

**Developing a Model Comprehensive Statewide Needs
Assessment With Corresponding Training Materials
For State VR Agency Staff and SRC Members:
The VR Needs Assessment Guide**

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Model Comprehensive Statewide Needs Assessment (CSNA) Guide Executive Summary

A model Comprehensive Statewide Needs Assessment (CSNA) will assist state vocational rehabilitation (VR) agencies and state rehabilitation councils (SRCs) in jointly conducting needs assessments. The CSNA is designed to satisfy requirements in the *Rehabilitation Act of 1973, as amended*, and produce useful and timely information. The requirements, at a minimum, must be addressed in attachment 4.11(a) of the Title I State Plan and its Title VI, Part B supplement.

Rehabilitation Act Needs Assessment Requirements Section 101(a)(15)

(15) Annual state goals and reports of progress

(A) Assessments and estimates

The State plan shall--

(i) include the results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council (if the State has such a Council) every 3 years, **describing the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of--**

(I) individuals with the most significant disabilities, including their need for supported employment services;

(II) individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title; and

(III) individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through the components;

(ii) include an **assessment of the need to establish, develop, or improve community rehabilitation programs** within the State; and

(iii) provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments, for any year in which the State updates the assessments.

Cost-effective, easy to implement, and adaptable to state variation, the model CSNA includes a common structure and basic design, while allowing for flexibility and adaptation to local needs.

The CSNA is an opportunity for combining existing information and new information to inform the State Plan. The model CSNA addresses the following information goals. Additional agency-specific information goals may be added.

- What are the rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of:
 - individuals with most significant disabilities, including their need for supported employment services?
 - minorities?
 - individuals with disabilities who have been unserved or underserved by VR?
 - individuals with disabilities served through other components of the statewide workforce investment system?
- What is the need to establish, develop, or improve community rehabilitation programs within the state?

The model CSNA process includes six steps:

1. Defining and establishing CSNA goals
2. Developing CSNA plan for information and dissemination
3. Gathering the information
4. Analyzing the results and developing findings
5. Developing the conclusions: Potential action strategies
6. Informing state plan goals, priorities, and strategies

Because no one information source will provide comprehensive information, seven information strategies are part of the design:

- use of existing disability population statistics including the American Community Survey (ACS);
- disability population estimates from available data;
- population projections and economic forecasts from federal and state data;
- existing VR agency data, studies and experience;
- state level statistics from other federal programs;
- state and local data and reports; and
- stakeholder input: Surveys, focus groups, interviews, and hearings

Development of the CSNA followed the following principles.

- Develop a VR/SRC/Community partnership to carry out the CSNA.
- Build on the experience of previous State Plans and CSNAs.
- Involve the community.
- Use data to focus the study goals.
- Design a feasible and reasonable project.
- Use a multi-disciplinary needs assessment team.
- Rely on more than numeric data for the CSNA.
- Think about dissemination early.
- Take advantage of existing knowledge in the agency.
- Use a wide range of methods and participants.
- View the CSNA is a balance of art and science.
- Combine quantitative and qualitative results.
- Use past successes and mistakes in developing options for state plan strategies.
- Develop a menu of alternatives.
- Build state plan goals and strategies on results of CSNA steps documented in state plan attachment 4.11(a).
- Note some recommended actions can happen now, some may need more study.

The Guide for implementing the CSNA process provides examples and templates for carrying out the six steps of the model CSNA. Part I of the Guide describes the model CSNA. Part II covers implementing the model CSNA including a description of each step of the model CSNA. The required state plan Attachment 4.11(a) is a summary of the results obtained through the CSNA.

Attachment 4.11(a)

Required Information in Attachment 4.11(a) to the Title I state plan and its title VI B supplement includes:

- I. the results of the CSNA 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.
- II. an assessment of the need to:
 - a. establish community rehabilitation programs (CRPs);
 - b. develop CRPs; or
 - c. improve CRPs within the state.

The Guide includes Appendices with further detail on the information strategies and methods proposed, including specific data elements, data sources, and example tables.

