

Comprehensive Needs Assessment of Texans with Disabilities

2014



CHILD & FAMILY
RESEARCH INSTITUTE
AT THE UNIVERSITY OF TEXAS AT AUSTIN



Executive Summary

This document represents findings from a comprehensive state needs assessment of the rehabilitation needs of individuals with disabilities. The Rehabilitation Act of 1973 as amended calls for periodic comprehensive statewide needs assessments that will result in recommendations to the goals, priorities, and strategies of the state plan. Two divisions within the Department of Assistive and Rehabilitative Services (DARS), the Division for Rehabilitation Services (DRS) and the Division for Blind Services (DBS) contracted with the Child and Family Research Institute at The University of Texas at Austin to conduct this needs assessment.

This needs assessment addresses the federal requirements related to the Title I state plan for vocational rehabilitation (VR) services and its title VI B supplement related to supported employment services by including:

1. The results of the needs assessment describing the rehabilitation needs of individuals with disabilities residing within the state, particularly the vocational rehabilitation services needs of:
 - a. individuals with the most significant disabilities, including their need for supported employment;
 - b. individuals with disabilities who are minorities;
 - c. individuals with disabilities who have been unserved and underserved by the VR program; and
 - d. individuals with disabilities served through other components of the statewide workforce investment system (other than the VR program), as identified by such individuals and personnel assisting such individuals through the components.
2. An assessment of the need to:
 - a. establish community rehabilitation programs (CRPs);
 - b. develop CRPs; or
 - c. improve CRPs within the state.

This needs assessment was conducted in the spring of 2014 with planning and instrument development occurring in the fall of 2013. Multiple data sources were used to obtain a comprehensive assessment of needs of individuals with disabilities. First, data was utilized from national, state and department resources to examine the populations of individuals with disabilities being served in Texas. Town hall meetings were conducted across the state to obtain information from consumers and stakeholders on services and needs. Information was used from the 2013 DBS and DRS consumer surveys. Finally, online surveys were administered to DBS, DRS staff and stakeholders in the community.

All information from these data sources are presented in this report. When viewed cohesively, these data sources provide rich information about the rehabilitation needs of individuals with disabilities. Specifically, there are common threads across data sources that highlight underserved populations, barriers and areas for improvement. Underserved populations identified include youth transitioning from high school and individuals with a mental illness. The primary barriers to maintaining and obtaining employment appear to be transportation and housing. Areas for improvement include increased quality customer service, streamlining eligibility and increasing knowledge on benefits and work.

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Demographics

Several data sources were utilized to examine the demographics of the population of individuals with disabilities in Texas. This section details the methods used to produce demographic information as well as the demographic findings.

Methods

National and state level data were taken from the 2008-2012 American Community Survey (ACS) 5-year Public Use Microdata sample. The ACS is an annual survey conducted by the US Census Bureau that collects household-level information about demographics, social, economic and housing-related topics. The 5-year sample was used because the 5-year estimates are the most reliable estimates as they rely on 60 months of data collection and contain a larger sample. Data were analyzed using the Pivot table feature of the US census online data analysis tool, DataFerret.

Disability information is collected by the ACS and, since 2008, is defined as a positive response to one or more of six questions about whether or not the individual in question identifies as having a vision, hearing, cognitive, ambulatory, self-care, or independent living difficulty.

The six questions that refer to disability in the ACS are the following:

1. **Hearing difficulty:** Is this person deaf or does he/she have serious difficulty hearing?
2. **Vision difficulty:** Is this person blind or does he/she have serious difficulty seeing, even when wearing glasses?
3. **Cognitive difficulty:** Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
4. **Ambulatory difficulty:** Does this person have serious difficulty walking or climbing stairs?
5. **Self-care difficulty:** Does this person have difficulty bathing or dressing?
6. **Independent living difficulty:** Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

Data from the DRS and DBS program cover state fiscal years 2011 through 2013. DRS data contains records of VR cases closed in SFY 2011 or SFY 2012 and cases in open or closed status from application through closure for SFY 2013. There were 475 duplicate records across SFYs as a case closed in one SFY may have been reinstated in the same or different terminal status in a subsequent SFY. Duplicate cases were eliminated. DBS data contains records of VR or VR-Transition cases closed in SFY 2011 or SFY 2012 and cases in open or closed status from application through closure for SFY 2013. There were no duplicate cases in the DBS data; however, 19 cases that were missing all data were eliminated from the analyses.

For the purposes of this report, national and state level data is provided alongside data from DRS and DBS service records in efforts to make general comparisons and highlight patterns of differences between the national and state population and agency service usage.

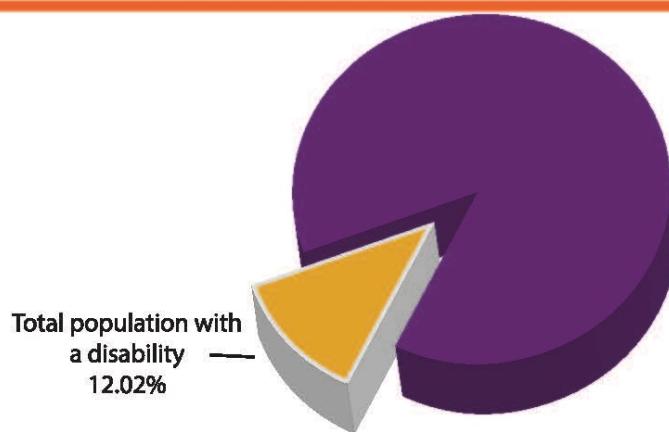
Disability Prevalence

Based on the 2008-2012 ACS, 12.6% of the US population reports having a disability. In Texas the rate of disability reported is roughly similar: 12.02% of the Texas population or just above 3 million people identify as having a disability.

Table 1. Disability prevalence

	United States	Texas
Total Population	309,138,716	25,208,897
Total population with disabilities	38,827,632	3,029,241
% of total population	12.60%	12.02%

Figure 1. Disability prevalence in Texas



Individuals with Disability by Gender and Age

The population of the US and Texas is split roughly even along male/female gender lines, both having slightly more females than males. The total population of people with disabilities in the US is 52.1% female and 47.9% male, similar to Texas's population that is 51.2% female and 48.8% male.

Table 2. Distribution of disability by gender in the US and Texas

Gender	US disabilities	US disability % within gender	TX disabilities	TX disability % within gender
Female	20,225,722	52.09%	1,549,676	51.16%
Male	18,601,910	47.91%	1,479,565	48.84%
Total	38,827,632	100.0%	3,029,241	100.0%

As seen in Table 3, females report or identify as having a disability at a slightly higher rate than males, 12.20% of all females report having a disability in Texas as compared to 11.83% of males. This is lower than the national rate of 12.87% and 12.24%, respectively.

Table 3. Disability rate by gender in the US and Texas

Gender	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
Female	157,136,810	20,225,722	12.87%	12,699,200	1,549,676	12.20%
Male	152,001,906	18,601,910	12.24%	12,509,697	1,479,565	11.83%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

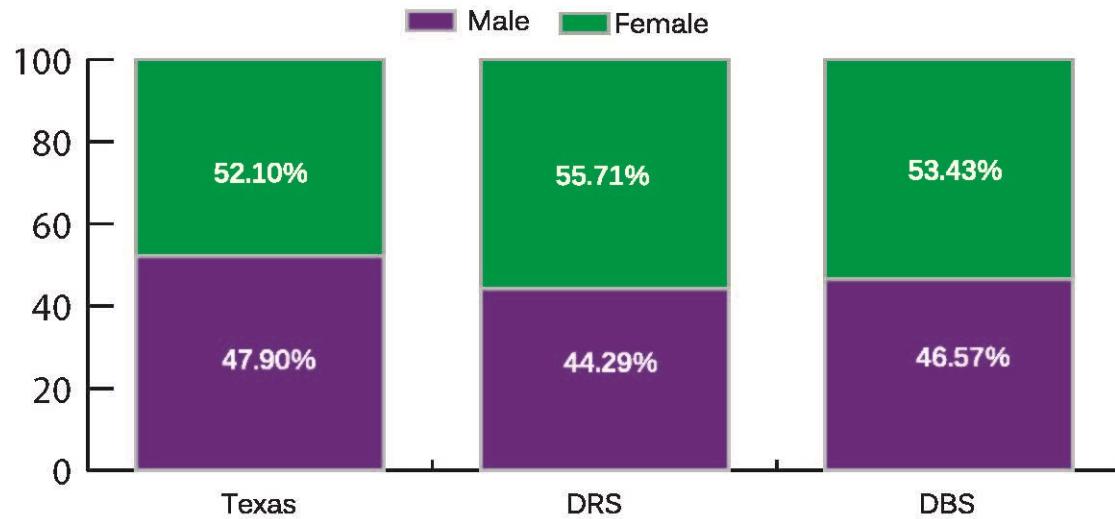
The trend of overall gender distribution in the US and the state is not mirrored in the gender distribution of individuals served by DRS and DBS. A higher proportion of males to females was reported by both DRS (55.71% male to 44.29% female) and DBS (53.43% male to 46.57% female), as shown in Table 4.

Table 4. Gender of individuals served by DRS and DBS

Gender	DRS population served	DRS % served within gender	DBS population served	DBS % served within gender
Female	65,520	44.29%	6,942	46.57%
Male	82,400	55.71%	7,965	53.43%
Total	147,920*	100.0%	14,907	100.0%

*Missing data: DRS, n=20; DBS, 9

Figure 2. Comparison of individuals with disabilities in Texas, DRS and DBS services by gender



In both the US and Texas, older individuals have higher disability rates than younger individuals. Table 5 shows the age distribution of people with disabilities in the US and Texas within four age groups: under 5 years old, youth 5 up to 18 years old, working adult 18 to up to 65 years old and individuals at retirement age of 65 and over. For each group the proportion of people that report having a disability is slightly higher in Texas than in the US, but considerably higher for those over 65 years of age. A total of 42.26% of those 65 years old and over report having a disability in Texas as compared to 38.69% of those 65 and over nationally.

Table 5. Rate of disability by age in the US and Texas

Age	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
Under 5	20,103,464	156,022	0.78%	1,926,911	15,291	0.79%
5-17	53,836,729	2,851,761	5.30%	4,920,590	267,882	5.44%
18-64	194,523,620	20,083,482	10.32%	15,725,401	1,632,041	10.38%
65 +	40,674,903	15,736,367	38.69%	2,635,995	1,114,027	42.26%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

Table 6 shows the composition of individuals with disabilities served by DRS and DBS in Texas for the same age groups. As would be expected, the majority of individuals with disabilities served by DRS and DBS are between 18 and under 65 years of age (96% by DRS and 84% by DBS).

Table 6. Age of individuals served by DRS and DBS

Age	DRS population served	DRS % served within age	DBS population served	DBS % served within age
5-17	493	0.33%	1,201	8.02%
18-64	141,652	95.75%	12,602	84.11%
65 +	5,792	3.92%	1,179	7.87%
Total	147,938*	100.00%	14,983*	100.00%

*Missing/Invalid data: DRS, n=3; DBS, n=16

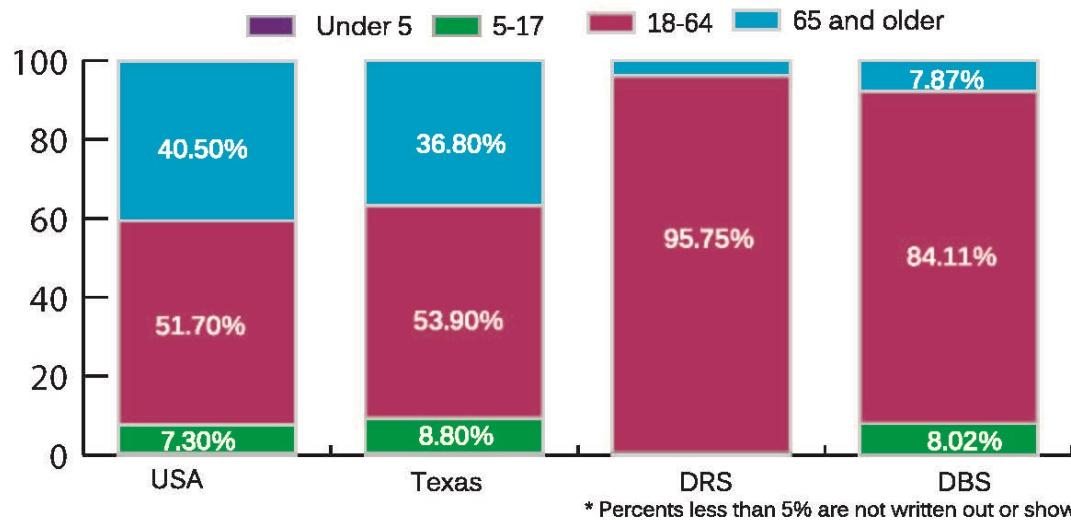
When compared to the national and state distributions of individuals with disabilities by age groups (Table 7), a higher proportion of individuals 18 to 65 years are being served by DRS and DBS than the proportion of individuals that report having disabilities in that age group nationally and at the state level.

Table 7. Distribution of disability by age in the US and Texas

Age	US disabilities	US disability % within age	TX disabilities	TX disability % within age
Under 5	156,022	0.40%	15,291	0.50%
5-17	2,851,761	7.34%	267,882	8.84%
18-64	20,083,482	51.72%	1,632,041	53.88%
65 +	15,736,367	40.53%	1,114,027	36.78%
Total	38,827,632	100.0%	3,029,241	100.0%

Similarly, the proportion of individuals 65 and over served by both DRS and DBS is much lower than reportedly found in the US and Texas. Figure 3 shows the age distribution of individuals with disabilities in the US and Texas as compared to individuals served by DRS and DBS.

Figure 3. Comparison of individuals with disabilities in US, Texas, DRS and DBS services by age



The concentration of individuals in DRS and DBS services in the 18 to 65 year old age group is expected as vocational rehabilitation services naturally target the working age population, generally considered to be between 15 and 65 years of age. Tables 8 and 9 provide a more detailed overview of the rate of disability and distribution of disability among individuals of working age at the national and state level.

Table 8. Rate of disability by age group in the US and Texas

Age group	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
Under 15	61,087,548	2,273,021	3.72%	5,727,205	216,742	3.78%
15 to 24	43,607,521	2,469,603	5.66%	3,712,073	214,576	5.78%
25 to 34	41,147,370	2,422,120	5.89%	3,620,872	208,344	5.75%
35 to 44	41,362,211	3,250,173	7.86%	3,486,862	265,115	7.60%
45 to 54	44,650,579	5,721,277	12.81%	3,412,456	454,164	13.31%
55 to 64	36,608,584	6,955,071	19.00%	2,613,434	556,273	21.29%
65 +	40,674,903	15,736,367	38.69%	2,635,995	1,114,027	42.26%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

As Table 8 shows, the rate of disability reported increases in the working age population with age both in the US and Texas. This is reflected in the age distribution of disability. Table 9 shows the age distribution of disability in the US and Texas focusing in more detail on the working age population. The highest proportion of individuals working with disabilities is the oldest group, 17.91% in the US of individuals age 55 to 64 and 18.36% of those in Texas report having a disability as compared to 6.36% of individuals age 15 to 24 in the US and 7.08% of those in Texas.

Table 9. Distribution of disability by age group in the US & Texas

Age group	US disabilities	US disability % within age	TX disabilities	TX disability % within age
Under 15	2,273,021	5.85%	216,742	7.15%
15 to 24	2,469,603	6.36%	214,576	7.08%
25 to 34	2,422,120	6.24%	208,344	6.88%
35 to 44	3,250,173	8.37%	265,115	8.75%
45 to 54	5,721,277	14.74%	454,164	14.99%
55 to 64	6,955,071	17.91%	556,273	18.36%
65 +	15,736,367	40.53%	1,114,027	36.78%
Total	38,827,632	100.0%	3,029,241	100.0%

The proportion of individuals served by DRS does not appear to reflect this general pattern of a slightly increasing proportion of individuals with disability as the age category increases. As shown in Table 10, among individuals served by DRS the highest proportion is individuals age 15 to 24 (26.71%), followed by individuals age 45 to 54. The oldest category, individuals age 45 to 54, contains the smallest percentage of individuals served, 14.65%. The distribution of individuals served by DBS more closely follows the national and state trend. The highest proportion of working age individuals served (23.91%) is the oldest category, individuals ages 55 to 64. In contrast to the state and national data, however, the middle age category, individuals ages 35 to 44, is lower than the younger categories.

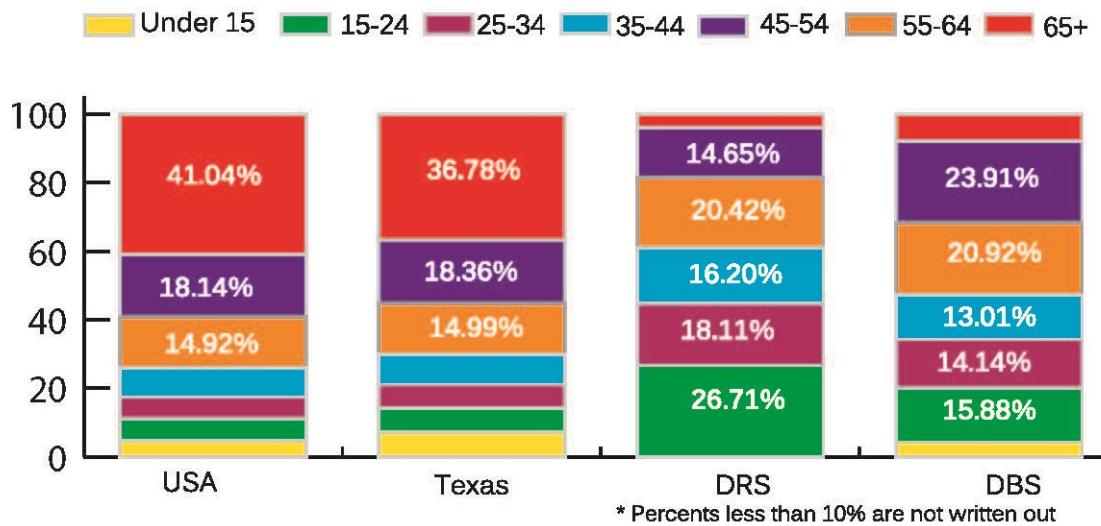
Table 10. Distribution of disability by age group in DRS & DBS

Age group	DRS population served	DRS % served within age group	DBS population served	DBS % served within age group
Under 15	2	0.00%	640	4.27%
15 to 24	39,513	26.71%	2,379	15.88%
25 to 34	26,787	18.11%	2,119	14.14%
35 to 44	23,964	16.20%	1,950	13.01%
45 to 54	30,206	20.42%	3,134	20.92%
55 to 64	21,674	14.65%	3,582	23.91%
65 +	5,792	3.92%	1,179	7.87%
Total	147,938*	100.0%	14,983*	100.0%

*Missing data: DRS, n=2; DBS, n=15

Figure 4 shows a comparison of the age distribution of working age individuals with disabilities in the US and Texas to that of those served by DRS and DBS.

Figure 4. Comparison of ages of persons with disabilities in USA, Texas, DRS, DBS



Individuals with Disability by Race/Ethnicity

In both the ACS at the national and state level and the data collected by DARS and DBS, Hispanic identity is recorded as an ethnicity and not as a racial category. About 16.3% of the US population is Hispanic. In Texas, the total proportion of the population that is Hispanic is much higher – 37.6%. Hispanic individuals, at both the national and state level, report having a disability at a much lower rate than non-Hispanic individuals.

Table 11. Distribution of disability by Hispanic ethnicity in the US and Texas

Ethnicity	US disabilities	US disability % within ethnicity	TX disabilities	TX disability % within ethnicity
Hispanic	4,316,712	11.12%	933,800	30.83%
Not Hispanic	34,510,920	88.88%	2,095,441	69.17%
Total	38,827,632	100.0%	3,029,241	100.0%

Of the Hispanic individuals in the US, 8.54% report having a disability as compared to 13.35% of the non-Hispanic individuals. As shown in Table 12, among Hispanics in Texas the proportion of individuals who report having a disability is slightly higher than the proportion of Hispanics that report having a disability nationally at 9.85%, though it is lower than the proportion of non-Hispanics that report having a disability in the state (13.32%).

Figure 5. Comparison of the Hispanic ethnicity distribution in Texas, DRS and DBS

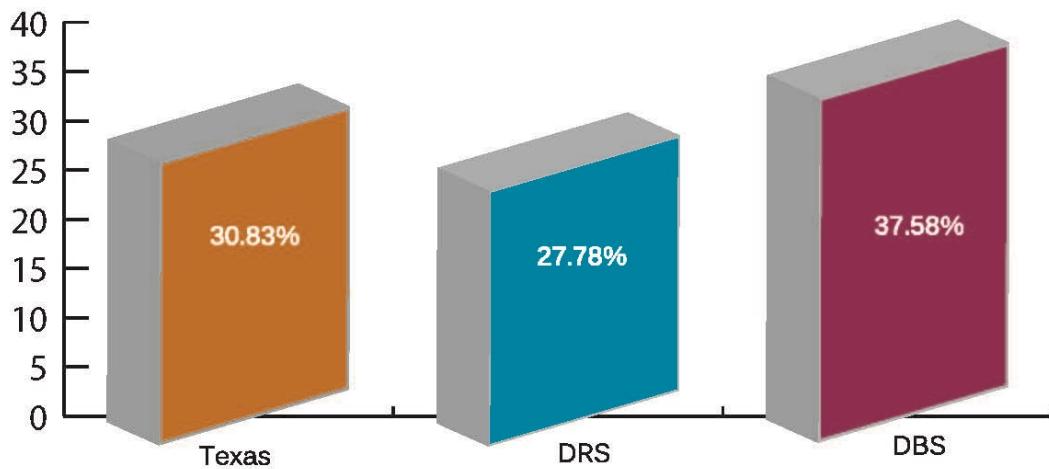


Table 12. Rate of disability by Hispanic ethnicity in the US and Texas

Ethnicity	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
Hispanic	50,520,372	4,316,712	8.54%	9,478,168	933,800	9.85%
Not Hispanic	258,618,344	34,510,920	13.35%	15,730,729	2,095,441	13.32%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

The proportion of Hispanic individuals served by DRS (27.78%) is slightly lower than the proportion of individuals with disabilities who are Hispanic in the state (30.83%). The proportion of individuals in DBS services who reported being of Hispanic ethnicity (37.58%) is higher. Table 13 shows the individuals who received DRS and DBS services by ethnicity.

Table 13. Hispanic ethnicity among individuals served by DRS and DBS

Ethnicity	DRS population served	DRS % served within ethnicity	DBS population served	DBS % served within ethnicity
Hispanic	41,104	27.78%	5,636	37.58%
Not Hispanic	106,836	72.22%	9,362	62.42%
Total	147,940	100.0%	14,998	100.0%

Figure 5 above is a graphic representation of the percentage of individuals with disabilities who are Hispanic or Latino in Texas (as shown in Table 12), alongside the percentage of Hispanic individuals served by DRS and DBS (Table 13).

The rate of disability (or of reporting disability) also varies by racial group. Table 14 below shows the proportion of individuals within each racial group in the US and Texas who have disabilities using the race categories defined by the US Census.

Table 14. Rate of disability by race in the US and Texas

Race	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
American Indian or Alaska Native	2,529,776	433,141	17.12%	124,028	20,757	16.74%
Asian	14,861,705	968,225	6.51%	979,558	50,666	5.17%
Black or African American	38,814,931	5,565,535	14.34%	2,969,460	419,110	14.11%
Native Hawaiian & Pacific Islander	501,590	47,528	9.48%	19,492	1,546	7.93%
White	229,372,074	29,737,144	12.96%	18,684,677	2,303,912	12.33%
Bi/Multiracial	8,222,747	930,645	11.32%	548,318	63,097	11.51%
Other race	14,835,893	1,156,414	7.79%	1,883,364	170,153	9.03%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

DRS and DBS use similar race categories to describe individuals receiving their services. Of the total population of individuals receiving services from DRS, 72.09% were white and another 24.77% were Black or African American. Table 15 shows the individuals in DRS and DBS services by racial groups.

