized placement services. Several respondents mentioned the lack of funding for supported employment and the "difficulty in finding individual placements in the community rather than a sheltered workshop."

18. NOT CLEAR WHAT JOBS ARE AVAILABLE; DO NOT KNOW HOW TO LOOK FOR JOB (USOR=19; DWS=13; ALL OTHER=21)

Another barrier mentioned was the "unrealistic understanding of work" held by many clients. Clients who may have dropped out of school, have little or no work experience, and do not know how to use job searching resources are at a big disadvantage. One respondent pointed out that the structural change in the job market since the Great Recession leads to a "lack of understanding of what is expected in today's world of work which is far different than 10 years ago."

19. LACK OF EXPERIENCE; JOB HISTORY (USOR=21; DWS=16; ALL OTHER=22)

Related to the above, in today's competitive job market people with limited skills and experience, or who have large gaps in their work histories, have difficulty persuading employers that they know how to work. Many who have not worked for a long period of time find themselves "starting from scratch with work skills."

20. NEED A JOB/ NEED AN EMPLOYER WILLING TO HIRE (NO REFERENCE TO DISCRIMINATION)
(USOR=22; DWS=23; ALL OTHER=3)

On the demand side, some providers feel there are "not enough jobs available for people with disabilities." Respondents also believe there are not enough companies are willing to hire people with disabilities. One respondent said, "Employers need to be flexible with the job descriptions when [an applicant] does not fit the mold." Another respondent observed that workers with disabilities may "work at a slower pace than the general public." And another observed that "employment is especially difficult for individualized placement in the community rather than a sheltered workshop."

21. USOR COMPLAINT/FEEDBACK (USOR=2; DWS=0; ALL OTHER=4)

There were a few comments in the barriers question which were categorized as a complaint or feedback to USOR. One provider objected to the practice of VR counselors "closing" a case prematurely, before a client has reached a more satisfactory job situation. This person said, "If a client needs to work to pay cost of living even if the job is a minimal job, they are threatened with case closure. It's still about the closures." Other concerns were: "insufficient contact with rehabilitation counselor," and "resistant VR Counselors, poorly trained VR Counselors." A provider working for an organization that is a vendor for VR stated: "It is hard to balance out what money Voc Rehab gives us and trying to get a job for the individual and make money off of the case."

22. COGNITIVE ISSUES (USOR=1; DWS=2; ALL OTHER=5)

Intellectual or learning disabilities were identified as barriers to work. These issues may mean the worker is "unable to work to the desired speed of the employer," or "unable to complete complex tasks." In some cases the employers "standards and qualifications are too rigid."

23. OTHER (USOR=0; DWS=3; ALL OTHER=13)

Barriers that were coded in the "other" category were mentioned by only one person. The list of those barriers is below: Housing, Issues with government benefits, Barriers to self-employment, age discrimination, language barriers, not being able to obtain proper ID's because of the lack of birth certificates, liability issues facing providers putting people in the community. E.g. they themselves or others potentially are put at risk, or personal injury. Professional certification or licensing (such as commercial driver's license), child care, clothes, time constraints.

UNSERVED & UNDERSERVED GROUPS

6. WHAT GROUPS APPEAR TO BE UNSERVED OR UNDERSERVED BY VR SERVICES? WHAT ARE THE UNMET SERVICE NEEDS OF THESE GROUPS?

The provider survey asked whether the respondents feel there are groups of people with disabilities in their communities that are unserved or underserved. These terms were defined as:

- “Unserved” means a person with disabilities who 1) are not receiving vocational rehabilitation services from the Utah State Office of Rehabilitation, 2) who are interested in working, and 3) are of working age.
- “Underserved” means a person with disabilities who 1) are served by the Utah State Office of Rehabilitation at less than the percentage of the group in the general population, 2) who are interested in working, and 3) are of working age.

There were three questions in this section: “What groups do you feel are unserved?” “What groups do you feel are underserved?” and “Do you have any recommendations on how to meet the needs of these unserved or underserved groups?” These were open-ended questions to which the respondent could write in their answers. After first reviewing all responses, a list of categories was developed reflecting the common themes among the responses. The responses were then reviewed a second time and coded into the categories. Responses to the unserved and underserved questions were combined in the analysis because there did not appear to be a clear differentiation between the individuals/groups listed. The responses were totaled and percentages for each category were calculated. The denominator was the total number of responses (some respondents did not list any, and some listed more than one).