The VR Needs Assessment Guide

Introduction

The *Rehabilitation Act of 1973, as amended* (Act) calls for periodic comprehensive statewide needs assessments to be conducted jointly by each state’s vocational rehabilitation (VR) agency and State Rehabilitation Council (SRC) to inform the State Plan. The Act is specific regarding areas that a needs assessment should address. In addition to the overall need for rehabilitation services in the state, the Act focuses on several VR subpopulations and services: individuals with most significant disabilities, including those in need of supported employment; unserved and underserved individuals, including minorities; individuals served by other parts of the statewide workforce investment employment system; and establishment, development or improvement of community rehabilitation programs (CRPs). (See Exhibit .1)

Exhibit .1 Rehabilitation Act Needs Assessment Requirements Section 101(a)(15)

(15) Annual state goals and reports of progress

(A) Assessments and estimates

The State plan shall--

(i) include the results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council (if the State has such a Council) every 3 years, describing the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of--

(I) individuals with the most significant disabilities, including their need for supported employment services;

(II) individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title; and

(III) individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through the components;

(ii) include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State; and

(iii) provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments, for any year in which the State updates the assessments.

While these requirements are specific, there is no model or guidance available to assist state agencies. A Model VR Comprehensive Statewide Needs Assessment (CSNA) that addresses these questions faces a number of technical challenges. For instance, there is no source that can identify all the individuals who do not currently use services but may need them. There are many technical resources and studies that may be useful but which require specialized knowledge and research. The Rehabilitation Services Administration (RSA) recognizes the difficulties that state agencies experience in producing useful needs assessments, noting that existing VR needs assessments have not yielded sufficient data to formulate goals and priorities in the state plans, that many do not address all the required elements, and that even those that do address requirements “still fail to yield sufficient information on the rehabilitation needs of their populations to be maximally useful” (Rehabilitation Services Administration, 2007e). RSA has identified the need for technical assistance in planning and conducting the assessments and in applying the results to the development of State Plans, including need for a model CSNA.

The model CSNA described in these pages is provided to assist state agencies in conducting the assessments, with an approach that satisfies the Act’s requirements and produces useful and timely information. Designed to be standardized, cost-effective, easy to implement, and adaptable to state variation in population and circumstance, the model CSNA includes a common structure and basic information elements, while allowing for flexibility and adaptation to local needs. The model CSNA also includes suggestions for outreach and dissemination throughout the assessment process.

The model CSNA is intended to inform the seven requirements specified in the Act for the CSNA and its relationship to the development of the State Plan. The State Plan is to include the results of the CSNA (1) as well as: 2) annual estimates of the number of individuals eligible for services in the state, the number of individuals who will receive services, and the cost of the services; 3) goals and priorities based on the CSNA, performance on Section 106 standards and indicators, and other information on operation and effectiveness of the program including SRC reports and monitoring findings; and 4) service and outcome goals and time within which these goals may be achieved for individuals in each priority category within the order for those states using an order of selection (OOS). The CSNA provides information for the development of the State Plan, recommending goals for the upcoming planning period.

The model CSNA and this Guide do not contain new requirements for the CSNA.

This document builds on the review of needs assessment literature and of current VR needs assessment reports and describes the implications of the findings for a model CSNA. An overview of the model CSNA follows, including the relationship of the Act requirements to information resources, how need is defined, how outreach and

dissemination are important to a needs assessment, and an introduction to the six steps of the model CSNA. A description of the information sources, including their strengths and limitations, concludes the introduction to this Guide. Detailed descriptions of each step follow complete with products to be created, detail on how to achieve each product with the steps, examples, and other exhibits that provide more guidance. A bibliography concludes the document.

Technical appendices include detailed information on the information strategies and methods proposed, including specific data elements, data sources, and example tables. Appendix I is the Literature Review on needs assessment and how it informs the CSNA. Appendix J is the report on review of nine needs assessments conducted by VR state agencies.

How to Use the Guide

The model CSNA provides a framework for conducting a statewide study that addresses the information requirements in the Act in a comprehensive and inclusive way. This model CSNA is a “shell” of an agency-specific design and information strategy, allowing for flexibility in how each agency carries out the CSNA.