Table 15. Race of individuals served by DRS and DBS

Race	DRS population served	DRS % served within race	DBS population served	DBS % served within race
American Indian or Alaska Native	934	0.63%	70	0.47%
Asian	1,656	1.12%	255	1.71%
Black or African American	36,599	24.74%	3,197	21.47%
Native Hawaiian & Pacific Islander	330	0.22%	33	0.22%
White	106,685	72.12%	11,222	75.36%
Bi/Multiracial	1,718	1.16%	114	0.77%
Total	147,922*	100.0%	14,891	100.0%

*Missing data: DRS, n=18

The distribution of individuals with disabilities by race in DRS and DBS services reflects a higher rate of service for Black or African American individuals (24.74% and 21.47%, respectively) than the proportion of

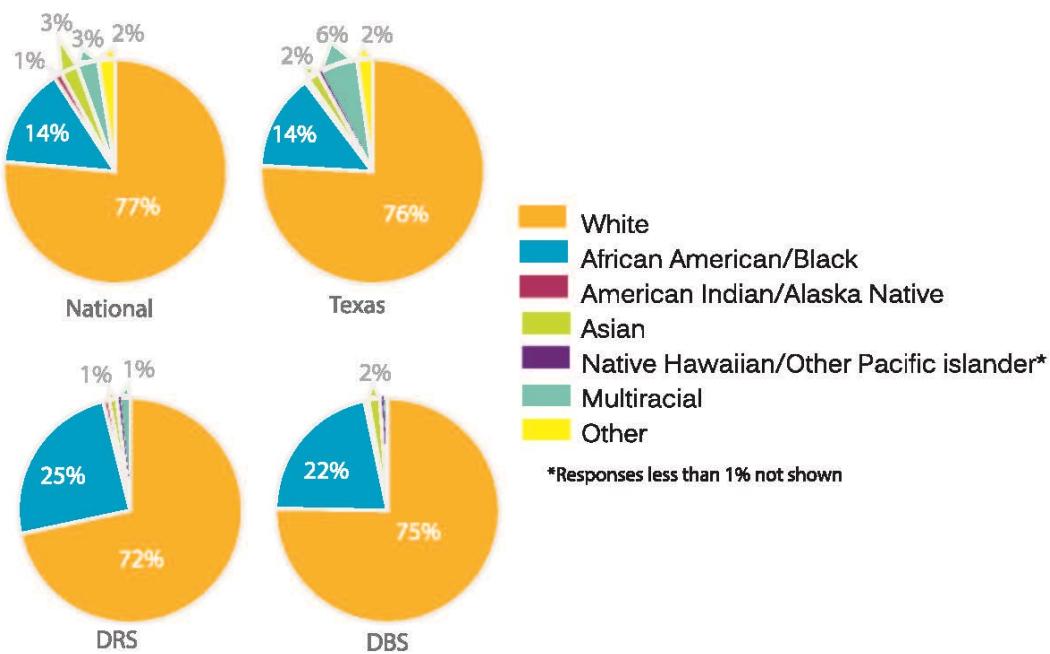
individuals that report having a disability within this racial category in the US and state (14.31% and 13.84%, respectively) as shown in Table 16.

Table 16. Distribution of disability by race in the US and Texas

Race	US disabilities	US disability % within race	TX disabilities	TX disability % within race
American Indian or Alaska Native	433,141	1.12%	20,757	0.69%
Asian	968,225	2.49%	50,666	1.67%
Black or African American	5,565,535	14.31%	419,110	13.84%
Native Hawaiian & Pacific Islander	47,528	0.12%	1,546	0.05%
White	29,737,144	76.59%	2,303,912	76.06%
Bi/Multiracial	930,645	2.40%	63,097	2.08%
Other race	1,156,414	2.98%	170,153	5.62%
Total	38,827,632	100.0%	3,029,241	100.0%

Figure 6 depicts the racial composition of the individuals in the US and Texas who reported having a disability along with the racial composition of individuals with disabilities in Texas served by DRS and DBS. Note that DRS and DBS do not include a “Some other race” category so the breakdowns, while close, are not exactly comparable.

Figure 6. Comparison of race distributions in US, Texas, DRS, DBS



Immigrant Status and Language

Texas has a large foreign-born population as compared to the nation. Of the Texas population, about 16.28% are immigrants as compared to 12.89% of the US population. Texas also has a higher proportion of immigrants with disabilities 12.18% compared to the proportion of US immigrants with disabilities, 9.44%.

Table 17. Distribution of disability by immigrant status in the US and Texas

Immigrant status	US disabilities	US disability % within immigrant status	TX disabilities	TX disability % within immigrant status
Native	35,160,378	90.56%	2,660,152	87.82%
Immigrant	3,667,254	9.44%	369,089	12.18%
Total	38,827,632	100.0%	3,029,241	100.0%

Immigrants appear to report having a disability at a lower rate than do non-immigrants. In the US, 9.20% of immigrants report having a disability as compared to 13.06% of non-immigrants. In Texas, 9.00% of immigrants report having a disability as compared to 12.60% of non-immigrants. Table 18 shows the rate of disability by immigrant status in the US and Texas.

Table 18. Rate of disability by immigrant status in the US and Texas

Immigrant status	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
Native	269,292,710	35,160,378	13.06%	21,105,767	2,660,152	12.60%
Immigrant	39,846,006	3,667,254	9.20%	4,103,130	369,089	9.00%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

Table 19 shows the distribution of disability by immigrant status among individuals served by DRS and DBS. Of the individuals served by DRS, 2.52% were immigrants. Of those served by DBS, 0.71% were immigrants.

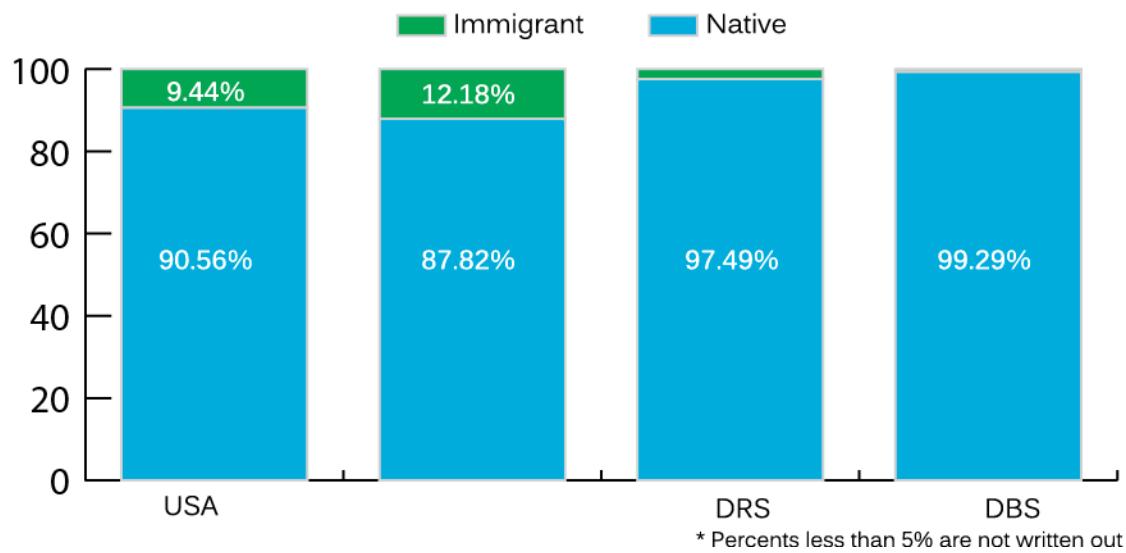
Table 19. Immigrant status among individuals served by DRS and DBS

Immigrant status	DRS population served	DRS % served within immigrant status	DBS population served	DBS % served within immigrant status
Native	144,219	97.49%	13,293	99.29%
Immigrant	3,721	2.52%	95	0.71%
Total	147,940	100.0%	13,388	100.0%

*Missing data: DBS, n=1,670

This is much lower than the percentage of immigrants reported in the US and Texas. Figure 7 shows a comparison of individuals with disabilities in the US and Texas to those served in DRS and DBS by immigrant status.

Figure 7. Comparison of the nativity of persons with disabilities in USA, Texas, DRS, DBS



Non-citizens report having a disability at lower rates than citizens at both the national and state level. As shown in Table 20, in the US, 6.47% of non-citizens report having a disability as compared to 13.03% of citizens. In Texas, 7.26% of non-citizens report having a disability as compared to 12.60% of citizens.

Table 20. Rate of disability by citizen status in the US and Texas

Citizenship status	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
Citizen	286,914,022	37,390,546	13.03%	22,450,863	2,828,914	12.60%
Non-citizen	22,224,694	1,437,086	6.47%	2,758,034	200,327	7.26%
Total	309,138,716	38,827,632	12.56%	25,208,897	3,029,241	12.02%

Of the total individuals with disabilities served by DRS and DBS only a small number of individuals were non-citizens, 2.85% and 4.28% respectively. Table 21 shows the distribution of individuals served by DRS and DBS by citizen status.

Table 21. Citizen status among individuals served by DRS and DBS

Citizenship	DRS population served	DRS % served within citizenship status	DBS population served	DBS % served within citizenship status
Citizen	143,722	97.15%	14,298	95.72%
Non-citizen	4,218	2.85%	640	4.28%
Total	147,940	100.0%	14,938	100.0%

*Missing data: DBS, n=60

This is somewhat comparable with the proportion of non-citizens nationally that report having disabilities (3.70%) though lower than the proportion in Texas, 6.61%. Table 22 shows the distribution of disability by citizen status for individuals in the US and Texas.

Table 22. Distribution of disability by citizen status in the US and Texas

Citizenship	US disabilities	US disability % within citizenship status	TX disabilities	TX disability % within citizenship status
Citizen	37,390,546	96.30%	2,828,914	93.39%
Non-citizen	1,437,086	3.70%	200,327	6.61%
Total	38,827,632	100.00%	3,029,241	100.00%

The proportion of individuals that report having a disability also varies by language spoken at home. Table 23 details the rate at which individuals report having a disability by the primary language spoken at home for the three primary languages spoken in Texas: English, Spanish and Vietnamese. The ACS does not include American Sign Language (ASL) as an option for language other than English spoken at home. Individuals that speak Vietnamese at home report the lowest rate of disability in both the US and Texas (8.10% and 7.04% respectively) while individuals that report speaking English at home report the highest rate of disability (13.26% in the US, 12.53% in Texas).

Table 23. Rate of disability by language other than English spoken at home¹

Language	US population	US disabilities	US disability %	TX population	TX disabilities	TX disability %
English*	249,709,550	33,108,141	13.26%	17,145,512	2,148,497	12.53%
Spanish	7,662,383	739,951	9.66%	1,457,874	166,623	11.43%
Vietnamese	291,688	23,628	8.10%	37,736	2,658	7.04%
Other	4,472,608	435,486	9.74%	224,209	15,832	7.06%
Total	262,136,229	34,307,206	13.09%	18,865,331	2,333,610	12.37%

Excludes if code classification is N/A because data is 2012 vintage

*Includes less than 5 years old

¹ There is a discrepancy in the reported data on language and these totals that we have as yet been unable to reconcile.

Table 24 shows the individuals who received DRS and DBS services by primary language spoken at home. DRS and DBS data include ASL as an option for primary language spoken at home; thus, the composition of individuals with disabilities by language is not exactly comparable with the national and state data. Additionally, the ACS includes many language options not included in DRS and DBS.

Table 24. Primary language at home by individuals served by DRS & DBS

Language	DRS population served	DRS % served within language	DBS population served	DBS % served within language
English	142,924	96.64%	1,3660	91.63%
Spanish	2,431	1.64%	1,114	7.47%
Vietnamese	2,110	1.43%	68	0.46%
ASL	994	0.06%	9	0.06%
Other	36	0.23%	57	0.38%
Total	147,895*	100.0%	14,908*	100.0%

*Missing data: DRS, n=45; DBS, n=90

Individuals who primarily speak Spanish at home represent 7.14% of individuals in Texas with disabilities, 1.64% of individuals who received DRS services and 7.47% of individuals who received DBS services. Individuals who primarily speak English at home represent 92.07% of individuals in Texas with disabilities, 96.64% of individuals who received DRS services and 91.63% of individuals who received DBS services. Table 25 shows the distribution of individuals with disabilities by language other than English spoken at home in the US and Texas.

Table 25. Distribution of disability by language other than English

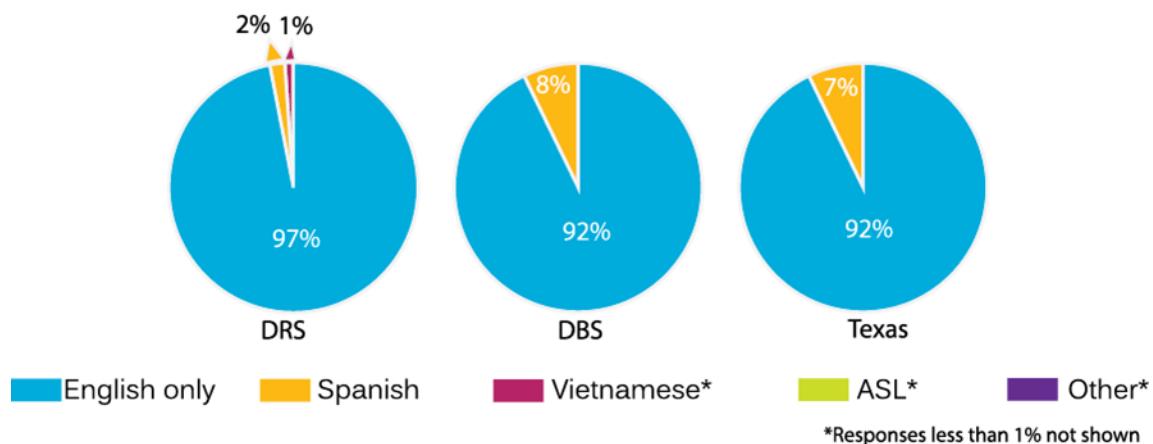
Language	US disabilities	US disability % within language	TX disabilities	TX disability % within language
English*	33,108,141	96.50%	2,148,497	92.07%
Spanish	739,951	2.16%	166,623	7.14%
Vietnamese	23,628	0.07%	2,658	0.11%
Other	435,486	1.27%	15,832	0.68%
Total	34,307,206	100.00%	2,333,610	100.00%

Excludes if code classification is N/A because data is 2012 vintage

*Includes less than 5 yrs old

Figure 8 shows a graphic comparison of individuals with disabilities in Texas, and DRS and DBS consumers by primary language spoken at home.

Figure 8. Comparison of language distributions in Texas, DRS, DBS



Types of Disability

Different types of disabilities are prevalent at different rates in the US and Texas. The ACS categorizes disabilities according to 6 types and individuals may report having more than one type (thus percentages below do not sum to 100%). Table 26 and Figure 9 show the percent of the total population of individuals with disabilities that each type represents in the US and Texas.

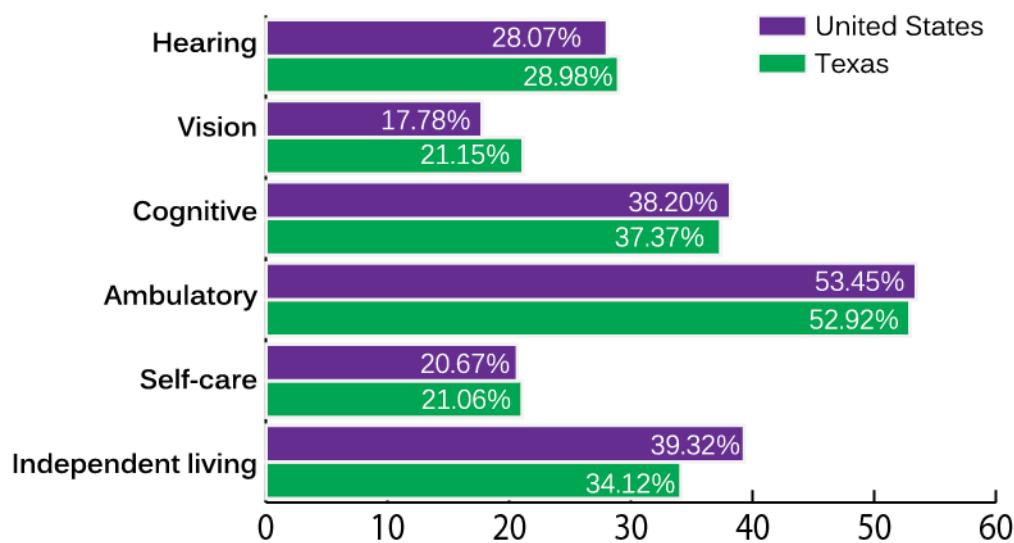
Table 26. Percentage of individuals with disabilities by disability type

Disability Type	United States	Texas
Hearing	28.07%	28.98%
Vision	17.78%	21.15%
Cognitive*	38.20%	37.37%
Ambulatory*	53.45%	52.92%
Self-care*	20.67%	21.06%
Independent Living**	39.32%	34.12%

*Excludes under 5 years of age

**Excludes under 17 years of age

Figure 9. Comparison of disability types in US, Texas



DRS does not categorize disabilities according to ACS categories. Instead DRS categorizes disabilities according to groups defined by DRS staff according to a combination of the cause and subcategory database entries for their disability categories. While DRS groups and categories allow for a nuanced understanding of the disabilities, they are not comparable to ACS categories. The following table shows the distribution of the people in DRS services by primary DRS disability category.

Table 27. Individuals in DRS Services by Primary Disability Type

Disability Type	Number of DRS individuals	% within DRS disability type
Cardiac/Respiratory/ Circulatory	1,980	2.10%
Cognitive	23,950	25.45%
Deaf and/or Hard of Hearing	12,235	13.00%
Emotional /Mental/Psychological	17,704	18.81%
Musculoskeletal/Neurological/Orthopedic	26,393	28.04%
Other	301	0.32%
Other Chronic Diseases	3,500	3.72%
Other Physical Debilitation or Impairment	2,584	2.75%
SCI/TBI	2,529	2.69%
Substance Abuse	2,940	3.12%
Total	94,112	100.0%

As all individuals served by DBS have a sensory/communicative impairment as their primary disability they are not grouped in the same categories. They can be categorized according to some subcategories relating to the extent of their vision impairment; however there is no comparable information available for this at the state or national level.

Employment

According to the ACS 2008-2012 data, Texas has a slightly lower unemployment rate than that of the nation (5.3% as compared to 6.3%). Table 28 shows the civilian employment rate for the working age population of the US and Texas by disability status.

Table 28. Employment rate in the US and Texas

Employment status	US no disability	US disability	TX no disability	TX disability
Employed	65.0%	21.4%	66.3%	24.6%
Unemployed	6.3%	4.4%	5.3%	4.0%
Not in Labor Force (NILF)	28.7%	74.2%	28.4%	71.4%
Total	100.0%	100.0%	100.0%	100.0%

*Excludes individuals <16yrs and armed forces (US: n=66,451,681 or 21.5% of total; Texas: 6,205,174, 24.6%).

Approximately 40 percent of individuals in DRS and DBS services were employed, either in integrated, extended or supported employment or self-employed (See Table 29 below).

Table 29. Employment rate of individuals in DRS and DBS services

Employment Status*	DRS	DBS
Employed	40.05%	42.17%
Not Employed	59.79%	54.87%
Homemaker/Unpaid Family Worker	0.16%	2.96%
Total	100.0%	100.0%

*Employment status is determined using DRS/DBS 2011-2012 closed cases and 2013 open and closed cases

The following table shows the employment rate of individuals in DRS and DBS services by types of employment and unemployment.

Table 30. Individuals in DRS and DBS services by employment status

Employment Status	DRS	DBS
Integrated Employment	38.07%	34.93%
Extended Employment (nonintegrated, e.g. sheltered)	0.22%	0.05%
Self-Employment (except BET)	0.85%	6.13%
Supported Employment	0.91%	0.27%
BET (Business Enterprises of Texas)	0.00%	0.79%
Not employed: All other Students	5.97%	5.03%
Not employed: Other	46.86%	39.46%
Not employed: Student in Secondary Ed.	6.74%	10.25%
Not employed: Trainee, Intern or Volunteer	0.21%	0.14%
Homemaker	0.08%	2.91%
Unpaid Family Worker	0.08%	0.05%
Total	100.0%	100.0%

Employment by Disability Type

Individuals with different types of disabilities are employed at different rates. Table 31 shows the percentage of individuals who were employed, unemployed and not in the labor force in the US and Texas by ACS categories of disability type.

Table 31. Employment rate by disability type in the US and Texas

Disability Type	US rate employed	US rate unemployed	US rate NILF	TX rate employed	TX rate unemployed	TX rate NILF
Hearing	24.2%	3.2%	72.7%	27.7%	2.7%	69.6%
Vision	21.6%	4.3%	74.0%	25.9%	3.9%	70.2%
Cognitive	15.6%	5.5%	78.9%	16.9%	5.0%	78.1%
Ambulatory	14.5%	2.9%	82.7%	16.9%	2.6%	80.4%
Self-care	8.1%	1.8%	90.1%	9.3%	1.7%	89.0%
Independent Living	8.5%	2.4%	89.1%	8.9%	2.2%	88.9%

*Excludes individuals <16yrs and armed forces (US: n=66,451,681 or 21.5% of total; Texas: 6,205,174, 24.6% of total)

Earnings and Economic Well-being

Work is determined not only by employment, but by factors such as hours worked and wages earned. In general, individuals with disabilities work fewer hours than individuals who do not have a disability. Table 32 provides the national and state-level percentages of individuals for four categories of hours worked by disability status, excluding individuals under the age of 16 or who are otherwise ineligible for work.

Table 32. Weekly hours worked by disability status in the US and Texas

Hours worked	US no disability	US disability	TX no disability	TX disability
1 up to 5 hours	0.9%	2.3%	0.7%	1.8%
5 to 20 hours	11.5%	17.9%	9.4%	14.3%
Over 20 up to 40 hours	62.6%	59.6%	61.7%	59.8%
Over 40 hours	25.0%	20.2%	28.2%	24.1%
Total	100.0%	100.0%	100.0%	100.0%

*Excludes individuals <16yrs and “did not work during past 12 months” (US: n=147,872,015 or 47.8% of total; Texas: 13,165,052, 52.2% of total)

Over a third of the individuals in DRS and DBS services report working more than 1 hour a week. Table 33 shows the distribution of hours worked for individuals in DRS and DBS services who worked more than 1 hour per week, broken down in categories comparable to Table 32.

Table 33. Weekly hours worked of individuals in DRS and DBS services

Hours worked	DRS	DBS
1 up to 5 hours	1.17%	2.65%
5 to 20 hours	25.46%	25.76%
Over 20 up to 40 hours	70.50%	67.07%
Over 40 hours	2.86%	4.53%
Total	100.0%	100.0%

Wages vary by disability status. In general, individuals with disabilities are concentrated in the wage categories at the lower end of the pay scale. The US and Texas are fairly comparable with regards to pay distribution (using the following categories) for individuals with disabilities. Table 34 shows how individuals are distributed with regards to wages by disability status. Categories are delimited according to wage rate by hours worked: \$7,450 is equivalent to working 20 hours a week at minimum wage (\$7.25) for 52 weeks, \$15,080 is equivalent to working 40 hours a week at minimum wage (\$7.25) for 52 weeks, \$31,200 is equivalent to working 40 hours a week \$15 an hour for 52 weeks, \$52,000 is equivalent to working 40 hours a week at \$25 an hour for 52 weeks, \$104,000 is equivalent to working 40 hours a week at \$50 an hour for 52 weeks, etc.

Table 34. Annual wages by disability status in the US and Texas

Annual wages	US no disability	US disability	TX no disability	TX disability
Up to \$7,540 (not 0)	15.5%	25.5%	14.9%	23.8%
\$7,541 to \$15,080	13.0%	17.4%	14.2%	17.8%
\$15,081 to \$31,200	24.3%	24.6%	25.7%	25.6%
\$31,201 to \$52,000	22.6%	18.2%	22.2%	18.2%
\$52,001 to \$104,000	18.7%	11.8%	17.0%	11.7%
Over \$104,001	5.8%	2.6%	5.5%	2.9%
Total	100.0%	100.0%	100.0%	100.0%

*Excludes individuals <15yrs and “none” (US: n=157,466,312 or 50.9% of total; Texas: 13,165,052, 52.2% of total)

Table 35 shows the distribution of wages for individuals in DRS and DBS services. Wages are reported to DRS and DBS as weekly wages. For ease of comparison wages are reported in Table 35 as annual amounts using the same categories as used in the national and state wage distribution (Table 34). The majority of individuals in both DRS (70.06%) and DBS (69.91%) services earn between the equivalent of working part-time at the minimum wage and full-time at a \$15 an hour. Only 14.24% of individuals in DRS services and 15.39% of individuals in DBS services report earning more than the equivalent of full-time at \$15 an hour.

Table 35. Wages of individuals in DRS and DBS services

Annual wages	DRS	DBS
Up to \$7,540 (not 0)	15.71%	14.71%
\$7,541 to \$15,080	32.38%	30.04%
\$15,081 to \$31,200	37.68%	39.87%
\$31,201 to \$52,000	10.44%	10.83%
\$52,001 to \$104,000	3.46%	3.73%
Over \$104,001	0.34%	0.83%
Total	100.0%	100.0%

*Excludes individuals with no earnings

Summary of Demographic Comparisons for DRS and DBS

While this report includes detailed demographic data for specific populations of individuals with a disability in Texas and nationally, the following is a summary of the demographic description of consumers served by DRS and DBS from SFY 2011-2013. The demographic information for DRS and DBS consumers are compared to the percentages of the population of individuals with a disability within Texas.

Compared to the Texas population with a disability, individuals with a disability receiving services from **DRS** are:

- more likely to be male (55.71% versus 48.8%)
- more likely to be in younger age categories up to age 54 (81.44% versus 44.85%)
- less likely to be Hispanic (27.78% versus 30.83%)
- less likely to be White (72.12% versus 76.06%)
- more likely to have English as their primary language (96.64% versus 92.07%)
- more likely to be employed (40.05% versus 24.6%)
- more likely to work 20 or fewer hours per week (26.63% versus 16.10%)
- more likely to have wages above the \$7.25 minimum wage (84.29% versus 76.20%)

Compared to the Texas population with a disability, individuals with a disability receiving services from **DBS** are:

- more likely to be male (53.43% versus 48.8%)
- more likely to be in younger age categories up to age 64 (68.22% versus 44.85%)
- more likely to be Hispanic (37.58% versus 30.83%)
- less likely to be White (75.36% versus 76.06%)
- less likely to have English as their primary language (91.63% versus 92.07%)
- more likely to be employed (42.17% versus 24.6%)
- more likely to work 20 or fewer hours per week (28.41% versus 16.10%)
- more likely to have wages above the \$7.25 minimum wage (85.29% versus 76.20%)

Town Hall Meetings

Town hall meetings were held to obtain community feedback regarding the needs of Texans with disabilities. This section details the methods related to the town hall meetings as well as the major findings.