Table 6.1 lists the groups named by providers. The largest number of responses (16% of all responses) listed people with mental illness and substance abuse as unserved or underserved groups. Tied for second rank were students in transition from high school, and individuals with developmental disabilities (9% each). Racial and ethnic minorities were listed in fourth place with 8%. Individuals who are homeless were tied for fifth place with individuals who are “not aware of vocational rehabilitation services” at 7%. Next, providers ranked people with physical disabilities tied with seniors and elderly at 6%. Veterans’ and people with felony or other criminal records were tied at 4%. The next highest group was people with disabilities on the DSPD waiting list at 3%. People who are blind or have low vision, people who are deaf and hard of hearing, and people with traumatic brain injury were tied for twelfth place at 2%. Two other groups were mentioned by two or more people as being unserved or underserved; these were people receiving Social Security Disability benefits, and rural residents. Finally, individuals or groups that were mentioned only one time were categorized as “Other Unserved and Underserved.” In the “Other” group were: polygamous communities, injured workers, migrant workers, Immigrants, refugees and asylees with language barriers, women in the military, people with higher SES who could benefit from unpaid services, individuals in Intermediate Care Facilities with Intellectual Disabilities, people who are non-verbal, people with Autism, and people with Cerebral Palsy, and people “who are required to pay due to the Financial 4a background check.”

TABLE 6.1 UNSERVED AND UNDERSERVED GROUPS IDENTIFIED BY PROVIDERS

Unserved and Underserved Groups	Percent of Total Responses
Mental Illness/Substance Abuse	16%
Youth in transition from high school	9%
Cognitive/developmental disability	9%
Minorities (Hispanic, Pacific Islander, refugees)	8%
Homeless	7%
Not aware of Vocational Rehabilitation	7%
Physical disability	6%
Elderly/seniors	6%
Veterans	4%
Felony record	4%
Waiting list (supported employment)	3%
Blind/low vision	2%
Deaf/hard of hearing	2%
Traumatic brain Injury	2%
People receiving SSI/SSDI	1%
Rural residents	1%
Other	11%

RECOMMENDATIONS TO SERVE THE UNSERVED AND UNDERSERVED

Providers made recommendations to serve the unserved and underserved groups in open-ended responses. These were coded into seven categories with the percentage of responses listed in Table 6.2. A summary of the recommendations made in each category follows the table. Providers could make several recommendations. The percentages in the tables are the percentage of all comments that fit into the category.

TABLE 6.2 RECOMMENDATIONS TO SERVE UNSERVED AND UNDERSERVED

Recommendations for Meeting the Needs of the Unserved and Underserved		
1	Conduct outreach, education & advertisement	39%
2	Build capacity of relevant programs	22%
3	Improve coordination between VR and other agencies & with employers	13%
4	Improve case management practices	12%
5	Other: staff training, advocacy	7%
6	Change public policies	6%

1. CONDUCT OUTREACH, EDUCATION, AND ADVERTISEMENT (39%)

The most frequently mentioned recommendation to improve services to unserved and underserved populations is for agencies to do more outreach and education in the community about their services. Specific groups were mentioned including: deaf individuals, veterans, older workers, and homeless. Outreach presentations and meetings should be conducted with organizations that serve minorities, refugees, drug offenders, and people with diverse cultural background. Outreach should be made to mental health organizations. One commenter encouraged outreach to working people with disabilities who may want to advance in their jobs. Frequent mention included outreach to school systems, including teachers, school administrators, high school guidance counselors, PTA groups, and diversity clubs in high schools and universities. A suggestion was made to advertise Vocational Rehabilitation. Human interest stories in newspaper, magazine and television were seen as effective in telling stories about people with disabilities being successful in employment.

2. BUILD CAPACITY OF RELEVANT PROGRAMS (21%)

Many of the recommendations for improving services to underserved populations were to build capacity of existing programs. The largest number of suggestions was for more job coaching, job development, and supported employment. There was widespread suggestion that employment supports are needed by many underserved groups. Alternative sources to DSPD long-term support funding are needed. As one respondent stated, “DSPD does not cover the needs of all disability groups that need long-term supports, such as chronically mentally ill.” There are some rural areas that have shortages of job coaches and job developers. The need is especially acute in rural counties such as Grand, Emery, and San Juan.