The Guide provides more information on the implementation of the model CSNA steps that will result in attachment 4.11(a) of the state plan and recommendations to the goals, priorities, and strategies of the state plan. It also contains resources and references that support development of informed needs assessments and state plan recommendations. The Guide includes how to expand and tailor the CSNA to state-specific needs, instructions for carrying out the six steps in the model CSNA process, and related example resources such as templates, checklists, and example questionnaires.

The Guide is not intended as a substitute for texts on needs assessment methodology or applied social science, and assumes involvement of individuals with a range of skills in carrying out the study.

To use the Guide, first review Part I - the model CSNA for an understanding of the process and intended results. Then follow the implementation instructions in Part II of the Guide, including:

- the activities and products;
- descriptions of approach;
- relevant examples; and
- resources.

The step number being discussed is located in the upper right corner of the page for easy reference.

An outline of the required State Plan Attachment 4.11 (a), is shown in Exhibit .6. In addition, an example of a summary of CSNA methods, results gaps, and implications for the state plan is offered in Exhibit .7. The summary may be especially useful as a deliverable for state agencies issuing a contract for conducting the CSNA.

This Guide has been approved by RSA and the project Panel of Experts (POE). The Guide describes the most basic approach to the CSNA. State agencies should tailor the CSNA to the needs of the state agency.

A PowerPoint training is available from RSA on how to use the Guide to:

- understand and implement the six steps;
- follow the Guide to create the State Plan Attachment 4.11 (a); and
- inform the state plan.

The report describing the development of the model CSNA supporting the Guide is also available from RSA.

Part I – The Model CSNA

In this part, the model CSNA is discussed. Included in this part are the information goals of the CSNA, how needs are defined, the use of outreach and dissemination to strengthen the CSNA, the six steps to assessing the and addressing VR Needs (including brief descriptions of the steps), the information strategies of the model CSNA (including strengths and limitations of data sources), an outline of the required Attachment 4.11(a) and an example summary of CSNA methods, results, gaps, and implications for the state plan.

Overview of the Model CSNA

The Information Goals of the CSNA

The VR program’s purpose is defined in the Act, and the CSNA addresses need, in particular, for several groups identified in the Act: minorities, unserved and underserved, and people with most significant disabilities, including their need for supported employment services. In addition to specifying the groups of individuals with disabilities that are of particular interest in the development of the State Plan, the Act has also specified two other areas of interest: the needs of the individuals with disabilities who are using other parts of the workforce investment system and the need to establish, expand or improve community rehabilitation programs (CRPs).

Exhibit .2 CSNA Information Goals from the Rehabilitation Act

1. What are the rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of individuals with most significant disabilities, including their need for supported employment services?
2. What are the vocational rehabilitation services needs of minorities?
3. What are the vocational rehabilitation services needs of individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program?
4. What are the vocational rehabilitation services needs of individuals with disabilities served through other components of the statewide workforce investment system?
5. What is the need to establish, develop, or improve community rehabilitation programs within the state?

To be comprehensive, the CSNA findings should address all requirements. The assessment is not limited to federal requirements; additional VR service needs, such as an

emerging disability group, or needs resulting from changes in the state population may be included.

Developing a Model CSNA Technique - Background

The development of this model for the VR CSNA builds on prior work in many related services that is reflected in the growing literature on needs assessment methods. Development work on the model CSNA included review of a number of useful references on needs assessment, including one work that is specific to VR. Four texts served as useful sources for development of this model CSNA. Fernando I. Soriano's book, *Conducting Needs assessments: A Multidisciplinary Approach* (Soriano, 1995), covers basic issues involving what is a needs assessment, how are they constructed and their components. James Altschuld and Belle Witkin have two texts that are of key importance to this document, *Planning and Conducting Needs assessment: A Practical Guide* (Witkin & Altschuld, 1995) that reviews basic steps for conducting a needs assessment and *From Needs Assessment to Action* (Altschuld, & Witkin, 2000) that covers how the needs assessment serves as a basis for a plan of action. *In Needs Assessment: A Creative and Practical Guide for Social Scientists*, a volume of papers regarding needs assessment, Reviere, Berkowitz, Carter, and Ferguson (1996a) presents papers on understanding and developing needs assessment, case studies, and dissemination and future strategies. In addition, *Rehabilitation Needs Assessment for Vocational Rehabilitation Agencies from The Region V Study Group* provides significant detail on needs assessments as they relate specifically to VR agencies (Region V Study Group, 1991a, 1991b). These texts are excellent sources of more detailed information than will be covered in this Guide.