Methods

Nine town hall meetings were conducted in cities across Texas. These cities included: Austin, Beaumont, Corpus Christi, Dallas, Houston, Laredo, McAllen, Midland and San Antonio. Town halls were generally held at DARS offices. Town halls were open to all community members and were advertised specifically to the disability community via email listserves. Over 60 individuals participated in the Town Hall meetings. The exact number and demographic information of participants is unknown.

The town halls were conducted by members of the Rehabilitation Council of Texas (RCT) who facilitated the meetings using a guide developed by the research team. Town halls were recorded by CART transcribers.

The town hall meeting transcriptions were coded by the research team using content analysis. Responses were first grouped by the primary question they intended to address. A different member of the research team coded and grouped together responses under each research question. A third member of the research team consulted on the final themes that emerged from each question.

Services necessary to obtain employment

Of the town hall attendees, 52 individuals offered information specifically related to assisting an individual with a disability in obtaining employment. These responses addressed structural services and vocational services.

Structural services

Participants noted three structural issues that need to be addressed in employment seeking. Five participants mentioned transportation issues such as coordinating work schedules with transportation schedules, particularly when working late hours or buses are running late. One participant noted childcare and one noted accessible/modified workplaces as structural issues that need to be addressed in finding employment.

Vocational Services

The majority of participants mentioned types of vocational services (either those already provided or those desired). For example, eight participants noted job counseling as a service needed in employment. Participants noted a need for assessment and job coaching that should occur in conjunction with employer recruitment. One participant noted that job counseling should take place in schools.

Five participants specifically mentioned vocational assessment in some form. Assessment was viewed as a means to help individuals appropriately match jobs with abilities. Participants felt more assessment and matching to appropriate jobs was important. One participant stated there was “no hope for kids to get jobs” as it requires a personal assessment and connection to be made with the employer.

An additional six participants mentioned training as important to employment. Two participants mentioned general training; two participants specifically refer to computer training and a final mentioned training in budgeting to educate individuals on how much they earn at their job and how much they have to spend. A final participant mentioned the need to train parents in job searching in combination with employer recruitment.

Participants also noted employer recruitment as a needed structural service. Specifically, four participants mentioned approaching employers about hiring people with disabilities and working with them to understand what that would take and how to support them. One participant mentioned employer recruitment specifically in conjunction with a need to focus on individuals with intellectual and developmental disabilities.

Structural services also included partnerships needed to facilitate employment. For instance, five participants mentioned the partnership between schools and DARS, emphasizing the need for improving the presence of DARS in schools so that students are more supported in transition. One participant described this partnership as building on “already existing services.” Three additional respondents mentioned the importance of transition services, though not necessarily in partnership with schools.

An additional partnership mentioned was with Social Security offices. Two participants mentioned the need to partner with social security to deal with the disincentive, or perception of disincentive to work. They suggested the development of a work incentives program.

The importance of including parents as partners was mentioned by three participants. These participants noted the importance of parent involvement in the success of consumers in finding a job.

In addition to partnerships, participants in the town hall meetings felt there needed to be more awareness about DARS and services available in communities. Five participants noted that there is a need to increase awareness of the available DARS services, while two other participants mentioned the need for more awareness of other services available in the community. One participant discussed the need for providing services to help consumers become self-employed.

Services needed to keep a job

Participants were asked what services are needed to help individuals with a disability maintain employment. The services needed to maintain employment follow a similar pattern to those issues raised when discussing services needed to obtain employment. Responses clustered into structural services needed and vocational services needed. In terms of structural services needed, four people again mentioned challenges with transportation.

Much more discussion centered on vocational services. Three people mentioned a need for more service providers in general, six mentioned the need for job coaches, two mentioned a need for support through employer/management transitions, and six mentioned a need for education or counseling of consumers. Such education should address rights and work on self-advocacy skills and self-awareness with regards to their capabilities with their disability.

Seven participants mentioned education of employers as important in helping an individual with a disability maintain employment.

A final innovation that one participant suggested was for DARS to develop a program that offers seed money for pilot projects for developing new programs to serve the community.

Improvements in vocational rehabilitation services

Participants were asked how DARS could improve vocational rehabilitation services. Several administrative recommendations were made. Three participants discussed a need for increased accountability in some fashion such as the need to be accountable to consumers, through a regular mechanism to provide feedback or monitor case progress. One participant requested consistency in knowledge amongst service providers.

Ten participants spoke of aspects of the case management and review process. These participants noted the need for improved assessment and identification of people with disabilities who need services and the need to reduce the amount of time between application and receipt of services. Others mentioned aspects of documentation and case management such as the need to streamline documentation, decrease the “red tape,” and expedite the process or create a “shortcut” for cases that are ready to go to work when they arrive.

Four participants noted the need to increase funding for DARS services (alluding to the need for more services). An additional participant mentioned a need for more service providers. A final respondent suggested that there be a way to increase resources and provide cash relief for consumers to assist with transportation and other job related needs.

Barriers interfacing with DARS

Participants were asked what barriers are faced when trying to initiate services with DARS. Barriers can be grouped into categories according staff-related barriers, service provision barriers, specific barriers to access for consumers, and public awareness related barriers. Service provider barriers included the lack of competence of staff and lack of knowledge among and training of staff. Two additional respondents referred to this lack of knowledge, in specific reference to autism spectrum disorders and late life autism spectrum diagnoses

Service provision-related barriers were mentioned by multiple participants. Four participants mentioned transition services and/or the connection between DARS services and schools noting there is a need for services earlier in high school. Five participants mentioned barriers in terms of a lack of counseling services or specific types of support in counseling such as job coaching, support with change in employer/manager, comprehensive services, and a lack of clarity on available trainings and expanded services on those trainings. An additional five participants expressed time being a barrier to quality service provision. They expressed difficulty accessing services when needed as well as receiving services for the length of time appropriate to their needs.

Two other participants expressed that there was a real barrier in the lack of interagency teams suggesting that the separation of services from DRS and DBS presented a problem and a need for interagency teams of staff from DARS, schools, and independent living centers.

Access-related barriers were mentioned in terms of language. Two participants specifically mentioned language barriers as a significant issue for non-English speaking consumers.

There are 3 types of public-awareness related barriers: (1) awareness of impact of service receipt on SS benefits, (2) awareness of consumers about services DARS provides, and (3) awareness of DARS services among service providers. Four participants spoke to a barrier in terms of the lack of awareness of the impact of service receipt on Social Security benefits highlighting the disincentive to work from losing benefits. A participant noted a need for outreach specifically on the impact on benefits. Four participants raised the concern that there was a barrier in the lack of awareness of services by consumers and/or parents. Finally, two participants suggested a lack of awareness among doctors and medical professionals of DARS services, and an additional participant suggested a lack of partnerships with other services.

Barriers in trying to maintain services with DARS

Participants were also asked what barriers are faced in trying to maintain services with DARS. The majority of responses (15) involved administrative barriers. Five participants mentioned issues with caseworkers closing cases without feedback or information about the rationale, one of those specifically cited a problem with the determination that they were “not looking for a job” and two of them mentioned the additional issue of difficulty with reopening cases once they had been closed.

Seven participants mentioned barriers regarding a lack of service providers, either mentioning this issue directly or with regards to lack of responsiveness of counselors. Participants felt that high caseloads and a 60 day wait period before filling vacant positions as a potential reason for the lack of service providers.

Two participants mentioned disability specific administrative concerns, one participant mentioned barriers with regards to coordination of services for multiple disabilities and the other job eligibility concerns around when the disability limits independent restroom use.

One participant said that there was no understanding of employer needs among DARS VR counselors suggesting that it would be helpful for counselors to take into consideration what employers are looking for in employees and advocate from that frame of reference.

Unserved/underserved populations

Participants were asked to identify any unserved/underserved populations of people with disabilities in their communities. Thirty-nine participants noted at least one population being unserved or underserved their community.

Many participants noted populations that are underserved due to access issues. For instance, seven mentioned communities that are rural or with limited service access. Of these, specifically: two participants mentioned rural communities (one defining this as limited access to transport), three mentioned colonias or self-help housing communities and two mentioned communities with limited access to or knowledge of internet or technology.

Other participants noted underserved populations by discussing categories of disabilities. Four participants mentioned autism spectrum disabilities, of these one mentioned Asperger's specifically, one mentioned autism in conjunction with self-employment options, and another mentioned autism spectrum (youth, specifically) in conjunction with disabled ex-offenders or people with criminal records. Five participants mentioned individuals with a mental illness, one participant mentioned substance abuse and one participant mentioned behavior problems.

Participants also noted underserved populations based on age-related groups. Two participants mentioned foster children, one also mentioned unaccompanied youth. Five mentioned children in transition or leaving high school for college, one of these mentioned high school students more broadly. Two participants mentioned older adults and one mentioned people with social security benefits.

Finally, participants noted multiple populations they felt were vulnerable and underserved. Three participants mentioned immigrants, children of immigrants or people from another cultural group, one of these specifically mentioned Spanish-language speaking people. One participant mentioned low-income individuals and one mentioned homeless individuals. Three participants mentioned people with disabilities and criminal records, one of these mentioned this in conjunction with dual diagnoses and the other in conjunction with Home and Community Services (HCS) medical waiver group home and one specifically mentioned sex offenders. One participant also noted artists as an underserved group.

Reasons populations are underserved/unserved

Participants were also asked why populations are unserved or underserved. Some participants approached this question by naming unserved populations again. Two participants pointed out their dissatisfaction with the question stating that there are no populations with a disability who need more than others. They felt all populations have equal needs and that this question and the prior question implied that there were groups who needed more than others.

Some participants felt that depending on the type of disability, individuals may encounter unique barriers. Five participants mentioned Individuals with Intellectual and Developmental Disabilities (IDD) and three mentioned autism as disabilities that might encounter additional barriers. With autism, participants felt that traditional work training programs would be too long.

Other participants noted that being a part of a vulnerable population may create barriers. For instance, two participants mentioned homeless people, one specifically mentioning the increase in time of record processing for this group. Literacy skills and English language proficiency skills were mentioned as barriers for vulnerable groups.

Participants also noted structural barriers for underserved populations such as transportation, the fear of benefit loss, rural communities without service, lack of internet and lack of child care.

Finally, 16 participants discussed the barriers encountered by transition age youth thereby indicating that this population is underserved. Eight mentioned lack of communication between DARS and schools, one specifically noting that each school needs a DARS counselor.

Outreach to underserved/unserved populations

After they had identified underserved populations and barriers faced by these populations, participants were asked what DARS can do to do outreach to these populations and improve the provision of services. Because transition age youth had been identified as an underserved population, many suggestions centered on schools and parents. Four participants mentioned outreach to schools, one mentioned outreach occurring at “critical ages” when youth are getting ready to transition out of public schools and another suggested outreach to parents through schools. One participant suggested a training that transition coordinators, school districts, and DARS counselors all attend. Two parents mentioned encouraging parents to meet with other parents of kids with disabilities and one suggested fixing the communication barrier between parents and services to outreach to kids at a younger age.

Participants also mentioned technology as a means to reach populations. Participants suggested television commercials, phone apps, social media, email and orientations via video. Community events were mentioned by six participants who suggested a community workshop or training on services and “outreach to professionals.” Three participants suggested improving general marketing, through a disability awareness month and utilizing ASL to promote services.

Government/Benefits Offices were mentioned by four participants as access points to underserved populations. It was suggested to increase outreach/connection between Medicare/Medicaid applicants and those who have applied for SSI or SSDI with DARS perhaps through “auto-referrals” from Medicare and Medicaid to DARS. One participant suggested sending outreach letters to kids under 16 who are approved for SSI.

Opportunities for those with most significant disabilities

Participants were asked if DARS offers enough opportunities for individuals with the most significant disabilities to gain competitive employment. The definition of most significant disabilities was read for participants.

Four participants commented that DARS was providing opportunities for those with most significant disabilities. One specifically stated that “people on dialysis are working” while another participant stated that “assistive technologies have helped.”

Seven participants noted that they had a problem with the designation “significant disabilities” similar to the objections noted above related to underserved populations.

The majority of participants who responded to this question simply said there were not enough opportunities, but did not elaborate more (n=28). For those that did provide an explanation, schools were again raised as an issue by three participants who felt DARS needed to do more with schools. Two also mentioned gaps in services relating to mental illness. One participant commented on the need for personal attendant services to help those with disabilities on the job.

Four participants mentioned employment problems faced by individuals with cognitive or autism spectrum disabilities and employment. One participant stated that individuals with cognitive disabilities “don’t fit in,” highlighting that this group often needs to retake programs several times though they only are offered one time. Two participants discussed a problem with the definition of competitive integrated employment versus what the best job for abilities might be for that individual.

Provision of services to those with most significant disabilities

After identifying opportunities for individuals with most significant disabilities, participants were asked how DARS can provide services to the individuals with the most significant disabilities. According to one participant DARS needs a “whole new approach” as unemployment in the community has remained the same. In contrast, another participant simply praised DARS suggesting they continue their current practice regarding supportive and self-employment for individuals with most significant disabilities. Others had more focused responses.

Twenty three participants had responses or suggestions that focused on employment or suggestions specifically related to employers. Of these, four participants made suggestions with regards to challenging employers to look beyond online job applications as they do not work for many consumers. Two participants suggested generally increasing working with and improving relationships with employers via a job fair for DARS consumers. Three participants suggested ideas related to the education of employers and three participants discussed the need for more new employers, two suggesting recruitment could be done by providing more case examples of employers who successfully hire consumers. Three responses focused on encouraging employers to advocate for hiring people with disabilities, 2 of them suggested specifically that employers should be engaged in promoting hiring consumers by making an infomercial. Another participant suggested expanding work from home and part time opportunities, specifically by focusing on recruiting small businesses. Three participants focused on employment as placements, 1 highlighting the need for not just any work but for challenging, supportive employment placements, 1 suggested that counselors need to be

“out in the community” trying to create more placements and 1 simply mentioned the need to find new placements for kids. Two participants mentioned the need for more comprehensive job site analysis, 1 stating that it should be done in conjunction with evaluation of consumer capabilities.

Participants also commented on administrative issues. Six participants made comments or suggestions regarding the case management process, 1 suggested the need to revise the system for closing/reopening cases and another similarly highlighted the need to create categories of severe cases, 1 highlighted the use of a “clear algorithm” in choosing cases to serve, 1 suggested changing services or broadening of eligibility requirements, 2 suggested involving more people in the cases either more than one counselor or a as team - counselor, job developer, consumer family. Three participants made comments with regards to consumer skills or skills training, one suggested providing training in skills for jobs that are “actually available”, one suggested teaching self-advocacy skills, like how to ask for an application, etc. and a final suggested the need for more independent living workshops or one-on-one trainings on advocacy skills. Two participants called for functional capacity evaluation, 1 of them highlighting the need for them to be linked to jobs actually available in the community where the person is living.

Seven participants made comments with regards to counselors or job counseling. Two comments referred to the need for good staff, one suggesting that the recognition of counselors working with consumers with the most severe disabilities could provide incentives for counselors to take harder cases. Two participants suggested more counselor training, 1 suggesting they be certified rehab counselors and 1 specifically mentioning training in assistive technologies.

Seven participants provided partnership or communication/outreach related concerns and suggestions. Four participants referred to specific partnerships or collaborations, 1 suggesting DARS partner with Mental Health/Mental Retardation (MHMR) specifically, 1 suggesting the strengthening of DARS-independent living center partnerships and 2 more generally suggesting the need to increase collaborations or host a joint agency roundtable.

Improving VR services

Participants were also asked about VR services in their community and what could be done to improve services. Three participants provided statements of general support or accolades, one for DBS and another regarding success at a state supported living center, and one highlighting that DARS has had success in placing consumers with supported employment services and job placement services as well as creating a support system in the workplace.

Although there were 66 people who responded to this question, most of the suggestions echo statements made in earlier sections. Some of the suggestions already mentioned relate to transportation, personal attendants to assist in restrooms, collaborating with the SSI offices and schools and hiring more counselors.

A new topic raised by participants related to supported employment. Fourteen participants discussed supported employment in some regard. Other suggestions included increase awareness of availability of additional services like job coaching, expanding supportive employment services, use a less restrictive criteria in order to get supported employment or change definition of supported employment, eliminate time frame limits from supported employment and restriction to "most significant" and monitor supportive employment, so there is an authority to ensure success.

Consumer survey

Consumer voice is a necessary component of this needs assessment. Because DBS and DRS already conduct a survey of consumers each year, information from those survey reports relevant to this needs assessment were utilized.

Methods

Both DRS and DBS conduct ongoing consumer satisfaction surveys in order to assess how VR consumers feel about the services they have received on an ongoing basis. Consumers in the eligibility, in-plan and closed phases of services are surveyed separately. The surveys are extensive and last year approximately 7,500 DRS consumers and 1,024 DBS consumers completed the consumer satisfaction surveys. Results are submitted quarterly to DARS and the final reports from the 2013 surveys were submitted to DARS in January 2014. While including all of the results from the consumer satisfaction surveys does not fit the scope of this needs assessment, several of the questions were particularly relevant and, therefore, are included in this section. The DRS and DBS surveys cover similar content, but specific questions are different on each survey. Therefore, the information presented on consumer satisfaction is not identical for each department. For further information on the consumer satisfaction surveys, please contact DRS and DBS.

DRS consumer satisfaction

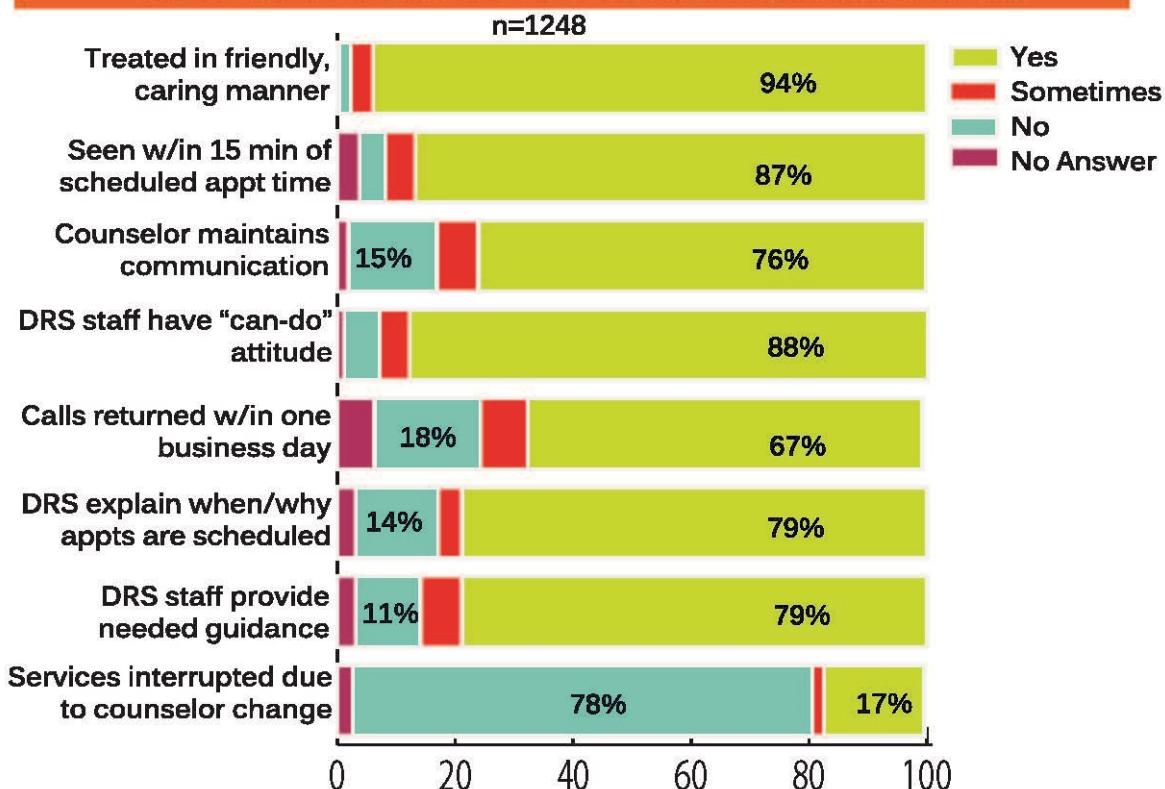
The DRS survey contains two sets of questions particularly relevant to this report. Included first are questions specifically related to satisfaction with services. The second subsection contains information about consumer satisfaction with wages and employment.

Satisfaction with DRS

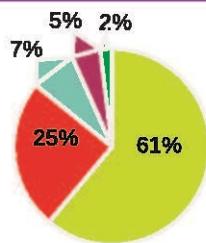
In 2013, 1,248 consumers with closed cases participated in the consumer satisfaction survey. Figure 10 details the findings. The respondents indicated that 94.0% of the time, they were treated in a friendly, caring and respectful manner compared to 5.7% that felt they were not treated this way or only sometimes treated this way. Appointments are seen within fifteen minutes of their scheduled time for 86.8% of the respondents. The other respondents reported that they are not met within 15 minutes (4.4%) or are only sometimes seen on time (5.0%). A total of 75.9% of the respondents feel that their counselor maintained communication regarding their case, but 14.8% reported that their counselor did not maintain contact. An additional 7.4% felt that contact was maintained sometimes. The percentage of respondents that felt DRS had a “can-do” attitude was 87.8%. A total of 5.0% felt that staff had a “can-do” attitude sometimes, and 6.1% felt DRS staff did not exhibit a “can-do” attitude. In 2012, 85.6% reported that DRS had a “can-do” attitude. The proportion of respondents that felt DRS staff explained appointments to them is 79.1%. Other respondents reported that staff did not explain appointments (13.8%) or only explained them sometimes (4.0%). For 2013, a total of 79.1% feel that their guidance needs are being met by DRS staff, while 11.1% feel their guidance needs are not being met and 6.7% feel their needs are being met sometimes. When asked if their services have been interrupted due to a counselor change or absence, 78.4% of the respondents said “no”, 16.7% said “yes” and 2.2% said “sometimes”.

When asked about the satisfaction with their counselor, 86.1% of the respondents in 2013 are “satisfied” or “very satisfied”. The percentage of respondents that are dissatisfied or very dissatisfied with their counselor is 12.2%. The final question on the survey asked respondents how satisfied there are with their overall experience with DRS. For 2013, the percentage who is “very satisfied” or “satisfied” is 82.9%. In contrast, 14.5% feel “dissatisfied” or “very dissatisfied” with their experience with DRS at this point in their service.

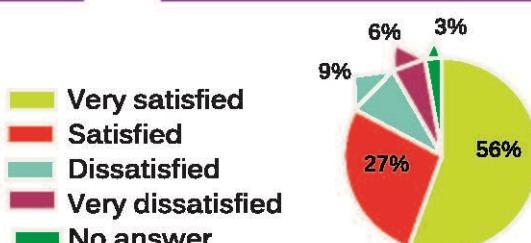
Figure 10. Percent of DRS consumers satisfied with DRS



How would you rate your satisfaction with your DRS counselor?



How would you rate your satisfaction with your DRS ?



*Data from 2013 DRS Consumer Survey- closed cases only

** Percentages may not equal 100% due to rounding

*** Only percentages greater than 10 shown on some graphs

DRS Consumer satisfaction with employment

The first set of questions included in this needs assessment from the 2013 Consumer Satisfaction Survey relate to consumer satisfaction on factors connected with employment for consumers with closed VR cases. Of the 3,728 consumers surveyed, 71% reported that they were currently employed.

The consumers that were employed were then asked to rate their satisfaction with their wages, their employee benefits, their chance for advancement and their overall job satisfaction. Seventy-seven percent of consumers were very satisfied or satisfied with the wages they earned. When reporting their satisfaction with their employee benefits, 55.5% were very satisfied or satisfied. However, 30% of consumers reported not having benefits. 65.8% of consumers responded that they were very satisfied or satisfied with their chance for advancement in their employment position. 86.7% of consumers that were employed were very satisfied or satisfied with their job, overall.