Providers believe that there are some effective programs in the community, but the resources for these programs are limited. In order to effectively serve many of the populations mentioned above, providers suggest there is need for more mental health services. These services must be affordable to low income individuals who are not eligible for Medicaid. There were several suggestions for expanding services to the homeless population. One respondent would like to see “an initiative to help address normal living expenses to eliminate homelessness and to be able to help with recurring monthly bills.” Another respondent suggested, “Rehab should be more involved in assisting individuals who do not choose to be homeless to get into housing.” There was a comment that VR should be involved in system advocacy in regard to housing. Another plea for advocacy was for “work on community

committees or task forces to convince cities and towns to allow people with felonies to secure apartments which are now restricted.”

One respondent recommended increasing business relations specialists: “Hire more business relations specialists to educate employers to hire people with disabilities.” Another respondent suggested that faster adjudication by Disability Determination Services (DDS) examiners may reduce or “eliminate the applicant's philosophy that once a person is on Social Security -- the battle fought was much too difficult -- so [they] don't want to lose [their] income and benefits.” There was a suggestion to broaden opportunities for new refugees by training them in occupations such as counseling. This would provide employment opportunities beyond that of interpreter, and they would still be serving their community.

3. IMPROVE COORDINATION AMONG AGENCIES AND WITH EMPLOYERS (13%)

Providers made numerous comments about how agencies could work together to improve services to unserved and underserved individuals. One provider suggested, “Through networking with other agencies, we can find access to those who are unserved and underserved to better fulfill their needs.” Respondents recommended different approaches for conducting outreach to provide “more information and publicity to the general public about services available.” One comment from a DWS provider offered one idea for coordination: “We offer workshops weekly at our office on employment skills, could we offer workshops in conjunction with Voc Rehab to educate those who come into our office on VR services and how our agencies can partner for the customer's good.”

There were suggestions for VR to work more closely with specific agencies:

- School system: 1) Maintain a continued effort to communicate with local schools and their IEP staff, especially for those students who are between 18 and 21. 2) Outreach to Regular Education Guidance Counselors to identify 504 students who need VR services.
- Social Security: Communicate regularly with Social Security and DDS to hand out information.
- Veterans Administration: Improve communication between the VA and USOR.
- DSPD: Make it more accessible for people within DSPD services to use supported employment. “It is sometimes difficult if they have not used Voc rehab, and a lot of times, DSPD clients seem to say that voc rehab was not helpful.”
- DCFS: Create partnerships with DCFS, Juvenile Justice Services, and public drug and alcohol programs. Respondent suggests embedding USOR staff at program offices.
- Aging Services: Conduct more outreach with Aging Services on state and county levels to educate them on what VR can provide.
- Choose to Work: Attempt outreach to the working disabled populations who desire to advance. “It seems that most in our communities see VR only as a service for people with disabilities that aren't working.”
- Employers: Several respondents recommend greater involvement with employers. 1) “Employers need to be educated on the value of hiring those aged 50+.” 2) Educate the community and businesses about USOR's services and supports. 3) Work more closely with employers to develop jobs. 4) “Provide an incentive to employers to give people with disabilities a chance to prove their worth.”

4. IMPROVE CASE MANAGEMENT PRACTICES (12%)

This category of recommendations is new in this 2012 Needs Assessment; the other categories all appeared in the 2010 Needs Assessment. This theme – “Improve Case Management Practices” – stresses the quality of the relationship between the counselor and the individual client. One respondent articulated the approach as “it goes back to good case management skills. Keep in contact with them. Let them know what services we can provide to assist them back into the workplace.” Another respondent suggested smaller caseloads to facilitate more intensive services: “smaller client bases so that counselors can work more individually and spend more time with clients.” Still others stress the importance of a more efficient process: “Get them in and approved and receiving services within 30 days.” Respondents recognize that “these [unserved and underserved] groups take more support up front and in the long run.”

The implication of many of these comments is that VR must step up their game to meet more difficult challenges: “Create new objectives in your Voc rehab service plan that are not so specific.” Another comment was to speed up the process: “The process also needs to move much quicker. Idle time creates chaos with people with disabilities.” Some respondents noted VR may not be providing adequate supports to some harder-to-serve clients: “Make VR easier....it has taken on a flavor of expecting clients to do more for themselves without the support they need, little patience, expectations that are hard even for someone who doesn't have a disability.” Along that same line, another person added: “If application processes are inaccessible, we need to be willing to help clients through those processes, so they don't miss out on job opportunities just because they can't complete the application.” A third person recommended: “We need to have respect for and confidence in our clients and instill self-respect and self-confidence in them.”