For the purposes of this Guide, we have used the following definitions.

- **Needs Assessment:** a systematic and ongoing process of providing usable and useful information about the needs of the target population – to those who can and will utilize it to make judgments about policy and programs.
- **“Needs”:** A gap – between the real and ideal conditions – that is both acknowledged by community values and potentially amenable to change.

(Reviere, Berkowitz, Carter, & Ferguson, 1996b)

Needs assessments should be useable and useful to program management. They should identify the gaps in existing services that can be reduced through policies and programs. Needs assessments should also combine methods for the use of existing information and the collection of new information to address defined information goals or information goals. Any one method will have strengths and weaknesses, and there is no one “best”

combination of methods. Stakeholder involvement is important to inform the needs assessment and planning process, to provide opportunity for input and buy-in, to assure the relevance of the data collection and the results, and to satisfy programmatic requirements. Needs assessment literature findings can be found in Appendix I.

Review of Current Needs Assessments

To date, state VR agencies and SRCs have addressed the needs assessment requirements in the Act through different methods and designs. A review of current practice was completed and is useful in understanding the variety of approaches to the CSNA and to learn from them. State agencies were invited to submit needs assessment materials as part of the development of this model CSNA. Several agencies shared documents; in addition, a few state agencies include the needs assessment reports on their Web sites.

The nine studies reviewed spanned a period from 2004 to 2008 and represent a range of approaches to conducting needs assessments (See Appendix J). No specified topic from the Act was addressed explicitly or systematically by all of these nine studies. Furthermore, only one of the nine studies explicitly addressed all topics and conditions required by the Act. Several others were somewhat consistent with the content requirements, addressing at least four of the identified topics. By focusing primarily on people already being served, some state agencies are missing the sources that would help to identify needs that are not being met or individuals who are unserved or underserved by the system.

Implications of the Findings for Development of the Model CSNA

The literature describes a systematic process for collecting information – based on goals and study questions – that leads to a prioritization of resources for forward planning. The CSNA is an opportunity for using existing information and new information to help focus the State Plan. State VR agencies and SRCs have taken a variety of approaches to completing the assessments, often focusing more on internal information and consumers and less on information about unmet needs or underserved and unserved populations. Information requirements regarding community rehabilitation programs or about other parts of the workforce investment system often are not included in the studies.

The model CSNA in the following pages is intended to provide the basis for more consistent and responsive assessments. By following principles established in the needs assessment field – making best use of a range of information sources, involving key stakeholders, targeting findings to actions in the State Plan – VR agencies and SRCs can improve the studies.

Defining Need

The term “need” has generally been defined, for purposes of needs assessment, as “a gap – between the real and ideal conditions – that is both acknowledged by community values and potentially amenable to change.” (Reviere, Berkowitz, Carter, and Ferguson, 1996b.) While this general term provides an overview of the spirit of needs assessment in general, the model CSNA defines “need” in specific ways in addressing the requirements as defined for these studies.

The model CSNA assumes the following.

- The “demand” for VR services comes from those individuals with disabilities who are unemployed or underemployed and may be eligible for, and interested in, VR services at any time. This group cannot be identified in existing population statistics, but a useful proxy may be individuals in this age group who are not employed but in the labor force – meaning those looking for work and available to work (this excludes individuals who are employed and those who are not in the labor force, that is, not available for work.).
- Existing population statistics can be used to help identify individuals in need of VR services in the state. Differences between the composition of the VR population (gender, ethnicity, disability) and the state population may identify access issues relating to unserved or underserved populations.
- Because of recognized limits in the available data, “need” for VR services will not be measured with precision; however, the combined methods may be used to identify areas for consideration in terms of goals and strategies, and will indicate the nature and extent of need.
- Comparing estimated need for VR services with existing internal and external service capacity will identify gaps and barriers that can be addressed in the State Plan.