Figure 11. Percent of employed DRS consumers with closed cases

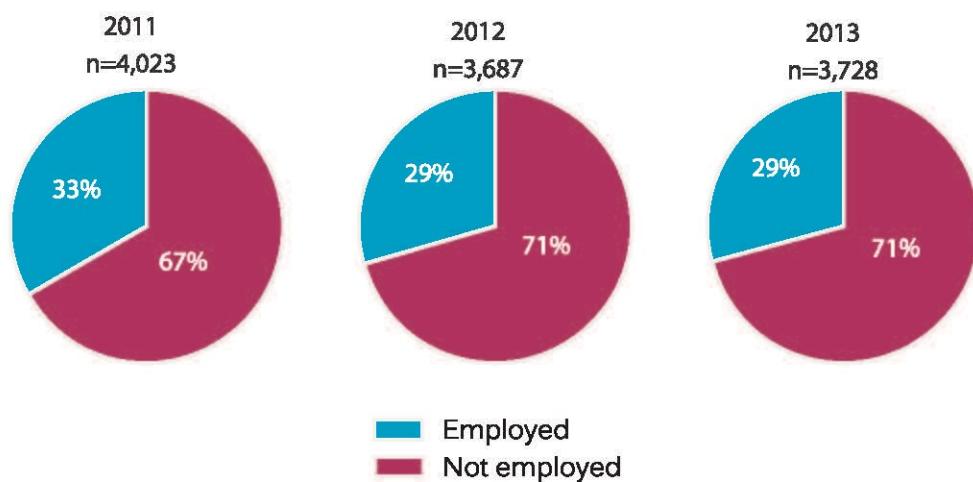
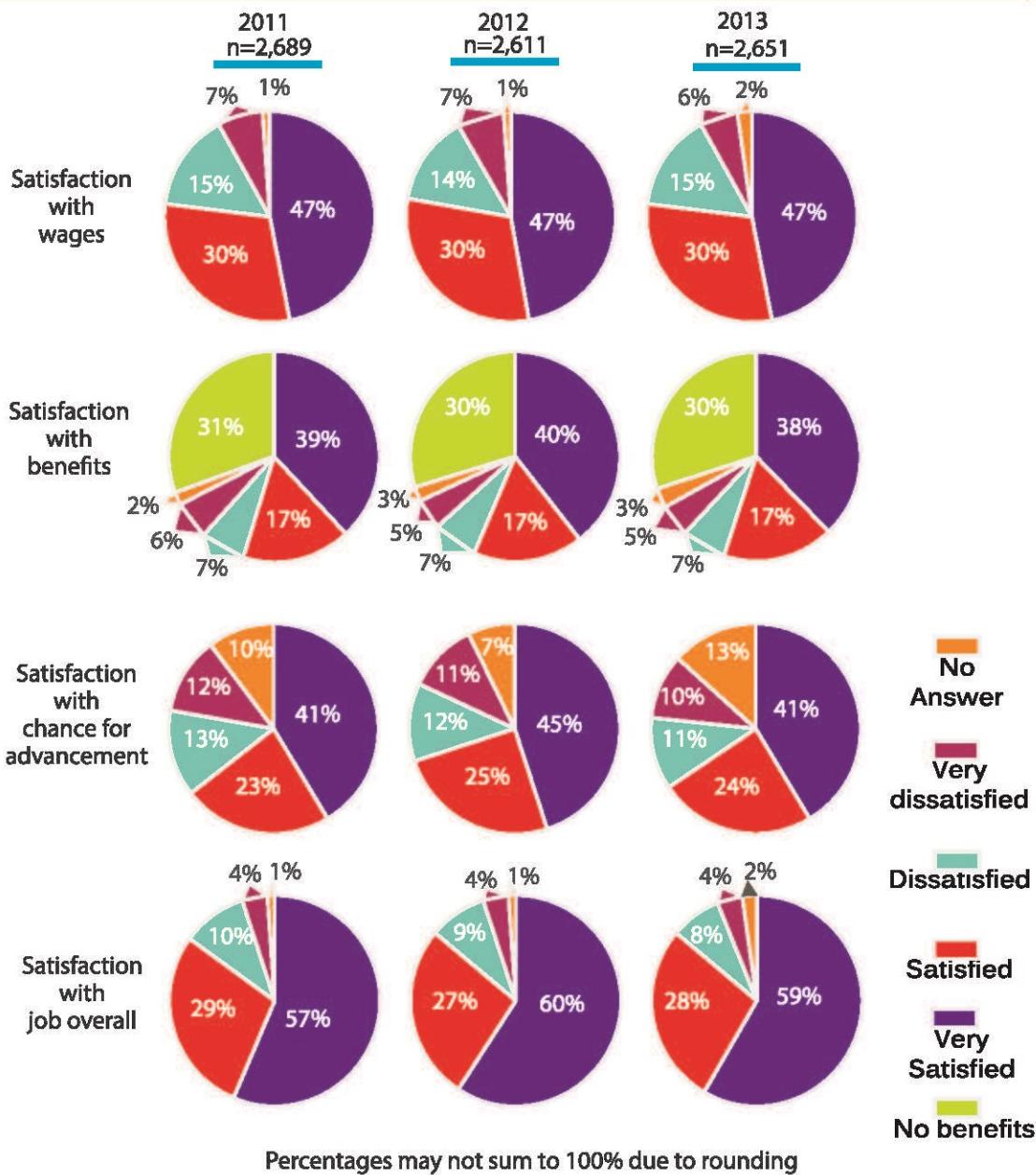


Figure 12. Percent of DRS consumers satisfied with employment



In addition to asking consumers about their current employment, consumers were asked an open-ended question about what DRS could do to improve services. Only 36.8% of the consumers reported a specific suggestion to improve DRS services. The answers were recorded verbatim and then coded into 17 categories. Table 36 shows the percent of consumers who noted issues with specific areas of service improvement.

Table 36. Areas of potential improvement identified by DRS consumers

Area of potential improvement	Number of consumers identifying area	% of consumers identifying area
Service Issues - Employment	266	19.4%
Client Contact Issues - Other	157	11.4%
Policy And Procedures Issues	136	9.9%
Service Issues - Counseling	126	9.2%
Service Issues - Other	117	8.5%
Service Issues - Training	111	8.1%
Client Information Needs	73	5.3%
VRC Interpersonal Skills	60	4.4%
Provider Issues	57	4.1%
Client Contact Issues - Phone Calls	56	4.1%
Staff Issues	44	3.2%
Public Awareness Issues	42	3.1%
Service Issues - Restoration	36	2.6%
Accessibility Issues	34	2.5%
Miscellaneous Issues	23	1.7%
Client Contact Issues - Appointments	21	1.5%
Interagency Coordination	15	1.1%

The most common area discussed were service issues related to employment. For example, consumers commented that they would like help finding a job, finding a better job, a better paying jobs, more job alternatives, and similar suggestions. Related to client contact, consumers reported that they wanted an increase in amount and frequency of contact from DARS staff. They also reported a desire for phone calls returned in a timely manner, increased follow through with contact and more use of email contact. Comments coded into the “policy and procedures” category included a desire for faster eligibility for services, greater length of time to receive services, less “red-tape” and more choices. While many consumers reported great experiences with their counselors, almost 10% suggested ways to improve DRS counseling services. Some of the frequent comments in this category included less turnover in counseling staff, counselors that listened to the needs of consumers and counselors that are more engaged and assessable. Finally, a number of other comments related to services fell into the “service issues - other” themes. Comments in this category typically included request for DRS to provide financial assistance for things like transportation, child care, tools related to employment and computers.

DBS consumer survey

Unlike the DRS survey, the DBS consumer survey does not have information about employment satisfaction. However, it does contain information about overall consumer satisfaction with questions similar to those on the DRS survey. Figure 13 details results from the consumer satisfaction survey. In looking at Figure 13, the green bars represent items where consumers strongly agreed and red bars indicate that consumers agreed with positive aspects of their experiences.

In all cases the majority of DBS clients responded that they had positive experiences with DBS as both the red and green bars combined are well over 50%. For instance, 48% of consumers strongly agreed and 44% of consumers agreed that they increased job skills based on the services received at DBS. In terms of counselors, 54% strongly agreed and 40% agreed that their counselor listened to their needs and concerns.

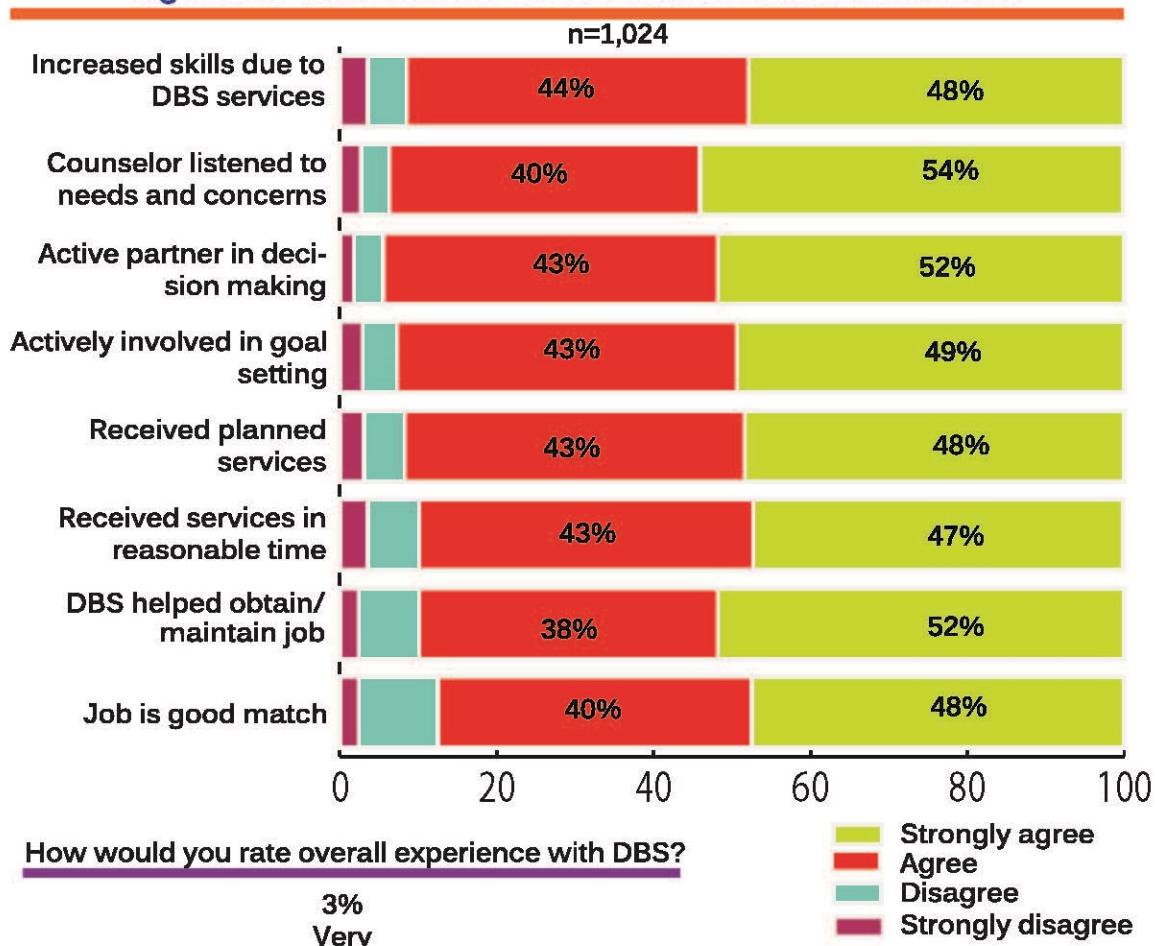
Consumers were also asked about their active participation in decision making and goal setting. 52% of consumers strongly agreed and 43% agreed that they were active partners in decision making while 49% strongly agreed and 43% agreed that they were actively involved in goal setting.

Consumers were asked two questions related to services. First, they were asked if they received the services that were planned for them. 48% of consumers strongly agreed and 43% agreed that they had received the services planned for them. Next, consumers were asked if they received those services in a reasonable time period. 47% of consumers strongly agreed and 43% agreed that they had received services in a timely manner.

In terms of employment, 52% of consumers strongly agreed and 38% agreed that DBS services helped them obtain and/or maintain employment. Additionally, 48% strongly agreed and 40% agreed that the job was a good match for them.

Finally, consumers were asked to rate their overall satisfaction with their experience with DBS. Following the responses detailed above, consumers experienced high levels of satisfaction: 68% responded that they were very satisfied and 24% responded that they were satisfied with their experience with DBS. Only 5% of consumers said they were dissatisfied and 3% said they were very dissatisfied with their experiences with DBS.

Figure 13. Percent of DBS consumers satisfied with DBS



*Data from 2013 DBS Consumer Survey- closed cases only
** Percentages may not equal 100% due to rounding

Staff surveys

Surveys of both DRS and DBS staff were conducted in March and April of 2014. These surveys contribute information about the barriers clients face as well as internal barriers staff may face in serving consumers.

Methods

An online survey was distributed to DRS and DBS staff in March of 2014 via DARS supervisors and administrators. Reminder emails were sent to encourage staff to complete the survey. After the survey had been distributed, it was discovered respondents using screen readers were not able to access the survey. Participants who had any issues with accessibility were asked to call the research team to complete the survey by phone. Five hundred seventy one DRS employees and 150 DBS employees completed the survey. The survey asked for basic demographic information, the frequency with which consumer needs are met, barriers to employment, internal barriers to working with clients and the importance of various services for consumers. Descriptive statistics were produced for this report.

Respondent demographics

DRS staff

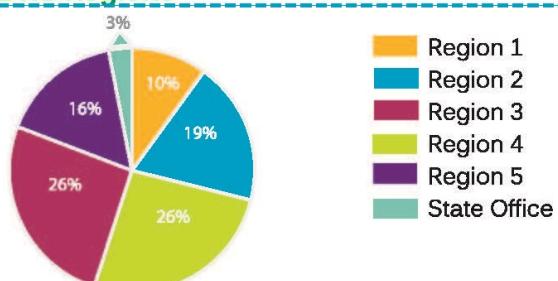
Figure 14 details the characteristics of the DRS respondents. Twenty-six percent of the DRS respondents were from region four, 26% were from region three, 19% were from region two, 16% were from region five, 10% were from region one and only 3% were from the state office. 59% of the DRS respondents were counselors, 20% were administrative staff and 20% identified as “other” staff. In general, DRS staff reported working in the disability field for many years. On average, employees had worked for DRS for 11 years and worked in the disability field for an average of 15 years. Only 7.7% worked at DRS for less than one year and 2.5% had worked in the disability field for less than one year.

With regards to cultural diversity, respondents reported their language proficiency and race/ethnicity. In terms of language, 65% spoke only English, 23% spoke Spanish/English, 8% were proficient in American Sign Language and 3% spoke other languages in addition to English, most commonly German. Although Vietnamese is the third most spoken language in Texas, less than 1% of DRS employees speak Vietnamese. In terms of race/ethnicity, 39% of employees were white, 22% were Hispanic and 31% were African American/Black. 5% of respondents did not answer the question for race/ethnicity.

Figure 14. Staff survey: DRS Respondent Characteristics

n=571

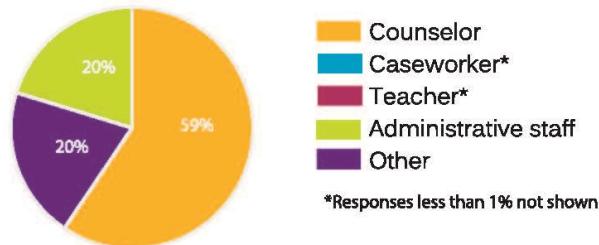
DRS Regions



Years working at DRS

- ▶ 7.7% worked at DRS for less than one year
- ▶ Employees reported working at DRS between 0 to 40 number of years. The mean number of years is 11.

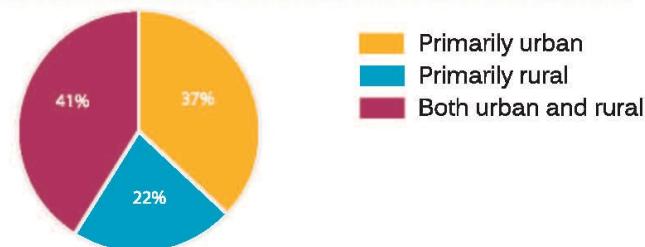
Current Position



Years working in disability field

- ▶ 2.5% worked in disability field for less than one year
- ▶ Employees reported working in disability field between 0 to 50 number of years. The mean number of years is 15.

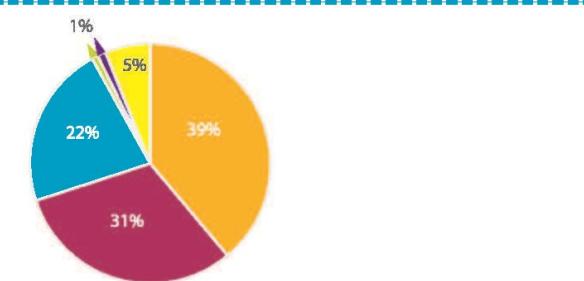
Service area



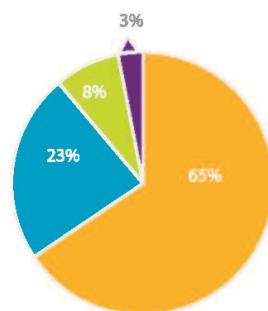
Estimated caseload

- ▶ Employees reported between 7 and 300 consumers on their caseloads.
- ▶ The mean caseload is 99 consumers.

Race/ethnicity



Language proficiency



- ▶ English only
- ▶ Spanish/English
- ▶ Vietnamese/English*
- ▶ American sign language
- ▶ English and other language

*Responses less than 1% not shown

*Responses less than 1% not shown

In terms of their work at DRS, 41% reported working in both urban and rural areas, 37% reported working in primarily urban areas and 22% reported working in primarily rural areas. Employees reported having between 7 and 300 individuals on their caseload with the average caseload being 99 consumers. However, it should be noted that budget information for DRS indicates that the average caseload per full time employee consists of 82 clients.

DBS staff

Figure 15 details the characteristics of the DBS respondents. Fifteen percent of the DBS respondents were from Austin, 4% were from Corpus Christi, 4% were from Dallas, 6% from El Paso, 8% from Fort Worth, 5% from Harlingen, 6% from Houston, 9% Lubbock, 3% from San Antonio, 3% from the Southeast region, 9% were from Tyler, 6% were from Waco and 4% reported being from the CCRC. Additionally, 17% of respondents did not indicate a region.

In terms of their positions at DBS, 27% were counselors, 17% were administrative staff, 8% were teachers and 6% were caseworkers. An additional 19% identified as “other” staff and 23% preferred not to answer. On average, employees had worked for DBS for 13 years and worked in the disability field for an average of 18 years. Only 7% worked at DBS for less than one year and 2% had worked in the disability field for less than one year.

With regards to cultural diversity, respondents reported their language proficiency and race/ethnicity. In terms of language, 55% spoke only English, 25% spoke Spanish and English, 4% were proficient in American Sign Language and 3% spoke other languages in addition to English. Although Vietnamese is the third most spoken language in Texas, less than 1% of DBS employees speak Vietnamese. In terms of race/ethnicity, 39% of employees were white, 25% were Hispanic, 27% were African American/Black and 6% were Asian.

In terms of their work at DBS, 68% reported working in both urban and rural areas, 17% reported working in primarily urban areas and 10% reported working in primarily rural areas. Employees reported having between 6 and 180 individuals on their caseload with the average caseload being 74 consumers. However, it should be noted that DBS budget data indicates the average caseload per full time employee is 62 clients.

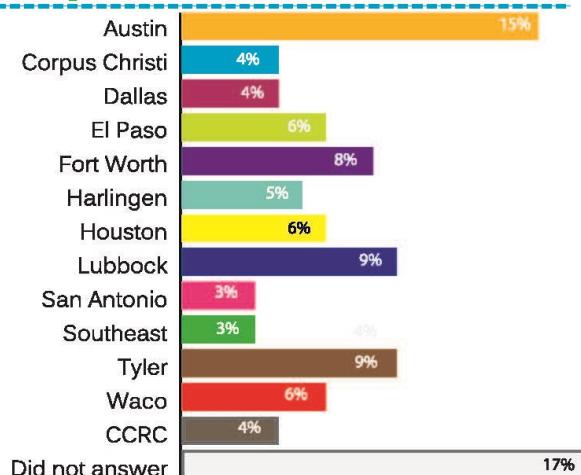
Staff knowledge

Figure 16 details the knowledge staff reported regarding multiple topics related to disabilities. In general, both DRS and DBS staff reported above average to excellent levels of knowledge about vocational rehabilitation services and self-disclosure regarding one’s disability to employers and potential employers. Staff appears to lack confidence in their knowledge related to public benefits. While some employees noted that they understood how paid employment impacted social security and other benefits, some rated their knowledge as extremely poor or below average. Employees also had low levels of knowledge about how individuals could work and retain benefits.

Figure 15. Staff survey: DBS Respondent Characteristics

n=150

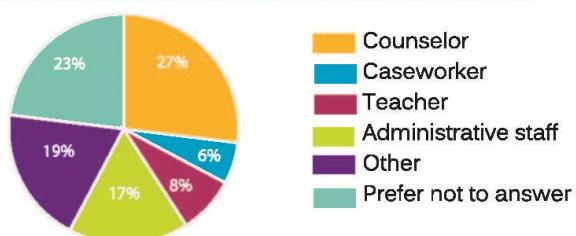
DBS Regions



Years working at DBS

- ▶ 7% worked at DBS for less than one year
- ▶ Employees reported working at DBS between 0 to 37 number of years. The mean number of years is 13.

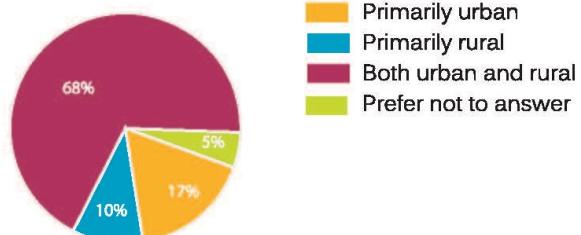
Current Position



Years working in disability field

- ▶ 2% worked in disability field for less than one year
- ▶ Employees reported working in disability field between 0 to 42 number of years. The mean number of years is 18.

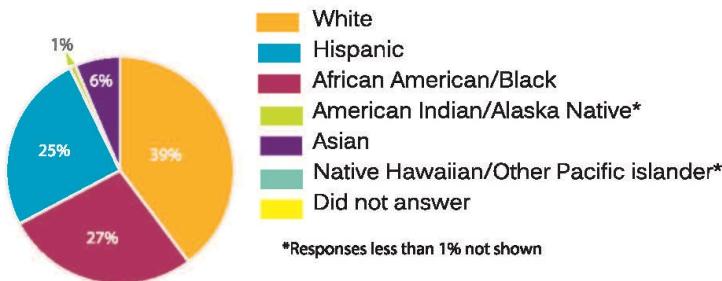
Service area



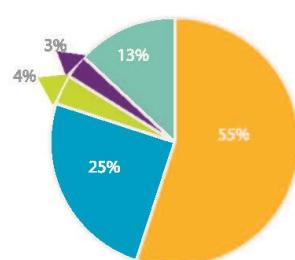
Estimated caseload

- ▶ Employees reported between 6 and 180 number of consumers on their caseloads.
- ▶ The mean caseload is 74.

Race/ethnicity

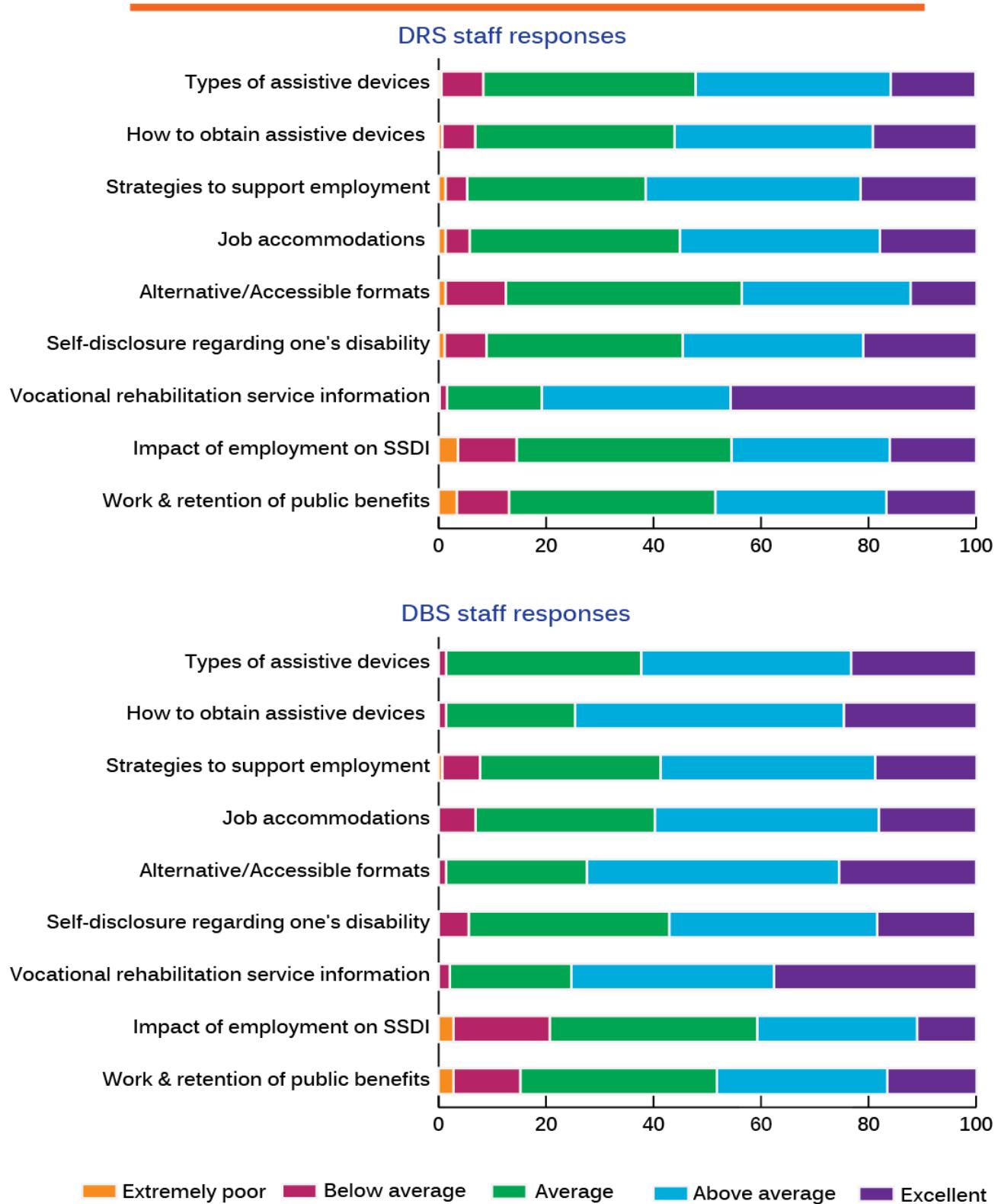


Language proficiency



- ▶ English only
- ▶ Spanish/English
- ▶ Vietnamese/English*
- ▶ American sign language
- ▶ English and other language
- ▶ Did not answer

Figure 16. Staff survey: Knowledge of disability related topics



DRS responses

Factors contributing to successful consumer outcomes

Figure 17 details responses from DRS employees on what factors contribute to successful consumer outcomes. The top items that appear to contribute to successful client outcomes include: connection to community resources, job placements, vocational counseling, supported employment services, mental health treatment and mental health counseling. Transitioning from a nursing home to the community was most frequently considered not as important for successful consumer outcomes.