Several respondents addressed the challenges of the changing job market. “Make sure everyone knows how to operate a computer even if that means paying for training. Our job market is changing and skilled labor is needed - that will require some training. [Job seekers] can't fill out an online application if [they] don't know how to keyboard or operate a computer.” Enlist the creativity and cooperation of employers, for example: “be creative in analyzing how clients might accomplish the tasks of a job and encourage potential employers to be willing to make creative adjustments in adjusting job assignments and duties.”

Another respondent would like to see more sheltered work preparation sites: “I wish we had a work site like the DI/Enables that could have [clients] work for 6 months and be daily supervised so they could get some work history.” The person also sees an advantage for the counselor: “So we could specialize with our clients having them all in one place and a DWS worker to meet with our clients on the work site once a month to see if they are progressing. To get the special bond with work site/client/DWS worker.”

One provider complained about DWS and the difficulties some clients have in accessing online services at: “Those trying to apply for unemployment are often simply prevented from applying on the computer -- required to call; then left hanging on the phone for inordinate amounts of time until they give up. And this kind of ‘service’ merits awards? There is a saying about the Department of Veteran's Affairs that can often apply to state agencies: “Delay, deny, and hope they die.”

In regard to people with mental illness, one respondent suggested prioritizing individuals with more significant mental illness over those with situational conditions. This person observes: “A lot of people have successful careers despite having depression. Might some of the mental health clients be able to gain and maintain employment independently and might some of them be taking time away from those who need our help more.” This person suggests VR counselors apply “more scrutiny with the eligibility of those with depression. Connect

them to the proper counseling and medication that they need in order to stabilize and be successful.” A different respondent suggested it would be appropriate to refer “mental health customers with a solid contact, to monitor medication, employment etc.”

In regard to Veterans, a respondent observed “many USOR offices refer Veterans back to VR&E Voc Rehab rather than looking at available services through USOR in conjunction with VR&E.”

In regard to homeless individuals, another respondent proposed a more structured process in serving the homeless. “What I picture is some kind of demanding screening process that would attempt to identify homeless persons who truly desire to work, followed by the provision of basic services such as housing. These services could be provided for a fixed period of time or could be made to depend on ongoing certification by the rehabilitation counselor and other support professionals that the individual is working hard to meet all of the requirements of the program.”

5. OTHER: STAFF TRAINING AND ADVOCACY (8%)

In another category of recommendations, providers commented on issues that could be improved with staff training and system advocacy. The responses identified need for training in these areas:

- Provide training to raise “awareness of how people who have mental disabilities function. Mostly because they tend to upset people who don't understand mental health patients. A lot of people think that you just take a nap and work through their situations and don't understand that it is not that easy for someone suffering with mental health issues.”
- Incorporate vendors into training, conferences and other options “to open/foster the lines of communication.”
- “Educate job coaches on how to approach companies to show that hiring individuals with disabilities is better and how they can save them money.”
- Provide better training to VR counselors who have short sighted views on "employability."

In the advocacy arena, respondents suggest VR staff should be more involved with “public advocacy” and that counselors make sure “an effective advocate is in place for the person.” Another suggestion was: “Perhaps an idea would be to have state schools in cooperation with USOR reduce the cost of schooling for those individuals who may need more comprehensive services so USOR can fund some of the needed supportive services. (I know that is a dreamy idea).” One final respondent had no recommendations for improving services: “Keep doing what you are doing. Vocational Rehab does a fantastic job.”

6. CHANGE PUBLIC POLICIES (6%)

Most recommendations in this category concerned the policies and practices of VR: “We need to focus more on clients with most significant disabilities and use the resources we have to focus on independent living by helping them achieve employment.” Another respondent suggested changing the mission of VR to include long term support services for those who need them: “Rehab is a time limited service but if you looked at the number of individuals who continually rotate through, they provide long term service. Why not structure around that?” Several respondents addressed the practice of limiting the amount of mental health services the VR agency will pay for: “Evaluate the policies and supply of mental health services; 36 counseling sessions, while is a great help, really is insufficient to address the issues of some individuals who have had a life time of mental health or drug addiction issues. Restoration is a key piece of VR, yet we are limited on mental health it seems. Partnerships or

pilots with more in/outpatient centers would be amazing.” Another respondent recommends changing VR policy on financial need assessment guidelines. Another person recommends having periodic reviews of existing “policies and pathways to ensure those customers’ needs are being met. Partnerships with other agencies in identifying these individuals could prove helpful. You can’t serve them unless you know who they are.”