The “real” conditions are the VR services the agency currently provides and the “ideal” conditions are estimated current demand for VR services given the population size and type.

Model CSNA Principles

- Develop a VR/SRC/Community partnership to carry out the CSNA.
- Build on the experience of previous State Plans and CSNAs.
- Involve the community.
- Use data to focus the study goals.
- Design a feasible and reasonable project.

- Use a multi-disciplinary needs assessment team.
- Rely on more than numeric data for the CSNA.
- Think about dissemination early.
- Take advantage of existing knowledge in the agency.
- Use a wide range of methods and participants.
- View the CSNA as a balance of art and science.
- Combine quantitative and qualitative results.
- Use past successes and mistakes in developing options for state plan strategies.
- Develop a menu of alternatives.
- Build state plan goals and strategies on results of CSNA steps documented in state plan attachment 4.11(a).
- Note some recommended actions can happen now, some may need more study.

The model CSNA requires several types of skills from staff and/or contractors conducting the work including project management, study design, planning and budgeting, data and literature search, survey design and administration, focus group facilitation, phone interviewing, quantitative and qualitative analysis, action strategy development, and report writing. The amount of time and staff effort needed will vary with the resources and abilities available within each state agency and SRC.

Outreach

A needs assessment is more than an information-gathering process. Along with providing information to generate the State Plan, it also is an opportunity to reach out to other organizations and agencies to assure broad input in the needs assessment process and establish long-term connections. For example, connections can be made to state disability councils or state commissions; service providers; organizations focused on parents of people with disabilities, minorities, or employment issues; or specific employers who had successes and/or challenges in placing VR consumers.

Dissemination

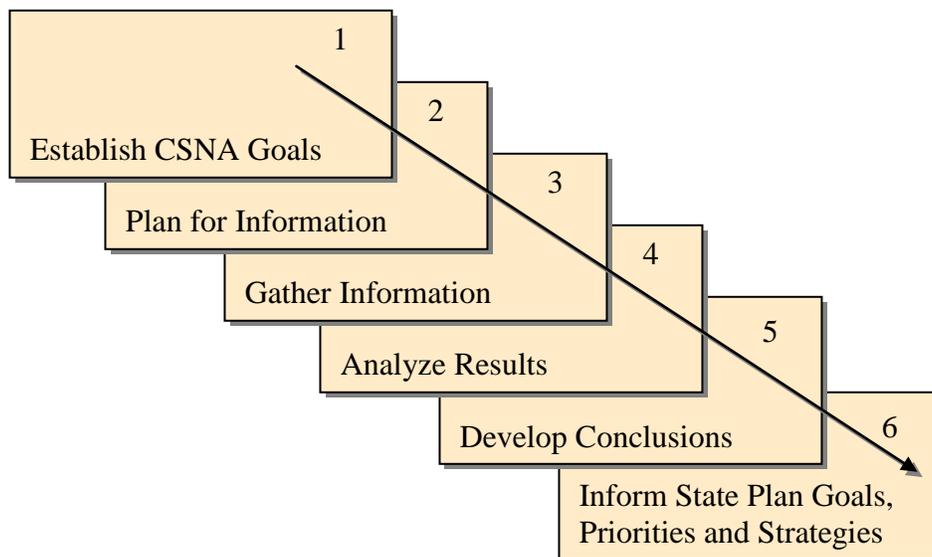
The model CSNA emphasizes the importance of providing information about process and results, and includes development of a plan for dissemination. Dissemination is an opportunity to feed back to those who have participated in the process and to strengthen information exchange with others in the community. Methods for dissemination may include traditional paper products but also the agency Web sites and perhaps experimenting with social networking and other emerging communication methods.

Six Steps to Assessing and Addressing VR Needs

The model suggests six steps that provide a framework for the CSNA.