Frequency of needs met

Figure 18 details responses from DRS employees on how often the needs of consumers are met. Employees generally reported several needs were often or always met including: vocational counseling, job placements and connection to community resources. However, employees also reported that they were unsure or that a need was never or rarely met for multiple items including: housing, substance use treatment, independent living skills training, family and caregiver support, transitions from nursing homes and group and peer support.

Frequency of needs met for specific groups

Figure 19 details responses from DRS employees on how often the needs of specific groups of consumers are met. In general, there were several groups that employees felt had their needs met often or always. These groups included: individuals with multiple impairments, learning disabilities, significant disabilities, physical disabilities, cognitive disabilities, hearing impairments. Additionally, employees reported that needs were often or always met for students transitioning out of high school. However, employees also reported that they were unsure or that a need was never or rarely met for undocumented individuals and individuals who are deaf and blind (perhaps because DBS serves this population).

Frequency of barriers encountered by consumers

Figure 20 details responses from DRS employees on how often consumers experience barriers to employment. Employees report that there are multiple barriers that often and always create challenges for consumers with regard to employment. These barriers include: concern over loss of benefits, employer attitudes towards individuals with disabilities and lack of affordable child care. Immigration status, lack of personal care attendants and communication difficulties were noted as being never or rarely barriers.

Barriers to serving consumers

Figure 21 details responses from DRS employees regarding what they felt were barriers in serving consumers. Sixty-four percent of employees noted that there was a lack of available and appropriate jobs, 58% reported a lack of community services, 55% noted a lack of quality relationships with potential employers, 43% reported a lack of quality relationships with agencies that work with consumers, 38% reported an increase in the numbers of consumers with multiple disabilities, 38% reported high caseloads, 31% reported high employee turnover within DRS and 23% reported that there is limited information shared by those working with consumers and 22% reported a lack of financial resources available to assist consumers.

Figure 17. Staff Survey: Factors for successful outcomes

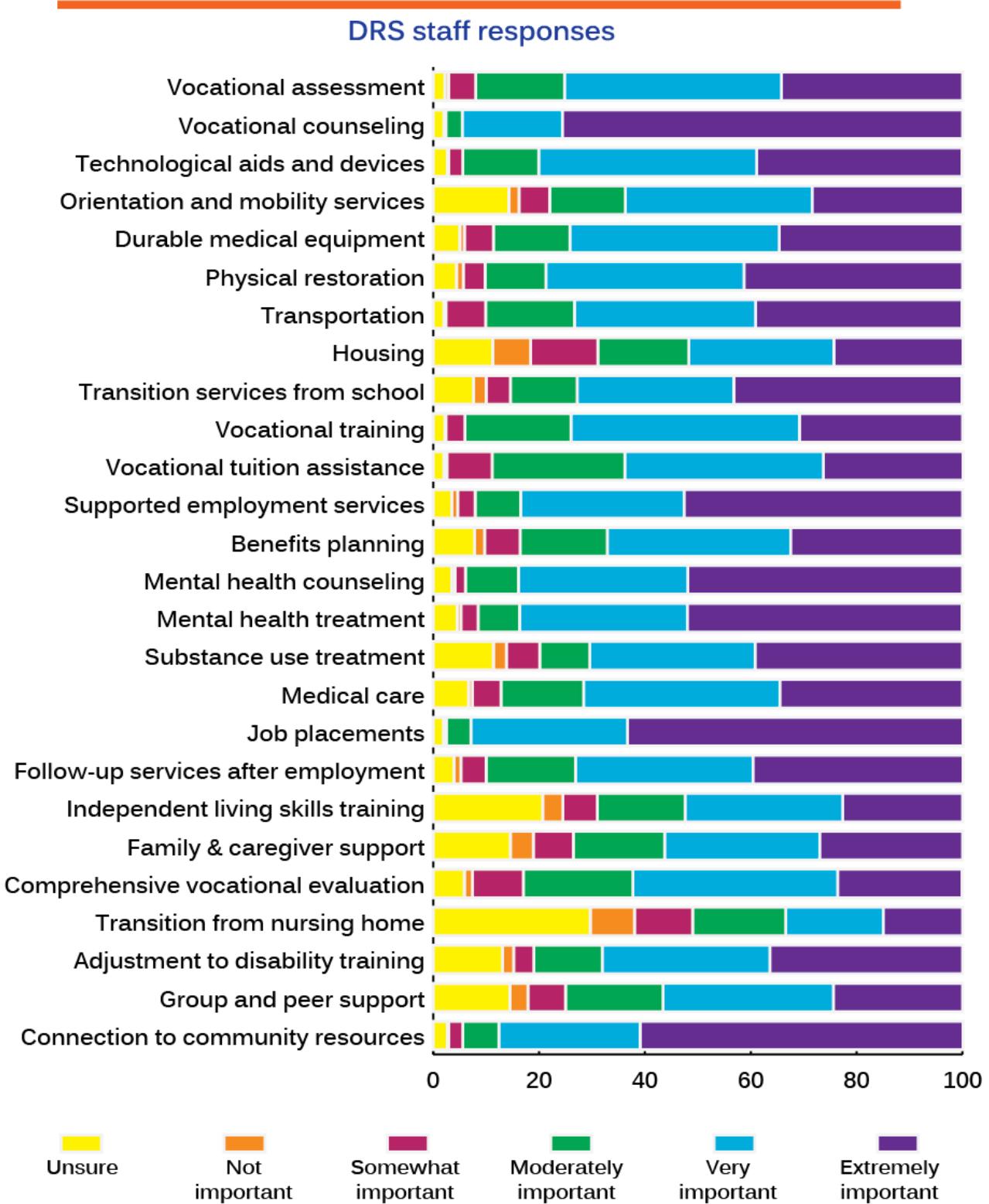


Figure 18. Staff survey: Frequency of needs met

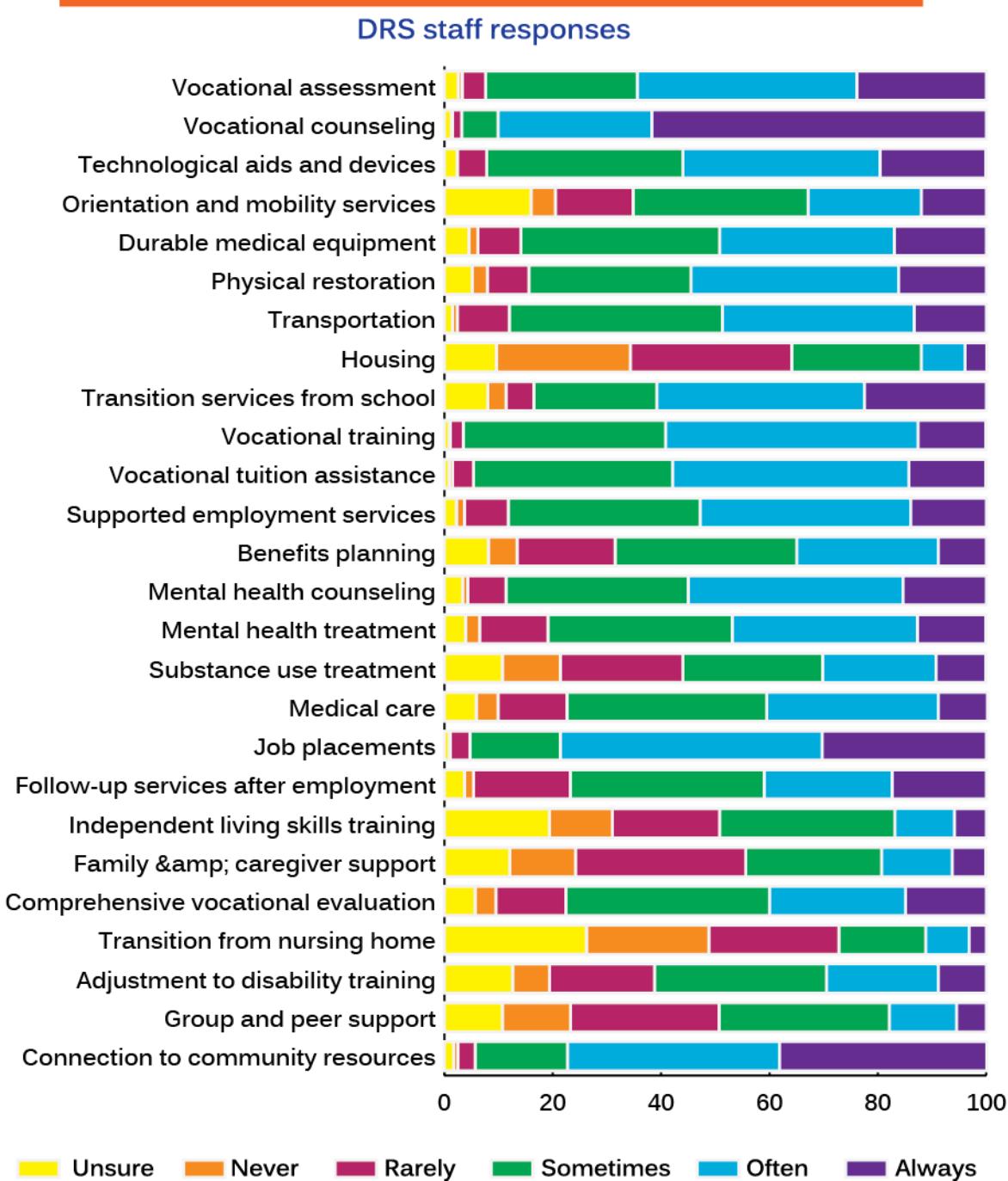


Figure 19. Staff survey: Frequency of needs met by group

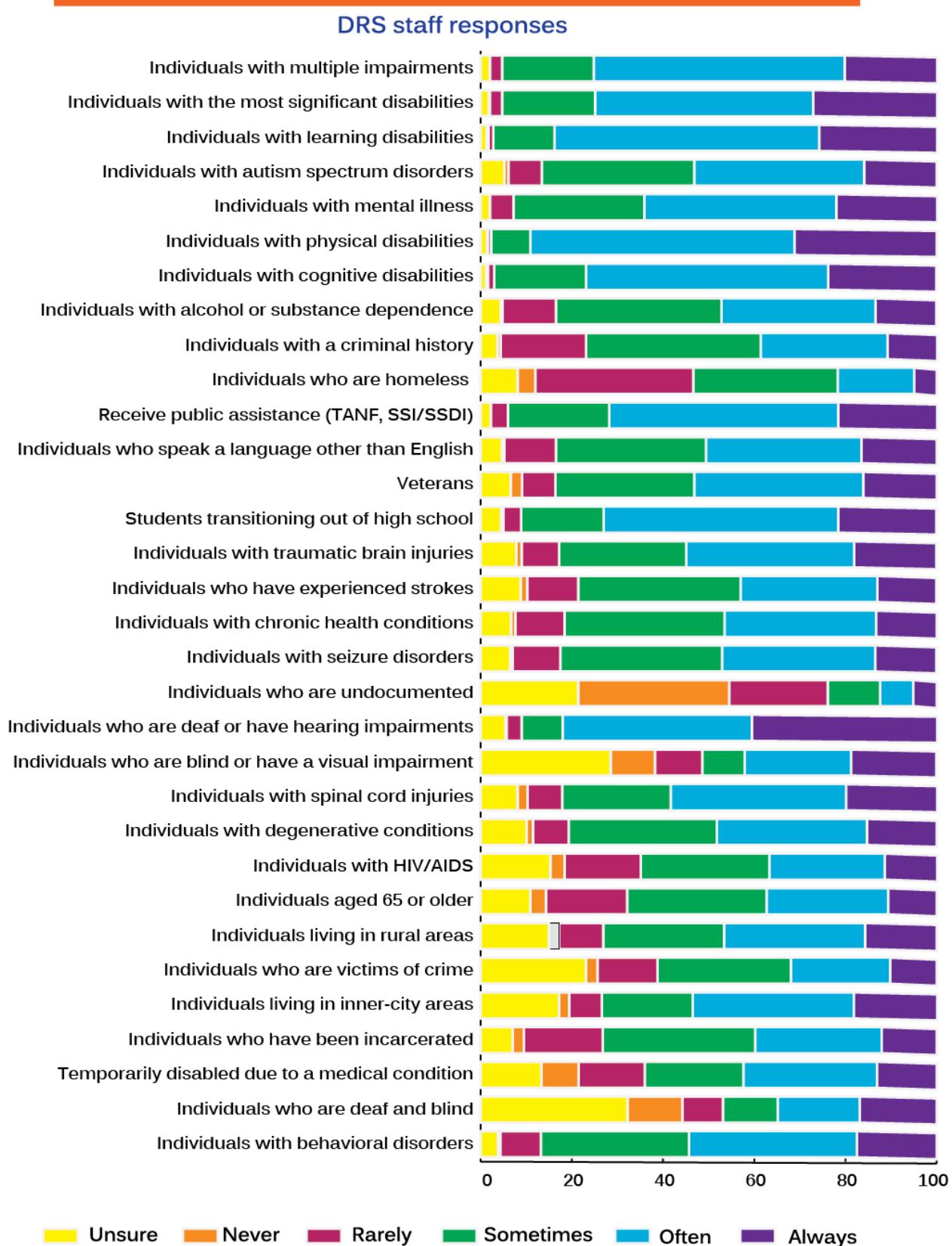


Figure 20. Staff survey: Frequency of consumer barriers

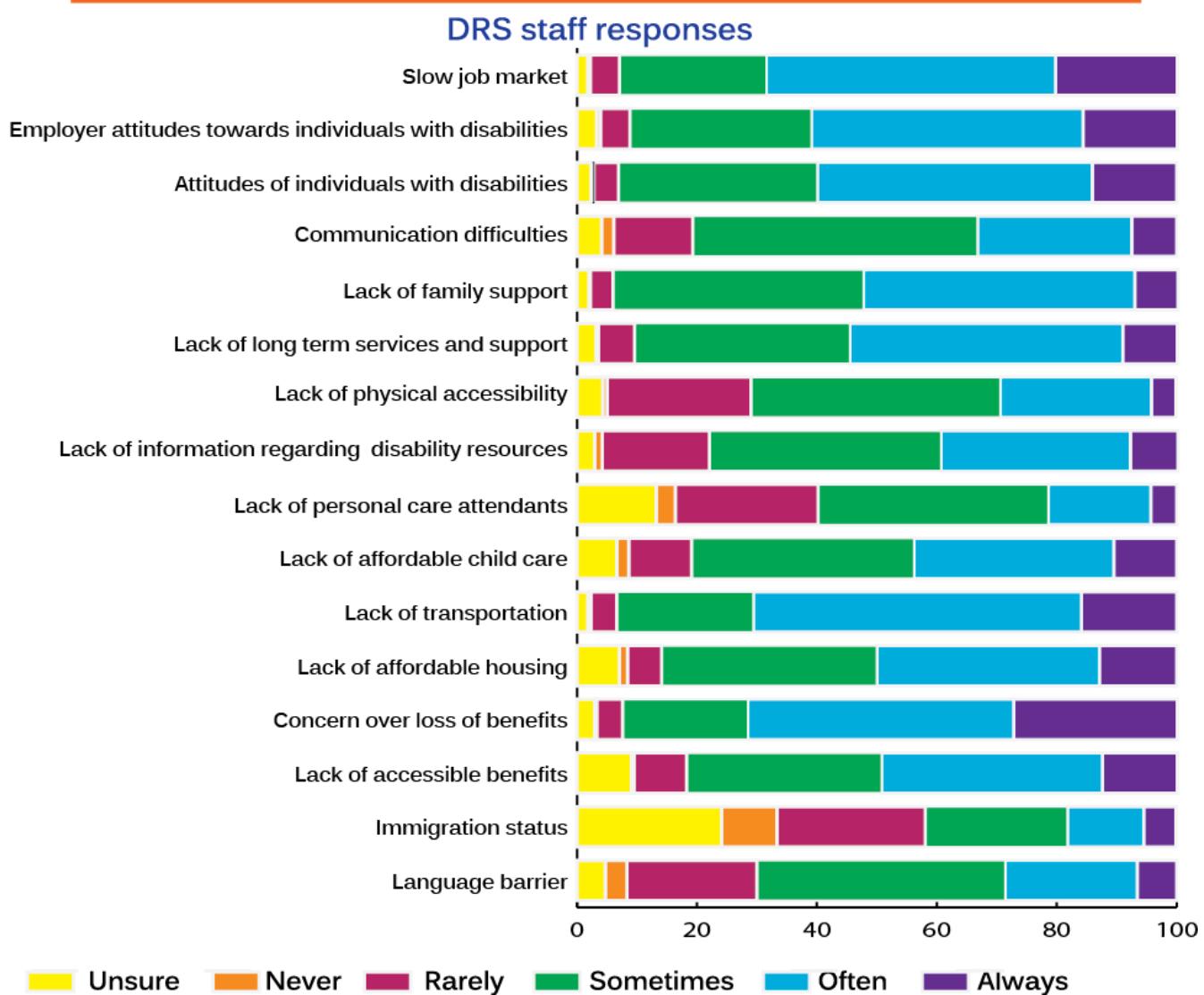
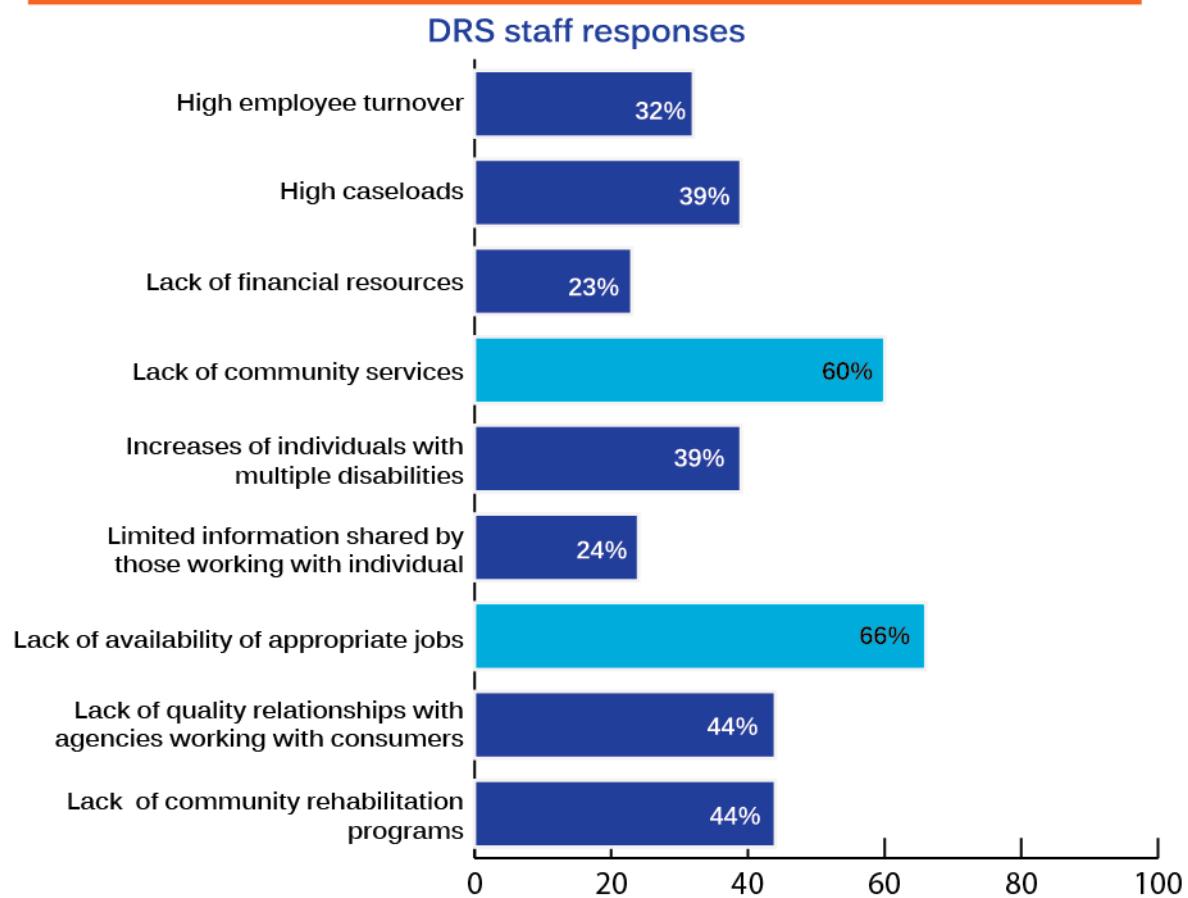


Figure 21. Staff survey: Barriers to serving consumers



DBS responses

Factors contributing to successful consumer outcomes

Figure 22 details responses from DBS employees on what factors contribute to successful consumer outcomes. The top item contributing to successful client outcomes include: independent living skills training, vocational counseling, technological aides and devices, vocational assessment and adjustment to disability training. Those items which were not noted as being as important for successful consumer outcomes include transitioning from nursing homes, orientation and mobility services, transportation and family and caregiver support.

Frequency of needs met

Figure 23 details responses from DBS employees on how often the needs of consumers are met. Employees generally reported several needs were often or always met including: vocational assessment, vocational counseling, technological aids and devices, orientation and mobility services and independent living skills training. However, employees also reported that they were unsure or that a need was never or rarely met for multiple items including: housing, durable medical equipment, mental health treatment and transition from nursing home services.

Frequency of needs met for specific groups

Figure 24 details responses from DBS employees on how often the needs of specific groups of consumers are met. In general, there were several groups that employees felt had their needs met often or always. These groups included: individuals who are blind or have a visual impairment, are deaf or have a hearing impairment and individuals who are deaf and blind. Additionally, employees reported that needs were often or always met for students transitioning out of high school. However, employees also reported that they were unsure or that a need was never or rarely met for undocumented individuals, individuals with HIV/AIDS and individuals with substance use issues.

Frequency of barriers encountered by consumers

Figure 25 details responses from DBS employees on how often consumers experience barriers to employment. Employees report that there are multiple barriers that are often and always challenges for consumers with regard to employment. These barriers include: concern over loss of benefits, a slow job market and employer attitudes towards individuals with disabilities. Immigration status, lack of personal care attendants and lack of affordable child care were noted as never or rarely being barriers.

Barriers to serving consumers

Figure 26 details responses from DBS employees regarding what they felt were barriers in serving consumers. Fifty-nine percent of employees noted that there was a lack of available and appropriate jobs, 47% reported high caseloads, 45% reported a lack of community services, 44% reported an increase in the numbers of consumers with multiple disabilities, 38% noted a lack of quality relationships with potential employers, 26% reported high employee turnover within DRS, 22% reported a lack of quality relationships with agencies that work with consumers, 22% reported lack of financial resources available to assist consumers, and 19% reported that there is limited information shared by those working with consumers.