A different respondent is concerned about too many entitlement programs: “Don’t have so many ‘entitlement programs’ because that often gives the impression to people that they don’t need to work, they will be taken care of. The incentive is lost. People with disabilities don’t need empathy, they need to be challenged just like everyone else and encouraged to do what they can to support themselves.”

RACIAL AND ETHNIC MINORITIES WITH DISABILITIES

7. WHAT ARE BARRIERS AND SPECIAL SERVICE NEEDS OF RACIAL AND ETHNIC MINORITY POPULATIONS WITH DISABILITIES?

An analysis was done to compare the responses of consumers who are racial and ethnic minorities with responses of non-minority consumers. Using the administrative data on race and ethnicity from USOR 911 data, the researchers divided the responses into two groups, Minority and Non-Minority. In the Minority group were consumers with racial categories of Black, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, and Other and ethnic category of Hispanic or Latino. In the Non-Minority group were consumers with racial category of White, and ethnic category of Non-Hispanic or Non-Latino. The frequencies of responses to the service needs were compared across the two groups. Table 7.1 below displays the frequencies of the responses to “I need help” and percentages of the total of persons in each group that responded to that question. The denominator used to calculate percentages was the total number of individuals in each group responding to a particular question.

It is important to note that people who are Hispanic/Latino are under-represented in the sample compared to the USOR status 10 populations. As noted in Table 1.11 on page 10 of this report, only 8% of the consumer survey respondents are Hispanic/Latino, compared with 11% of individuals in the Status 10 population. The percent of respondents in the statewide population shows the Utah Hispanic/Latino population at 5.7% (Table 1.3).

The total number in the minority group is 40 (13%), and the number in the non-minority is 278 (87%). The rank order of service need is very similar for both groups. However, it is notable that the percentages of minority consumers indicating need are higher than non-minorities in every need area. Those areas where minorities indicated significantly higher demand for services were:

- Understanding how work will impact benefits
- Improving self-advocacy skills
- Writing a resume and preparing for a job interview
- Maintaining or repairing a home
- Assessing my interests and abilities
- Finding and paying for a place to live
- Assistance with car maintenance, repairs or gasoline

The far right column in Table 7.1 shows the service needs that have statistical significance based on a Chi Square statistic. The highlighted rows identify those needs that show significantly higher need by minorities compared with non-minorities. Only the top twenty need areas are displayed because of the small size of the cells for the remaining eleven need areas. A complete chart for Table 7.1 is contained in the Appendix.

TABLE 7.1 COMPARISON OF SERVICE NEEDS OF MINORITY CONSUMERS WITH NON-MINORITIES

Rank	Service Need (Ranked by Minority Count)	Minority		Non-Minority		Signif
		n	%	n	%	
1	Locating employers with suitable job openings	34	85%	208	78%	
2	Understanding how work will impact my benefits	32	84%	165	62%	*
3	Learning what programs and/or benefits I am eligible for such as Social Security or health care benefits	33	83%	177	67%	
4	Choosing a suitable job	32	82%	181	68%	
5	Paying for a school or training program including books or tools	32	82%	202	75%	
6	Understanding my health benefits and finding providers	31	82%	156	59%	
7	Writing a resume and preparing for a job interview	31	78%	143	54%	*
8	Learning what jobs are available	29	74%	190	71%	
9	Assessing my interests and abilities	28	72%	144	55%	*
10	Job coaching (assistance with applying for and learning a job)	26	68%	156	59%	
11	Choosing a school or training program	24	65%	153	58%	
12	Improving self-advocacy skills	25	64%	140	54%	
13	Obtaining life skills, such as money and time management, or getting along with people	24	63%	137	52%	
14	Supported employment services	24	63%	124	47%	
15	Pursuing self-employment	21	60%	119	46%	
16	Public transportation such as bus, light rail, or train (including wheelchair accessible)	20	54%	110	41%	
17	Finding and paying for a place to live	20	53%	119	45%	**
18	Assistance with car maintenance, repairs or gasoline	18	47%	114	43%	**
19	Obtaining mental health or substance abuse counseling	15	41%	78	30%	
Chi-Square Significance: *=<.05 level; **=<.01 level						

CONCLUSION

This report details the results of the multiple methods used to assess rehabilitation needs of individuals with disabilities in Utah. It is not the purpose of this assessment to recommend actions that should be taken in response to these identified needs. Rather, the purpose is to call attention to concerns and perceptions of individuals who are most involved in receiving and providing rehabilitation services. This attention can then be directed toward remediation of these concerns through the next three year state plan.

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