1. Defining and establishing CSNA goals
2. Developing CSNA plan for information and dissemination
3. Gathering the information
4. Analyzing the results and developing findings
5. Developing the conclusions: Potential action strategies
6. Informing state plan goals, priorities, and strategies

Exhibit .3 Six Steps to Assessing and Using VR Needs: An Information Strategy



Step 1: Defining and Establishing CSNA Goals

The goals should be identified at the start of the process so that the assessment can be planned with each goal in mind. A brief review of readily available existing information and VR knowledge will provide a useful background for the study and for identifying any specific VR service needs to study. This includes reviewing available disability data tables, gathering relevant state and local agency reports, including previous needs assessments and State Plans, evidence-based practices, and input from VR and the SRC. The goal-setting process also is an opportunity to reach out to other organizations and agencies to assure broad input.

The information will provide background on the nature of the potential VR population within the state, the population that is currently being served, and the VR services currently received by those in the VR and WIA systems, as well as identifying other agencies, organizations, and individuals who are resources for information collection later on. Potential unserved or underserved people with disabilities that are relevant with this review may be identified in this process. Examples of groups that may be identified include (but are not limited to):

People with...

- mental illness, chronic or serious;
- traumatic or acquired brain injury;
- developmental disabilities, including intellectual disabilities;
- autism spectrum disorders;
- deaf-blindness;
- deafness, or other hearing impairments;
- spinal cord injury;
- blindness, or other visual impairments;
- degenerative conditions;
- HIV/AIDS;
- dual diagnosis; and
- other “low incidence” disabilities.

People with disabilities who are...

- poor/low-income people;
- veterans;
- older, including the aging workforce;
- living in rural areas;
- limited in education;
- victims of crime or; domestic violence
- inner city residents;
- members of other disadvantaged social groups;
- former prisoners;
- students in transition; and
- current or past VR consumers with additional VR needs.

Tables and summaries of relevant report findings can be assembled as a briefing book for use as a reference in establishing study goals. Individuals responsible for establishing the study goals can refer to these findings to identify and prioritize the overall research goals, to identify unserved and underserved groups in the state, to identify specific subpopulations of those with most significant disabilities in the state who need VR services, and to develop any other state specific goals.

The Step 1 product will be a list of goals for the CSNA, along with a draft state profile and the participation of the VR agency staff, SRC members, and the community.

Step 2: Developing CSNA Plan for Information and Dissemination

Needs assessments are applied social science research. There are a variety of methods, both quantitative and qualitative, that have been used historically to conduct needs assessments. Combining several information strategies, taking advantage of the strengths of each while compensating for gaps and weaknesses in each method can provide the best picture of the needs.

A mix of methods and information sources can address the information goals. Step 2 of the model CSNA will result in a plan for collecting information, analyzing findings, disseminating results, and informing the state plan. The plan includes identifying specific data, sources, and methods; planning for stakeholder involvement; data analysis; costs and timeline; and staffing or technical assistance needs.

Step 3: Gathering the Information

Because no one information source will provide comprehensive information, seven information strategies are part of the CSNA design:

- use of existing disability population statistics, including the American Community Survey (ACS)
- disability population estimates from available data
- population projections and economic forecasts from federal and state data
- existing VR agency data, studies and experience
- state level statistics from other federal programs
- state and local data and reports
- stakeholder input: VR counselor and consumer surveys, focus groups, key informant interviews, and community hearings

In most cases, these strategies take advantage of information collected by the VR agency, the SRC, and others and are available for use. That allows a cost-effective approach with a concentration of new information collection – surveys, focus groups, interviews, hearings, etc. – to fill the gaps in available information. Together these sources will provide a comprehensive view of state rehabilitation needs.

Each of the seven information strategies offers advantages and includes some shortcomings. Exhibit .4 shows the relationship of each of the identified information strategies (columns) with the rehabilitation needs to be assessed (rows), followed by summaries of each strategy. Each information source has strengths and limitations to its use in the model CSNA; Exhibit .5 shows those strengths and limitations of the data sources. Technical information, including specific statistics and approaches, are included in corresponding detailed Appendix sections. It should be noted that these suggested information strategies suggest a basic framework, not a limitation. There may be many additional resources available in the state that can be added to the lists provided here.

The Step 3 product will be the information collection results for each information strategy, along with a description of information collection process including stakeholder involvement, and a feedback loop for stakeholder input.

Step 4: Analyzing the Results and Developing Findings

Once all the data has been collected, it will be analyzed and organized to inform the pre-defined information goals and to identify new areas for consideration.