Figure 22. Staff survey: Factors for successful outcomes

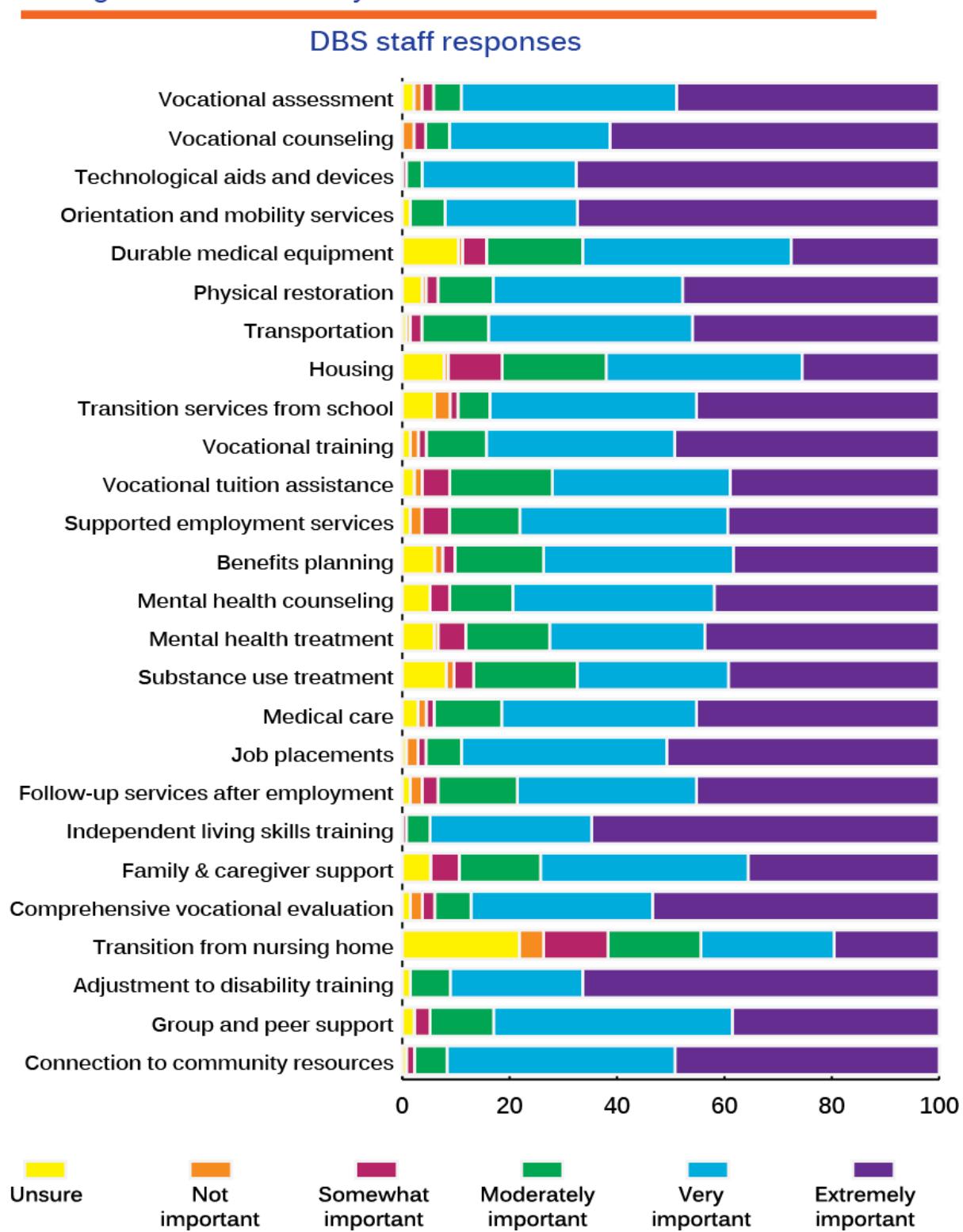


Figure 23. Staff survey: Frequency of needs met

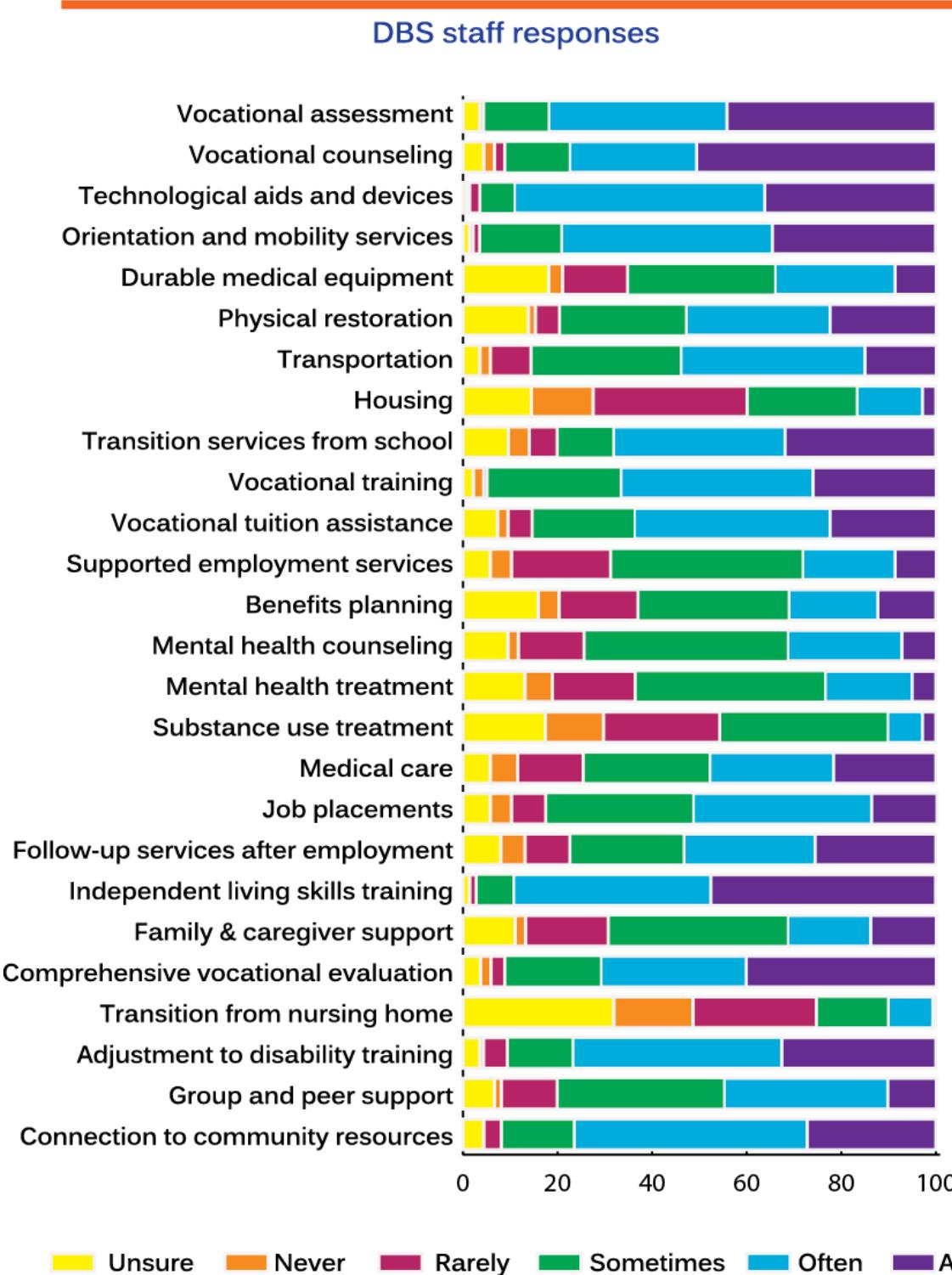


Figure 24: Staff survey: Frequency of needs met by group

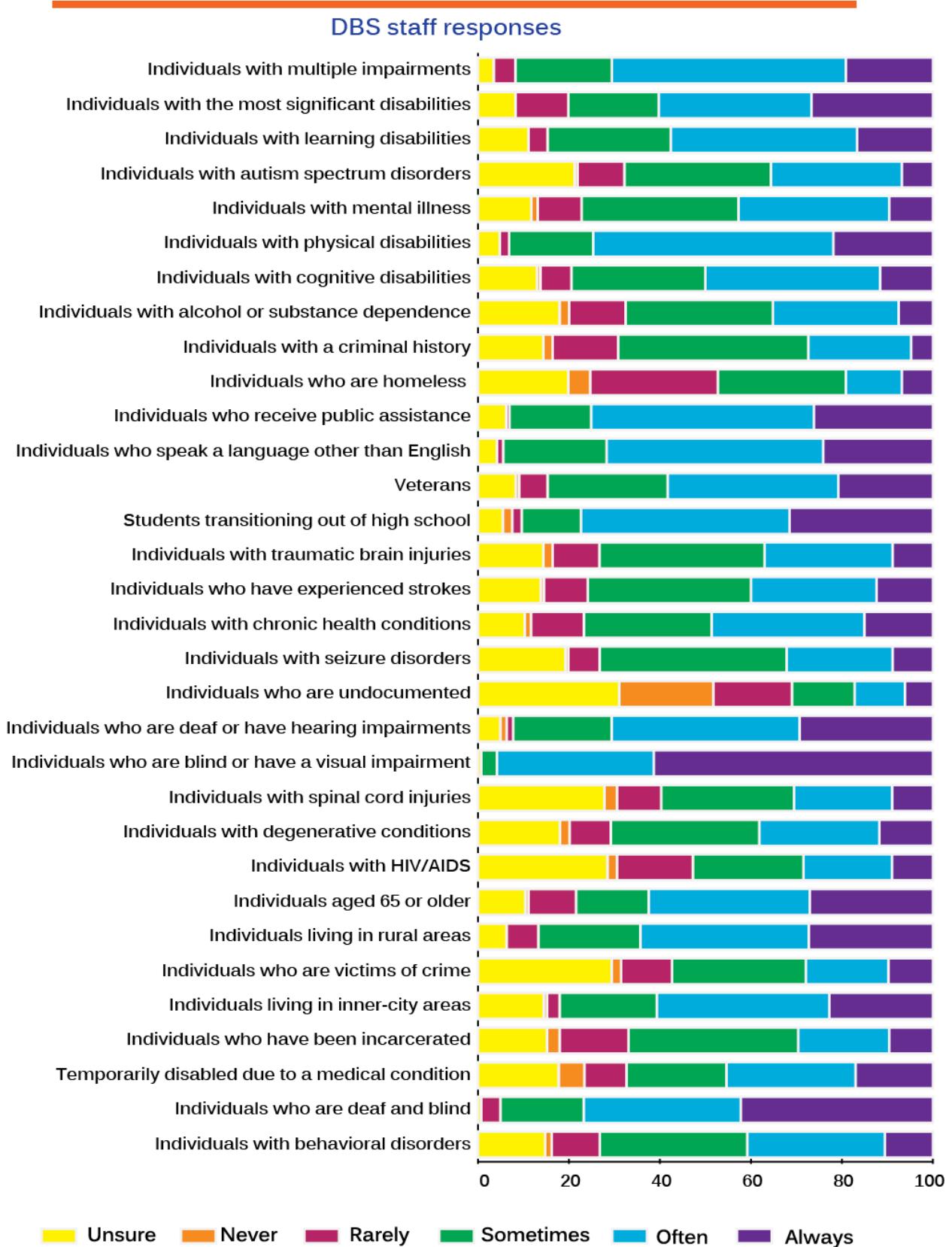


Figure 25. Staff survey: Frequency of consumer barriers

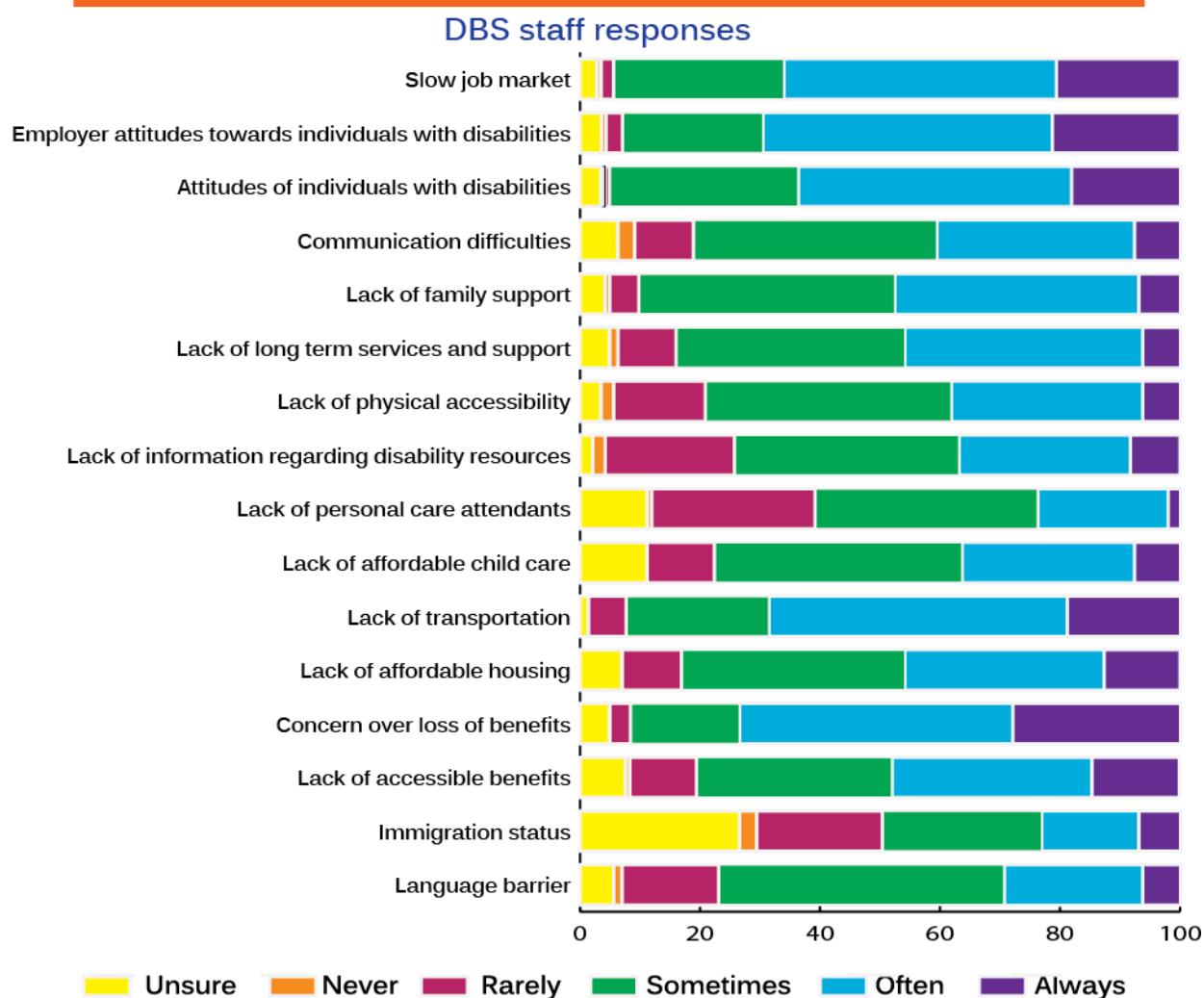
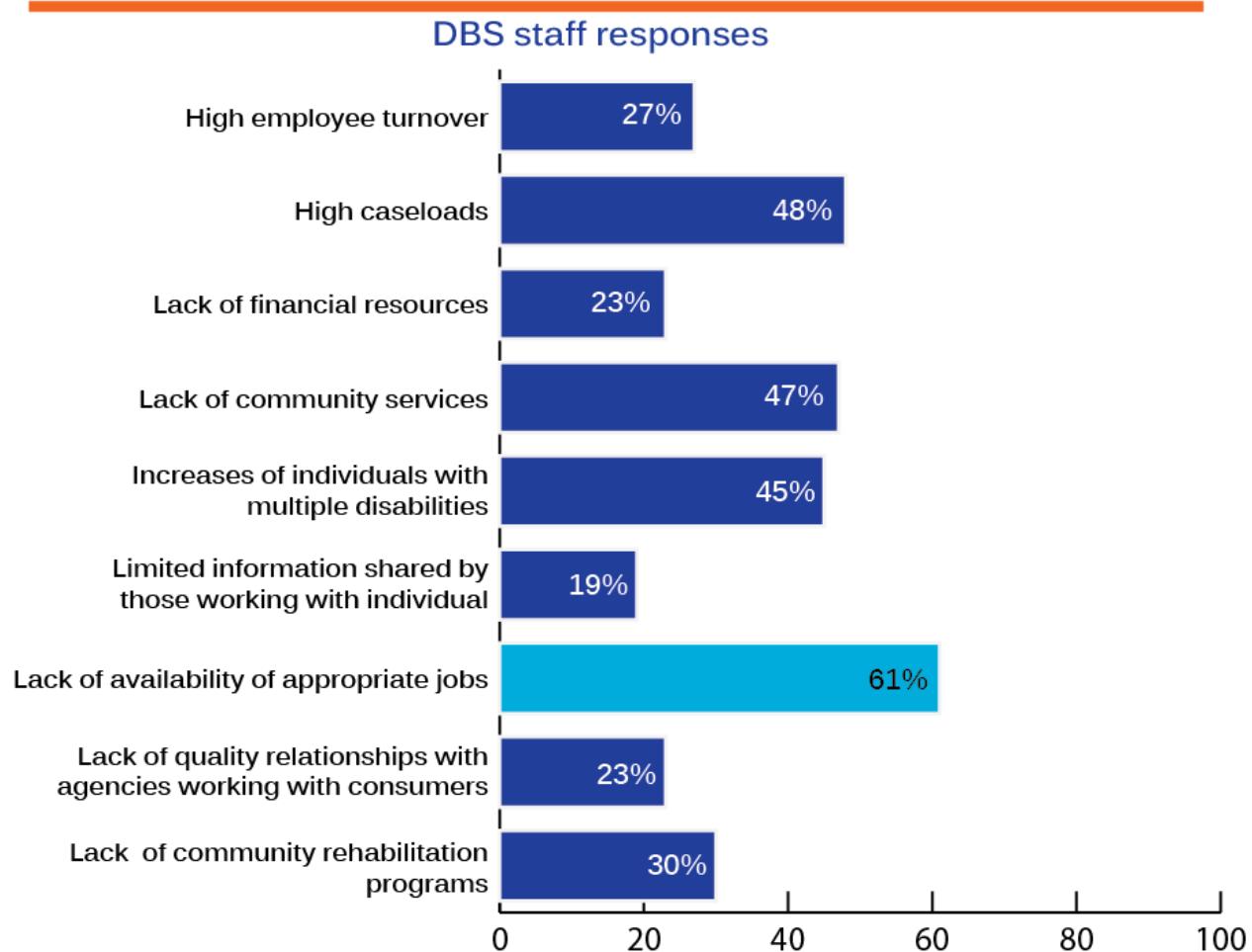


Figure 26. Staff survey: Barriers to serving consumers



Stakeholder surveys

In order to capture information from the larger disability community, including those who may not be interacting with DARS, a survey was available for all individuals in the disability community referred to as stakeholders.

Methods

An online survey was advertised to stakeholders in March of 2014 via listserves. Participants were recruited through DARS identified stakeholder groups. Emails sent by the research team asked stakeholder groups to share the online survey with their listserves. Individuals were directed to a study developed website which contained additional information about the needs assessment, the research team and the survey. After the survey had been distributed, it was discovered that individuals using screen readers were not able to access the survey. Participants who had any issues with accessibility were asked to call the research team to complete the survey by phone.

The survey asked for basic demographic information, the frequency with which consumer needs are met, barriers to employment, internal barriers to working with clients and the importance of various services for consumers. Descriptive statistics were produced for this report.

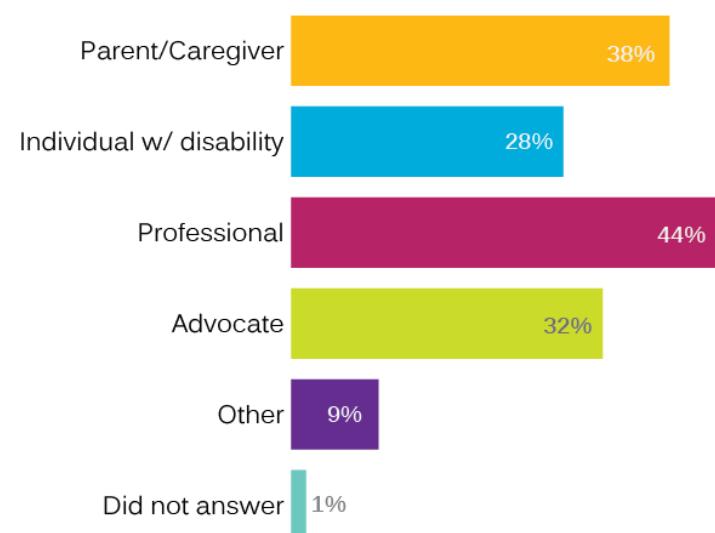
Respondent demographics

150 stakeholders completed the survey. Of those participants, 38% were parents or caregivers of an individual with a disability, 28% were individuals with disabilities, 44% were professionals, primarily caseworkers and counselors, who work with individuals with disabilities and 32% were advocates for individuals with disabilities. Because stakeholders were asked to indicate all their roles in the disability community, these percentages add up to more than 100% as participants had multiple roles.

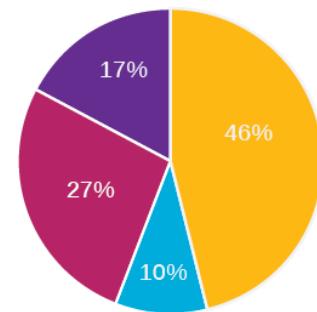
Figure 27. Stakeholder survey: Respondent characteristics

n=150

Stakeholder roles

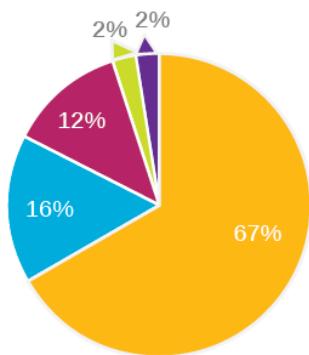


Which DARS services are you most familiar with?



- DRS
- DBS
- Equally familiar with both
- Not familiar with either

Race/ethnicity

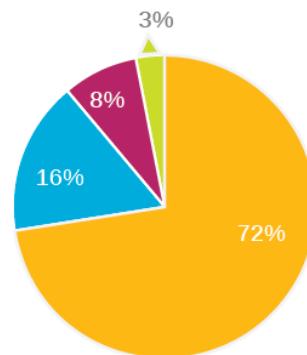


- White
- Hispanic
- African American/Black
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific islander*

*Responses less than 1% not shown

16%

Language proficiency



- English only
- Spanish/English
- American sign language
- English and other language

Stakeholder responses

Factors contributing to successful consumer outcomes

Figure 28 details responses from stakeholders on what factors contribute to successful consumer outcomes. In general, stakeholders felt that almost all items were extremely important for successful outcomes. The most highly ranked five items were adjustment to disability training, follow up services after employment, mental health counseling, housing and transportation. Rather than indicating that items were not important, participants more frequently responded that they were unsure about the need for particular items such as physical restoration and medical care.

Frequency of needs met

Figure 29 details responses from stakeholder on how often the needs of consumers are met. While stakeholders felt that most items were extremely important for consumer success, they did not respond that those needs were generally being met. In fact, most respondents responded that needs were only rarely or sometimes met. A large portion of respondents were unsure about how often needs were met. Needs that appear unmet include housing, transportation, vocational tuition assistance, benefits planning and follow up services after employment.

Frequency of needs met for specific groups

Figure 30 details responses from stakeholders on how often the needs specific groups of consumers are met. In general, stakeholders were mostly unsure if needs were being met for particular groups. However, it is clear that stakeholders felt that few groups always had needs met. Certain groups were noted as often having their needs met including individuals with learning disabilities, physical disabilities, with hearing impairments and with visual impairments. Those groups noted as never to rarely having their needs met include individuals with a mental illness, individuals living in rural areas, individuals with behavioral disorders and individuals who are temporarily disabled.

Frequency of barriers encountered by consumers

Figure 31 details responses from stakeholders on how often consumers experience barriers to employment. Most items were noted as often and always barriers to employment. The top barriers include: long term services and support, transportation, employer attitudes towards individuals with disabilities, lack of housing and concerns over the loss of benefits. Most stakeholders responded that they were unsure if any consumer barriers were a barrier to employment.

Figure 28. Stakeholder survey: Factors for successful outcomes

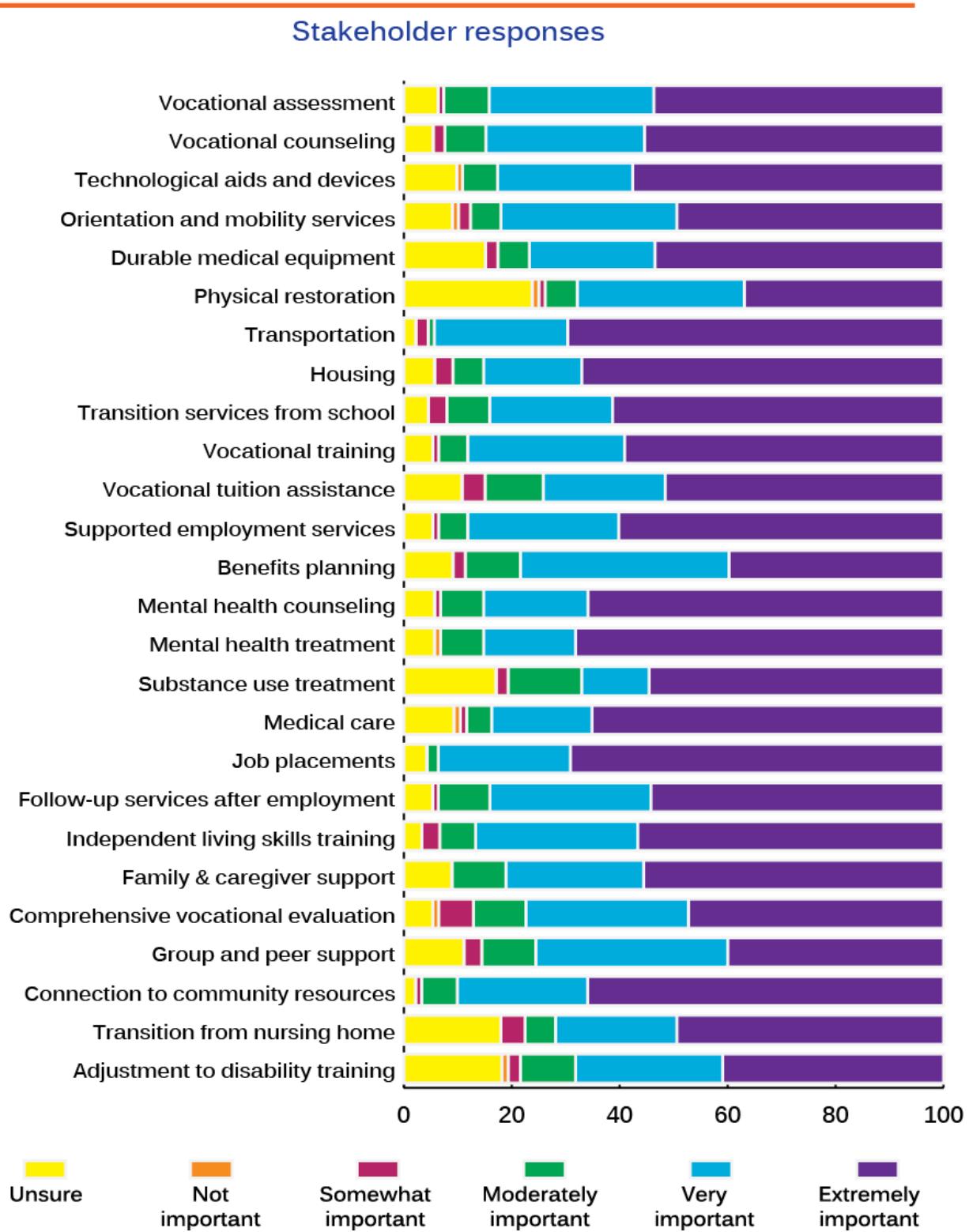


Figure 29. Stakeholder survey: Frequency of needs met

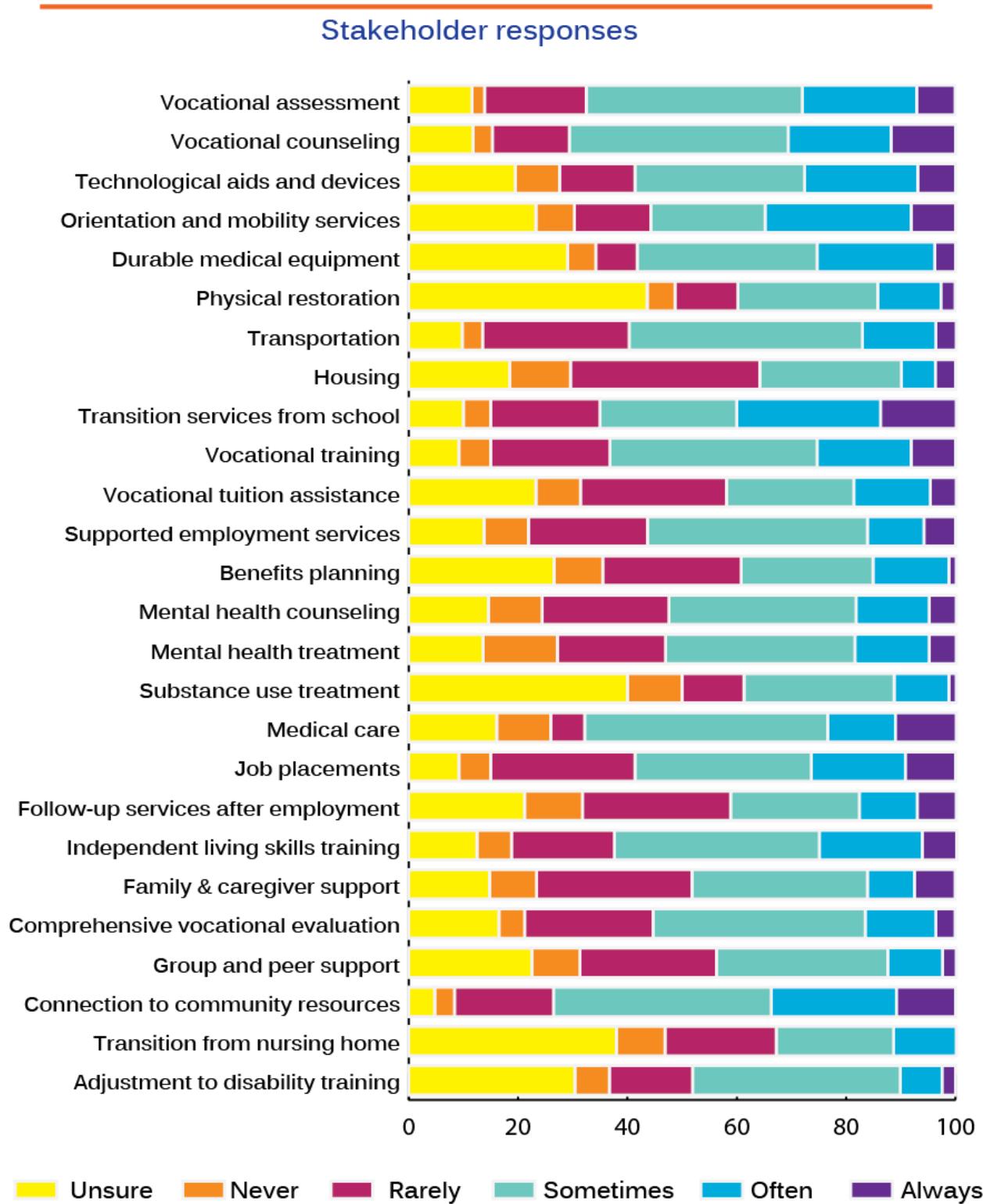


Figure 30. Stakeholder survey: Frequency of needs met by group

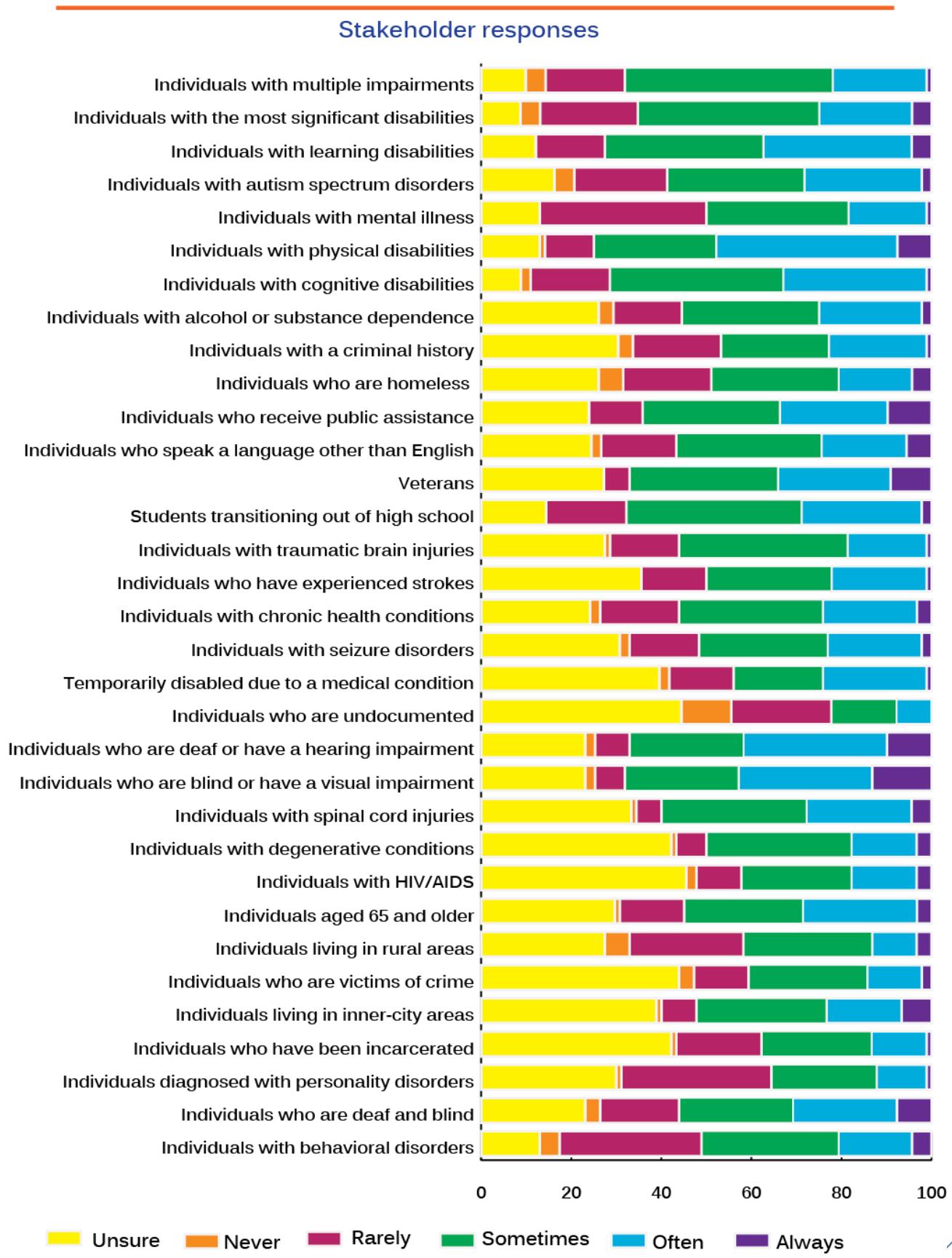
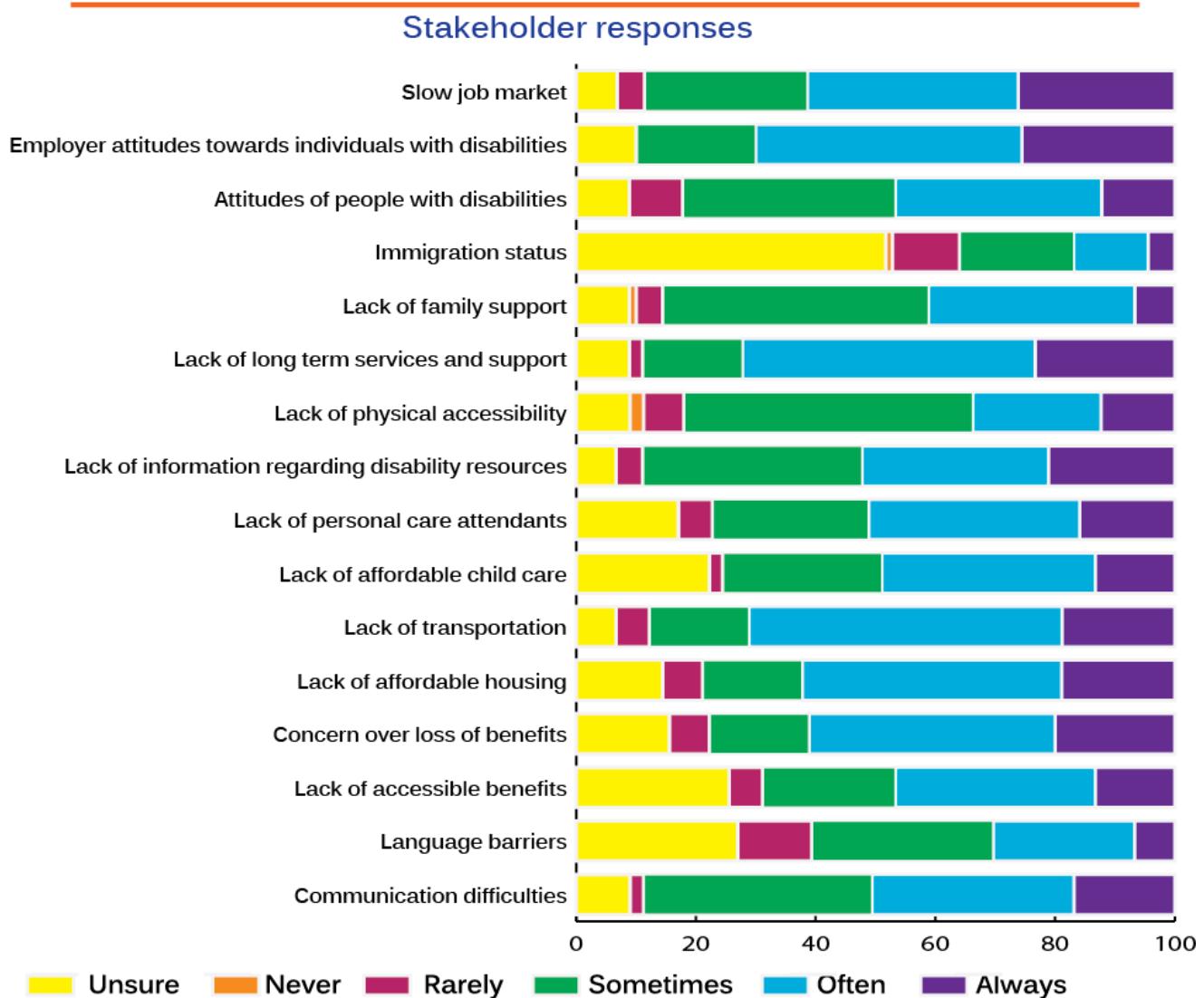


Figure 31: Stakeholder survey: Frequency of consumer barriers

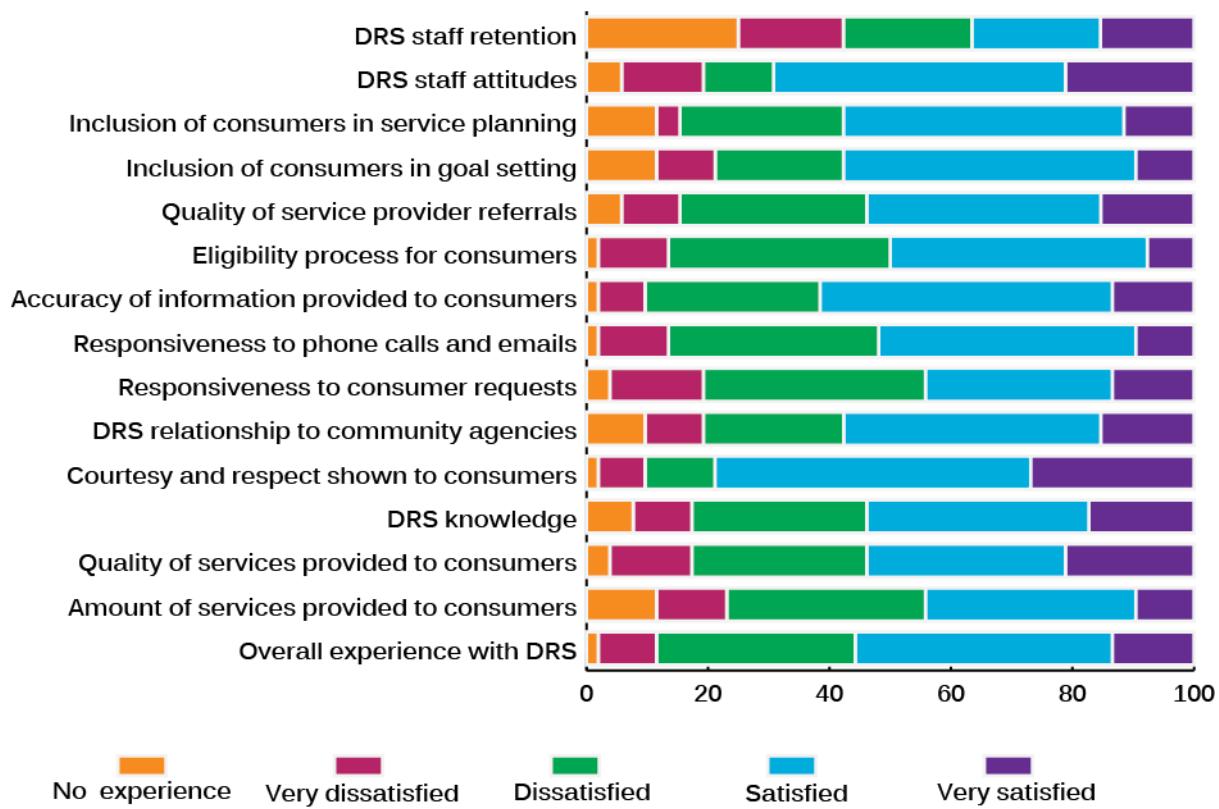


Satisfaction with services

Satisfaction with DRS services

Figure 32 details responses from stakeholders on their satisfaction with DRS. The majority of respondents had interacted with DRS and thus, answered this question. Stakeholders reported some level of satisfaction with DRS services. However, in general, the majority of respondents consistently responded that they were dissatisfied or very dissatisfied with DRS services. Of particular note, stakeholders appear most dissatisfied with the eligibility process for consumers, the accuracy of information provided, responsiveness to calls and emails and courtesy and respect shown to consumers.

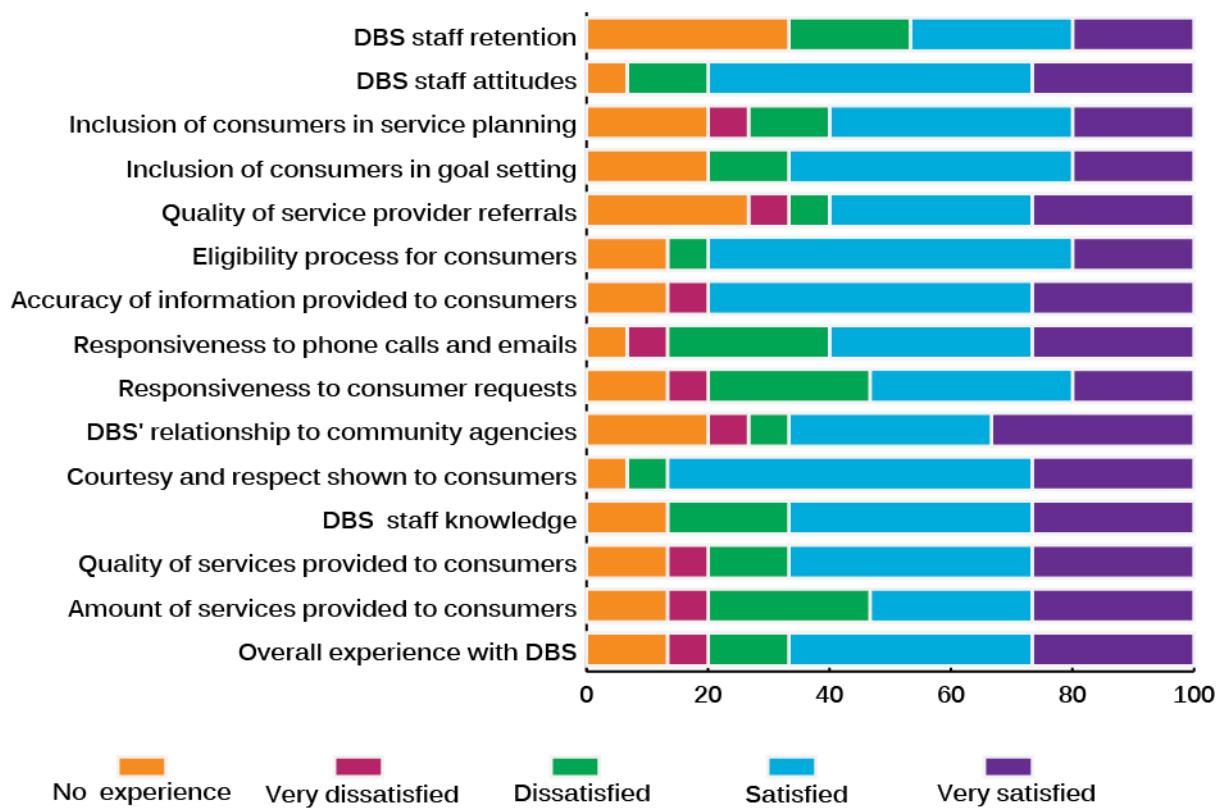
Figure 32. Stakeholder survey: Satisfaction with DRS services



Satisfaction with DBS services

Figure 33 details responses from stakeholders on their satisfaction with DBS. Only 18% of respondents had experience interacting with DBS. In general respondents were satisfied or very satisfied with DBS services. Stakeholders were satisfied or very satisfied with the eligibility process, the accuracy of information provided and the courtesy and respect shown to consumers. Participants were very dissatisfied or dissatisfied with the amount of services provided and the responsiveness to phone calls and emails.

Figure 33. Stakeholder survey: Satisfaction with DBS services



Conclusion

Common threads

Throughout the various data sources used in this report, there were several common issues that arose. These include common underserved populations, barriers and areas for improvement.

Underserved populations

Two populations that consistently emerged as underserved include youth transitioning from public schools and individuals with a mental illness. Participants in the town halls and stakeholders identified transitioning youth as an area in need of further attention particularly in relation to coordination of services with parents and schools as children age. Mental health was consistently identified in surveys as an unmet need both by stakeholders and staff. Individuals with mental illness were identified as a group that did not have their needs met. Thus, mental health is an area that warrants further attention.

Individuals who are undocumented were identified in the surveys as a group whose needs are not met. While the findings highlight undocumented individuals with a disability as a group not receiving services, it should be noted that vocational rehabilitation services are provided only to those who can legally work.

Barriers and areas for improvements

There were many barriers identified consistently across data sources. Some barriers reported, such as housing and transportation may be outside the scope of DARS, but they are significant barriers for those obtaining and maintaining employment.

Another barrier consistently noted is the lack of availability of appropriate jobs. Suggestions for improving the lack of jobs were noted in the town hall meetings. Participants suggested outreach to employers to address attitudes and perceptions, better relationships between DARS and potential employers and opportunities for self-employment.

Concern over loss of benefits is a barrier identified through multiple surveys. Interestingly, staff and stakeholders reported low levels of knowledge of how work impacts benefits. Both staff and stakeholders identified concerns over benefits as a barrier to work.

While the consumer survey reported that consumers were satisfied with their jobs and wages and staff courtesy, the stakeholder survey clearly indicated dissatisfaction with DARS that was echoed in the town hall meetings. In particular, customer service issues such as responsiveness and courtesy were noted as issues with DRS. In general, there appears to be a community perception that there is too much bureaucracy that prevents individuals from receiving services, particularly related to the lengthy eligibility process.

Limitations

While this needs assessment provides insight into the needs of individuals with disabilities, there are multiple limitations in the methods that should be considered when examining these findings. First, the samples used were convenience samples that might not represent the views of any specific group. Convenience samples recruit participants that are accessible and are used when it is not possible to draw from all possible cases within a population. Because it was not possible to access a random sample of stakeholders or individuals with a disability, the surveys were distributed through listserves. While significant effort was taken to distribute the survey to as many eligible individuals as possible, those who completed the survey were still a convenience sample. Additionally, the town hall meetings were open to the public, but only those that selected to attend provided information. Those who participated in town halls and/or surveys could potentially be unique from those that did not participate; therefore the results cannot be generalized to the entire population of individuals with a disability or stakeholders.

Another limitation is the sample size of the stakeholder respondents to the survey. More participation would increase the likelihood that the responses are representative of the disability stakeholder community. Last, it is unknown how technology issues impacted the completion of online surveys by screen reader users. Several individuals did call to complete phone surveys, but others may have refrained due to concerns over confidentiality.

Appendix A:

Town Hall Guide

Town hall questions

Introduction:

The Department of Assistive and Rehabilitative Services (DARS), in partnership with the Rehabilitation Council of Texas (RCT), is conducting a comprehensive needs assessment to learn more about the needs for vocational rehabilitation (VR) in Texas. The information gathered will help DARS to better plan for the expansion and improvement of VR services statewide. The needs assessment will be accomplished through a variety of data collection techniques to ensure broad representation from the public. These techniques include Town Hall meetings, such as this one, held in various locations across Texas, an online survey available for VR staff members to complete, and surveys of key stakeholders.

As individuals with disabilities, family members or friends of individuals with disabilities, or professionals working in the field of disability, your input is invaluable in determining existing needs within the population of Texans with disabilities. I will ask a series of questions and invite you to respond. Please speak clearly and not too fast so that your comments can be recorded accurately.

There are just a few ground rules: We are here to identify issues, and we will be unable to spend time problem solving. Please speak one at a time. Let speakers finish their thoughts. If you want to add something when they are finished speaking, or even say the same thing, that is fine. Those are the only ground rules. Do you have any questions before we begin (pause)? Then let's begin.

Attachment A: Town Hall Questions

First, we want to talk about employment for people with disabilities and services related to employment.

1. What services are needed to help a person with a disability get a job?
2. What services are needed to help a person with a disability keep a job?
3. What can DARS or the local VR office, do to improve the provision of vocational rehabilitation services for people with disabilities?

Next, we want to talk about accessing and maintaining services with DARS.

4. What are the barriers that you (or your loved one, client, friend, etc.) faced when trying to initiate services with DARS?
5. What are the barriers that you (or your loved one, client, friend, etc.) face in trying to maintain services with DARS?

We also want to talk about populations that might be underserved. When we talk about underserved populations, we are referring to people who might not be receiving services even though they should be.

6. Who are unserved/underserved populations of people with disabilities in your area? That is, what groups or areas are not receiving VR services?
7. Why are these populations unserved/underserved? What are the barriers that these populations face when initiating services with DARS?
8. What are the barriers that these populations face when maintaining services with DARS?
9. What can DARS do to outreach to these populations and improve the provision of services to unserved and underserved populations of people with disabilities?

Now that we have talked about populations that might be underserved, we are going to move into a discussion of people with the “most significant disabilities.” DARS is working on establishing a definition of what it means to have a “most significant disability.” For now, we are defining most significant disability as the following:

- *The individual has a physical or mental impairment that seriously limits three or more functional capacities in the following areas: mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills in terms of an employment outcome; and*
- *Vocational rehabilitation can be expected to require multiple core vocational rehabilitation services for an extended period of time.*

In thinking about this definition,

10. Does DARS offer enough opportunities for individuals with the “*most significant*” disabilities to gain competitive employment in an integrated setting with co-workers who are not disabled?
11. How could DARS improve the services offered to individuals with the “*most significant*” disabilities?

Moving on to our next topic, we would like to talk about the need for Supported Employment services. Supported Employment services are designed for consumers with the most significant disabilities who meet all of the following criteria:

- The individual has not worked, or has worked only intermittently, in competitive employment;
- The individual has been determined eligible for VR services based on a comprehensive assessment, including consideration of Supported Employment as an employment outcome;

- The individual needs extended services in order to maintain employment following successful VR closure. (Extended services means ongoing support services provided by another agency or provider that are needed to support the consumer in maintaining their job after the VR case is closed); and
- The individual has the potential to maintain competitive employment with the necessary supports in place.

For DARS consumers who need Extended Supports, often referred to as Long-term Supports, to maintain competitive employment in an integrated setting:

12. Are such services available in your area?
13. If yes, are they working to ensure the consumer does not lose his or her job?
14. If no, what can VR do to improve these services in your area?

Finally, we would like to get any feedback from you that has not been discussed during this meeting.

15. Are there other issues that are related to vocational rehabilitation needs or services within the disability population you'd like to discuss?

Conclusion:

Are there any other comments (pause)? Thank you for being part of this Town Hall meeting and for sharing your view on these topics. Your comments will help to chart the course for the future of Vocational Rehabilitation services in Texas.

Appendix B:

Staff Survey

DARS Staff survey

PLEASE READ THE FOLLOWING INFORMATION ABOUT THIS SURVEY.

Identification of Investigators and Purpose of Study:

You have been asked to participate in a research study, entitled “DARS Statewide Needs Assessment.” The study is being conducted by Dr. Monica Faulkner. Dr. Faulkner is located at the School of Social Work at The University of Texas at Austin and can be reached at (512) 471-7191, or mfaulkner@austin.utexas.edu. The purpose of this study is to understand the needs of individuals with disabilities in our community. You are free to contact Dr. Faulkner with any questions.

If you agree to participate: The survey will take approximately 10 minutes of your time. You can pause the survey and return to it at a later time. There is no compensation for participating.

Risks/Benefits/Confidentiality of Data: There are no known risks to participating in this survey. The potential risk to the participants is no greater than everyday life. There will be no costs for participating, nor will you benefit from participating. No identifying information will be kept to link you to your responses. Data will be stored on a password protected computer in a locked office and will be kept for two years.

Participation or Withdrawal: Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin, the principal investigator or the UT Staff Council.

Contacts: If you have any questions about the study, contact Dr. Monica Faulkner. Dr. Faulkner can be reached at (512) 471-7191, or mfaulkner@austin.utexas.edu. This study has been processed by the Office of Research Support. The study number is 2014-02-0078. Questions About Your Rights as a Research Participant: If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact anonymously if you wish, the Office of Research Support by phone at (512-471-887) or email at orsc@uts.cc.utexas.edu.

- I would like to participate in this study.
- I do not want to participate in this study.

The list below details services often needed by consumers. In thinking about the majority of consumers you work with, please indicate whether you think the specific service is an unmet need, somewhat met need or a need that has been met.

- Vocational assessment
- Comprehensive vocational evaluation
- Vocational counseling
- Vocational training
- Vocational tuition assistance
- Job placements
- Supported employment services
- Follow-up services after employment
- Technological aids and devices
- Orientation and mobility services
- Durable medical equipment
- Physical restoration
- Transportation
- Housing
- Transition services from school
- Transition from nursing home (or similar facility) to community
- Benefits planning
- Mental health counseling
- Mental health treatment
- Substance use treatment
- Medical care
- Independent living skills training
- Adjustment to disability training
- Family & caregiver support
- Group and peer support
- Connection to community resources
- Other service

1. How often are consumer needs met for each of the services?

Response Choices: Never, Rarely, Sometimes, Often, and Always

2. How important are the services to successful outcomes for consumers?

Response Choices: Not important, somewhat important, moderately important, very important, and extremely important

3. How often are service needs met for the following groups of DARS consumers?

Response Choices: Never, Rarely, Sometimes, Often, and Always

- Individuals with multiple impairments
- Individuals with the most significant disabilities
- Individuals with learning disabilities
- Individuals with autism spectrum disorders
- Individuals with mental illness
- Individuals with physical disabilities
- Individuals with cognitive disabilities
- Individuals with alcohol or substance dependence
- Individuals with a criminal history
- Individuals who are homeless
- Individuals who receive public assistance (TANF, SSI/SSDI)
- Individuals who speak a language other than English
- Veterans
- Students transitioning out of high school
- Individuals with traumatic brain injuries
- Individuals who have experienced strokes
- Individuals with chronic health conditions
- Individuals with seizure disorders
- Individuals who are undocumented
- Individuals who are deaf or have hearing impairments
- Individuals who are blind or have a visual impairment
- Individuals who are deaf and blind
- Individuals with spinal cord injuries
- Individuals with degenerative conditions
- Individuals with HIV/AIDS
- Individuals aged 65 or older
- Individuals with behavioral disorders
- Individuals living in rural areas
- Individuals who are victims of crime
- Individuals living in inner-city areas
- Individuals who have been incarcerated
- Individuals who are temporarily disabled due to a medical condition
- Other

4. How often do DARS consumers face the following barriers to successful outcomes?

Response Choices: Never, Rarely, Sometimes, Often, and Always

- Slow job market
- Employer attitudes towards individuals with disabilities
- Attitudes of individuals with disabilities
- Lack of family support
- Lack of long term services and support
- Lack of physical accessibility
- Lack of information regarding disability resources
- Lack of personal care attendants
- Lack of affordable child care
- Lack of transportation
- Lack of affordable housing
- Concern over loss of benefits
- Lack of accessible benefits
- Immigration status
- Communication difficulties
- Language barrier
- Other barrier

5. What barriers do you face in providing services to consumers? (select all that apply)

- High employee turnover
- High caseloads
- Lack of financial resources
- Lack of community services
- Increases of individuals with multiple disabilities
- Limited information shared by those working with individual
- Lack of availability of appropriate jobs
- Lack of quality relationships with potential employers
- Lack of quality relationships with agencies working with consumers
- Lack of community rehabilitation programs
- Other _____
- Don't know
- Prefer not to answer

6. Please comment on any additional information you would like to provide to inform this needs assessment.

7. Which program do you currently work for?

- DRS
- DBS
- CIL
- Other DARS program

8. What DARS region do you work in?

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- State office
- Prefer not to answer

9. Which DBS Region do you work for?

- Austin
- Corpus Christi
- Dallas
- El Paso
- Fort Worth
- Harlingen
- Houston
- Lubbock
- San Antonio
- Southeast
- Tyler
- Waco
- CCRC
- Prefer not to answer

10. Please indicate your current position.

- Counselor
- Case worker
- Teacher
- Administrative staff
- Other _____
- Prefer not to answer

11. Which best describes your service area?

- Primarily urban
- Primarily rural
- Both urban and rural
- Prefer not to answer

12. How many years have you been working at DARS?

- Less than one year
- Number of years: _____
- Prefer not to answer

13. Including your time at DARS, how many total years have you been working in the disability field?

- Less than one year
- Number of years: _____
- Prefer not to answer

14. Are you Hispanic, Latino or Spanish origin?

- Yes
- No
- Prefer not to answer

15. What is your race/ethnicity? (check all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Prefer not to answer

16. Are you proficient in any languages other than English?

- Yes
- No
- Prefer not to answer

17. What other languages do you speak?

- Spanish
- Vietnamese
- American sign language
- Other _____
- Prefer not to answer

18. Approximately how many individuals are currently on your caseload?

- Estimated number on current caseload:
- I do not have a case load
- Prefer not to answer

19. How would you rate your knowledge on the following topics?

Response choices: Extremely poor, below average, average, above average, and excellent

- Types of assistive devices
- How to obtain assistive devices
- Effective strategies that support employment outcomes for individuals with disabilities
- Job accommodations for individuals with disabilities
- Providing materials in alternate or accessible formats
- Self-disclosure regarding one's disability to employers and potential employers
- Information about vocational rehabilitation services
- How paid employment can impact Social Security and other benefits
- How individuals with disabilities can work and retain benefits

Appendix C:

Stakeholder Survey

DARS Stakeholder Survey

PLEASE READ THE FOLLOWING INFORMATION ABOUT THIS SURVEY.

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If you agree to participate: The survey will take approximately 10 minutes of your time. You can pause the survey and return to it at a later time. There is no compensation for participating.

Risks/Benefits/Confidentiality of Data: There are no known risks to participating in this survey. The potential risk to the participants is no greater than everyday life. There will be no costs for participating, nor will you benefit from participating. No identifying information will be kept to link you to your responses. Data will be stored on a password protected computer in a locked office and will be kept for two years.

Participation or Withdrawal: Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin, the principal investigator or the UT Staff Council.

Contacts: If you have any questions about the study, contact Dr. Monica Faulkner. Dr. Faulkner can be reached at (512) 471-7191, or mfaulkner@austin.utexas.edu. This study has been reviewed by The University of Texas at Austin’s Institutional Review Board and the study number is 2014-2-0078.

Questions About Your Rights as a Research Participant: If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact anonymously if you wish, the Office of Research Support by phone at (512-471-8871) or email at orsc@uts.cc.utexas.edu.

- I would like to participate in this study.
- I do not want to participate in this study.

20. Are you a/an _____? (check all that apply)

- Individual with a disability
- Parent or caregiver of an individual with a disability
- Professional providing direct services to consumers with disabilities
- Advocate for the disability community
- Other _____
- Prefer not to answer

21. Which DARS department are you most familiar with?

- Department Rehabilitation Services (DRS)
- Department of Blind Services (DBS)
- I am equally familiar with both departments
- I am not familiar with either department

The list below details services often needed by consumers. In thinking about the majority of consumers you work with, please indicate whether you think the specific service is an unmet need, somewhat met need or a need that has been met.

- Vocational assessment
- Comprehensive vocational evaluation
- Vocational counseling
- Vocational training
- Vocational tuition assistance
- Job placements
- Supported employment services
- Follow-up services after employment
- Technological aids and devices
- Orientation and mobility services
- Durable medical equipment
- Physical restoration
- Transportation
- Housing
- Transition services from school
- Benefits planning
- Mental health counseling
- Mental health treatment
- Substance use treatment
- Medical care
- Independent living skills training
- Connection to community resources
- Family & caregiver support
- Transition from nursing home (or similar facility) to community
- Group and peer support
- Adjustment to disability training
- Other service needs

22. The How often are consumer needs met for each of the services?

Response Choices: Never, Rarely, Sometimes, Often, and Always

23. How important are the services to successful outcomes for consumers?

Response Choices: Not important, somewhat important, moderately important, very important, and extremely important

24. Are you aware of any unserved or under-served population(s) of individuals with disabilities that could benefit from Department of Rehabilitation Services (DRS) services?

- Yes, please specify:
- No
- Prefer not to answer

25. Are you aware of any unserved or under-served population(s) of individuals with disabilities that could benefit from Department of Blind Services (DBS) services?

- Yes, please specify:
- No
- Prefer not to answer

26. How often do individuals with disabilities in your community face the following barriers to successful outcomes?

Response Choices: Never, Rarely, Sometimes, Often, and Always

- Slow job market
- Employer attitudes towards individuals with disabilities
- Attitudes of people with disabilities
- Lack of family support
- Lack of long term services and support
- Lack of physical accessibility
- Communication difficulties
- Lack of information regarding disability resources
- Lack of personal care attendants
- Lack of affordable child care
- Lack of transportation
- Lack of affordable housing
- Immigration status
- Language barriers
- Concern over loss of benefits
- Lack of accessible benefits
- Other barrier

27. Have you ever contacted the Department of Rehabilitation Services (DRS) for assistance and/or received assistance?

- Yes
- No
- Prefer not to answer
- Unsure

28. Please rate your experience with the Department of Rehabilitation Services (DRS) in each area:

Response choices: Very dissatisfied, Dissatisfied, Satisfied, Very Satisfied, No experience

Areas:

- Courtesy and respect shown to consumers
- DRS relationship to community agencies
- Responsiveness to consumer requests
- Responsiveness to phone calls and emails
- Accuracy of information provided to consumers
- Eligibility process for consumers
- Quality of service provider referrals
- Inclusion of consumers in goal setting
- Inclusion of consumers in service planning
- DRS staff attitudes
- DRS knowledge
- DRS staff retention
- Quality of services provided to consumers
- Amount of services provided to consumers
- Overall experience with DRS

29. Have you ever contacted the Department of Blind Services (DBS) for assistance and/or received assistance?

- Yes
- No
- Prefer not to answer
- Unsure

30. Please rate your experience with the Department of Blind Services (DBS) in each following areas:

7. Response choices: Very dissatisfied, Dissatisfied, Satisfied, Very Satisfied, No experience

8. Areas:

- Courtesy and respect shown to consumers
- DBS relationship to community agencies
- Responsiveness to consumer requests
- Responsiveness to phone calls and emails
- Accuracy of information provided to consumers
- Eligibility process for consumers
- Quality of service provider referrals
- Inclusion of consumers in goal setting
- Inclusion of consumers in service planning
- DBS staff attitudes
- DBS knowledge
- DBS staff retention
- Quality of services provided to consumers
- Amount of services provided to consumers
- Overall experience with DBS

31. Which best describes your professional or advocacy role?

- Employed by agency or organization serving individuals with disabilities
- Volunteer for agency or organization serving individuals with disabilities
- Other _____
- Prefer not to answer

32. Please indicate your current position?

- Administrator
- Counselor
- Case worker
- Teacher
- Medical provider
- Public official
- Home health care provider or personal assistant
- Administrative staff
- Other _____
- Prefer not to answer

33. What is your relationship to the person you are caring for or assisting?

- Parent
- Adult sibling
- Cousin/Aunt/Uncle
- Grandparent
- Other relative _____
- Family friend
- Foster parent
- Neighbor
- Church member
- Other _____
- Prefer not to answer

34. How old is the person for whom you are caring? Enter age in years

35. The individual with a disability currently lives:

- With me
- in a group home
- in an assisted living facility
- in his or her own apartment
- in his or her own home
- Other _____
- Prefer not to answer

36. Is the individual with a disability of Hispanic, Latino or Spanish origin?

- Yes
- No
- Prefer not to answer

37. What is the race/ethnicity of the individual with a disability? (select all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Prefer not to answer

38. Is the individual with a disability proficient in a language other than English?

- Yes
- No
- Unsure
- Prefer not to answer

39. In what other languages is he or she proficient?

- Spanish
- Vietnamese
- American sign language
- Other
- Unsure
- Prefer not to answer

40. Which type(s) of disability diagnoses/conditions or situations apply to the individual with a disability that you care for? (Select all that apply)

- Multiple impairments
- Most significant disabilities
- Learning disabilities
- Autism spectrum disorders
- Mental illness
- Physical disabilities
- Cognitive disabilities
- Behavioral disorders
- Alcohol or substance dependence
- Criminal history
- Homeless
- Receives public assistance (TANF, SSI/SSDI)
- Speaks a language other than English
- Veteran
- Student transitioning out of high school
- Traumatic brain injuries
- Experienced strokes
- Chronic health conditions
- Seizure disorders
- Temporarily disabled due to a medical condition
- Undocumented
- Deaf or have hearing impairment
- Blind or visually impaired
- Deaf and blind
- Spinal cord injuries
- Degenerative conditions
- HIV/AIDS
- Aged 65 or older
- Lives in rural area
- Victim of crime
- Living in inner-city area
- Formerly incarcerated
- Other _____
- Unsure
- Prefer not to answer

41. Which of the following situations/ diagnoses or conditions apply to you? (Check all that apply)

- Multiple impairments
- Most significant disabilities
- Learning disabilities
- Autism spectrum disorders
- Mental illness
- Physical disabilities
- Cognitive disabilities
- Behavioral disorders
- Alcohol or substance dependence
- Criminal history
- Homeless
- Receives public assistance (TANF, SSI/SSDI)
- Speaks a language other than English
- Veteran
- Student transitioning out of high school
- Traumatic brain injuries
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- Deaf and blind
- Spinal cord injuries
- Degenerative conditions
- HIV/AIDS
- Aged 65 or older
- Lives in rural area
- Victim of crime
- Living in inner-city area
- Formerly incarcerated
- Other
- Prefer not to answer

42. What zip code do you live in?

43. Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No
- Prefer not to answer

44. What is your race/ethnicity?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Prefer not to answer

45. Are you proficient in a language other than English?

- Yes
- No
- Unsure
- Prefer not to answer

46. What other languages do you speak?

- Spanish
- Vietnamese
- American sign language
- Other
- Unsure
- Prefer not to answer

47. How would you rate your level of knowledge on the following topics?

Response choices: None, limited, sufficient, advanced, and expert

- Types of assistive devices
- How to obtain assistive devices
- Effective strategies that support employment outcomes for individuals with disabilities
- Job accommodations for individuals with disabilities
- Providing materials in alternate or accessible formats
- Self-disclosure regarding one's disability to employers and potential employers
- Information about vocational rehabilitation services
- How paid employment can impact Social Security and other benefits
- How individuals with disabilities can work and retain benefits
- Eligibility for VR/DARS services

48. Is there any additional information you would like to share to help us understand the needs of individuals with disabilities in Texas?

Appendix D:

Study website

Child and Family Research Institute
Where research intersects practice

DARS Statewide Needs Assessment

DARS Statewide Needs Assessment



Researchers at the University of Texas at Austin have partnered with the Department of Assistive and Rehabilitative Services (DARS) to conduct an assessment of the service needs for Texans with disabilities. The Rehabilitation Act of 1973 as amended calls for periodic comprehensive statewide needs assessments that will result in recommendations to the goals, priorities, and strategies of the state plan that DARS is required to produce annually.

If you are a member of the disability community, we invite you to take a 10 minute survey. The survey is specifically designed for caregivers, advocates, professionals and consumers.

The survey will ask you for your opinions on the unmet needs of individuals with disabilities, groups that might be under-represented in DARS services and what you feel are the most important services. The survey is anonymous and confidential. No names or contact information is collected. We ask only for your zip code to identify what part of the state you are from.

Click here to take the Needs Assessment Survey

We have noted survey accessibility issues for JAWS users. While we are working with our survey vendor to resolve these issues, we are available to complete phone interviews with anyone unable to access our survey. To schedule a phone interview, you can reach us in one of two ways:

- 1) Call our toll free number 1-888-740-0242. Our call center is generally staffed from 8-7pm. If no one is available to take your call immediately, please leave a message with a good time to call you back.
- 2) Email Monica Faulkner at mfaulkner@austin.utexas.edu to schedule a time for a phone interview.

If you have any questions about the study, contact Dr. Monica Faulkner. Dr. Faulkner can be reached at (512) 471-7191, or mfaulkner@austin.utexas.edu. This study has been reviewed by The University of Texas at Austin's Institutional Review Board and the study number is 2014-2-0078.

If you would like more information on DARS, please visit their [website](#).

Investigadores de la Universidad de Tejas en Austin, junto con el Departamento de Servicios Auxiliares y de Rehabilitación (DARS) han creado una evaluación de los servicios necesitados por Tejanos con discapacidades. Debido al Acto de la Rehabilitación del 1973, se llevan acabo evaluaciones comprensivas que resultan en

recomendaciones para las metas, prioridades y estrategias estatales, cuales DARS redacta anualmente.

Si usted es un miembro de la comunidad con discapacidades, un cuidador, o profesional, le invitamos a tomar una encuesta de diez minutos. La encuesta fue diseñada específicamente para cuidadores, defensores, profesionales y consumidores.

La encuesta le preguntara sus opiniones sobre servicios necesitados para individuales con discapacidades, grupos que son aislados de los servicios de DARS y sobre los servicios que usted considera más importantes. La encuesta es anónima, y confidencial. No colecciónaremos nombres, o información personal. Solo le pedimos su código postal para identificar cual parte del estado está representando.

Haga clic aquí para tomar la encuesta

Hemos tomado nota de los problemas de accesibilidad de la encuesta para los usuarios de JAWS. Mientras trabajamos con nuestro proveedor de la encuesta, tenemos la opción de ofrecerles la encuesta por teléfono. Para programar una entrevista telefónica, nos puede contactar de las siguientes maneras.

- 1) Llámenos a nuestro número gratuito al 1-888-740-0242. Nuestro centro de llamadas regularmente esta en operación durante las 8am a 7pm. Si no hay alguien disponible, por favor deje un mensaje en la contestadora con su número y la mejor hora para regresarle la llamada.
- 2) Mande un correo electrónico a mfaulkner@austin.utexas.edu a Mónica Faulkner con su información para programar una entrevista.

Si tiene alguna pregunta sobre la encuesta, contacte a la Dra. Mónica Faulkner. La Dra. Faulkner puede ser localizada al número (512) 471-7197, o por correo, mfaulkner@austin.utexas.edu. Esta investigación ha sido aprobada por la oficina de apoyo para la investigación y el número del estudio es 2014-02-0078.

Para más información sobre DARS, por favor visite [su página](#).

Bài Đánh giá Nhu cầu của DARS

Nhân viên nghiên cứu thuộc Đại Học University of Texas at Austin hiện hợp tác với Ủy Ban Công tác Hỗ trợ và Phục hồi chức năng (DARS) để thực hiện bài đánh giá về các công tác hỗ trợ cần thiết cho những công dân khuyết tật ở Texas. Đạo luật về Công tác Phục hồi chức năng năm 1973 yêu cầu việc tiến hành đánh giá định kì và toàn diện trên khắp các tiểu bang nhằm để ra mục tiêu, các ưu tiên hàng đầu, và chiến lược cho tiểu bang mà DARS được chỉ định để hoàn thành hàng năm.

Nếu quý vị là một cá nhân trong cộng đồng người khuyết tật, là nhân viên chăm sóc hoặc chuyên viên trong lĩnh vực, chúng tôi kính mời quý vị tiến hành một bài khảo sát dài 10 phút. Bài khảo sát được thiết kế dành riêng cho các nhân viên chăm sóc, nhà hoạt động, chuyên viên và người được hưởng các dịch vụ chăm sóc.

Bài nghiên cứu sẽ khảo sát ý kiến của quý vị về những nhu cầu chưa được đáp ứng của người khuyết tật, những nhóm đối tượng chưa được tiếp cận đầy đủ với các dịch vụ của DARS và dịch vụ mà quý vị cho là quan trọng nhất. Bài nghiên cứu được bảo mật và không có yêu cầu về danh tính. Không có bất kỳ một tên hoặc thông tin liên lạc nào được thu thập. Chúng tôi sẽ chỉ hỏi về mã khu vực (zip code) của quý vị để xác nhận khu vực nào của tiểu bang mà quý vị đang sinh sống.

Nhấp vào đây để tiến hành Bài Đánh giá Nhu cầu

Chúng tôi vừa nhận ra những vấn đề trong việc tiếp cận bài nghiên cứu mà người dùng JAWS gặp phải. Trong

lúc làm việc với nhà cung cấp nghiên cứu để giải quyết vấn đề này, chúng tôi sẵn sàng thực hiện phỏng vấn qua điện thoại cho bất kì cá nhân nào không thể tiếp cận với bài nghiên cứu. Để sắp xếp tiến hành nghiên cứu qua điện thoại, quý vị có thể liên lạc với chúng tôi bằng một trong hai cách sau:

- 1) Gọi tới số điện thoại miễn phí 1-888-740-0242. Trung tâm gọi điện của chúng tôi mở cửa từ 8am-7pm. Nếu không có nhân viên nào tiếp nhận cuộc gọi của quý vị trực tiếp, vui lòng để lại lời nhắn thư thoại, trong đó bao gồm thời gian thuận tiện nhất cho quý vị để chúng tôi có thể liên lạc lại sau.
- 2) Gửi Email tới Tiến sĩ Monica Faulkner theo địa chỉ mfaulkner@austin.utexas.edu để sắp xếp thời gian cho cuộc phỏng vấn qua điện thoại.

Nếu quý vị có bất kì câu hỏi liên quan đến nghiên cứu của chúng tôi, xin vui lòng liên lạc Tiến sĩ Monica Faulkner theo số điện thoại (512) 471-7191, hoặc email: mfaulkner@austin.utexas.edu. Nghiên cứu này được xử lý bởi Văn phòng Hỗ trợ Nghiên cứu, mã số nghiên cứu: 2014-02-0078.

Nếu quý vị muốn tham khảo thêm thông tin về DARS, vui lòng tham khảo [website](#).

Comprehensive needs assessment of Texans with disabilities

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