Existing data tables from national and state data sets can be reviewed and organized using a review template. Tables of data can be constructed if existing national and state data tables do not provide data in a manner needed for the needs assessment. Survey data from VR counselors and consumers can be analyzed and statistical tables prepared. State reports and relevant literature can be summarized using a template and organized. Focus group input, key informant interviews, and community hearings can be qualitatively analyzed by an iterative review and analysis process that results in information tagged by topics.

Finally, the findings from the individual sources are combined by information goal and topics.

Step 5: Developing the Conclusions: Potential Action Strategies

The purpose of Step 5 is to develop the conclusions from the work, which entails generating alternatives for goals, strategies, and actions. Using the participation of VR managers and SRC members, potential action strategies can be generated for each need

expressed in findings of Step 4. The product will be a list of alternatives by information goal and need.

Step 6: Informing State Plan Goals, Priorities, and Strategies

The purpose of the needs assessment is to inform state agency policy, particularly the State Plan. Step 6 is the preparation of results that will inform the State Plan process.

The method in Step 6 is group process where the conclusions are considered as a whole and question by question. Given the resource constraints in the VR system, conclusions will be prioritized, using criteria identified for the assessment, such as urgency, degree of need, significance of disability, equity, and efficiency.

The product of Step 6 will be recommendations from the CSNA for State Plan goals, priorities, and strategies.

Seven Information Strategies

The CSNA addresses rehabilitation needs in the state, including those with significant disabilities, those in need of supported employment, those who are unserved and underserved including minorities, those served through other parts of the statewide workforce system, and the need to establish, develop, or improve CRPs. Unfortunately, state population statistics do not include these specific categories, and alone cannot answer the CSNA questions. But there are many additional information sources that, together, can provide the planning information for VR.

The proposed model CSNA includes seven information strategies. In most cases, these strategies take advantage of information collected by the VR agency and others and are available for use. That allows a cost-effective approach with a concentration of new information collection – surveys, focus groups, interviews, hearings etc. – to fill the gaps in available information. Together these sources will provide a comprehensive view of state rehabilitation needs.

Each of the seven information strategies offers advantages and includes some shortcomings. Technical information including specific statistics and approaches are included in corresponding detailed Appendix sections. It should be noted that these suggested information strategies suggest a basic framework, not a limitation. There may be many additional resources available in the state that can be added to the lists provided here.

Exhibit .4 shows the relationship of each of the identified information sources (columns) with the rehabilitation needs to be assessed (rows). In the pages following the exhibit, each information strategy is summarized. Each information source has strengths and limitations to its use in the model CSNA; Exhibit .5 shows those strengths and limitations of the data sources.

Exhibit .4 Information Strategies in the Model CSNA

	1	2	3	4	5	6	7
	Population statistics	Population estimates	Population projections & economic forecasts	VR agency data & information resources	State level data from federal sources	State/local data & reports	Stakeholder input: focus groups, surveys, interviews, hearings
Rehabilitation needs of individuals with disabilities	X	X	X	X	X	X	X
Needs of individuals with most significant disabilities	X	X		X	X	X	X
Need for supported employment	X	X		X		X	X
Needs of minorities	X	X	X	X	X	X	X
Needs of individuals other than minority who are unserved or underserved	X	X		X	X	X	X
Needs of individuals served through other parts of statewide workforce investment system				X	X	X	X
Need to establish, develop or improve CRPs				X		X	X

1: Disability Population Statistics

American Community Survey (ACS). To the extent that existing surveys contain relevant information, they reduce or eliminate the costs of designing new surveys and collecting new data. The American Community Survey (ACS) from the Bureau of the Census is an annual sample survey of social, economic, housing and demographic characteristics, including disability, which provides estimates at the national, state, and local levels. The ACS includes some disability questions along with other census characteristics such as ethnicity, education level, language spoken at home, poverty status, employment status (especially “unemployed”) and median earnings. ACS information is readily available for states and substate areas on the American FactFinder Web site¹ and in many published reports including annual disability status reports focusing on employment.

However, the ACS disability measures are very broad, supporting estimates of the prevalence of physical, sensory, and mental disability and the numbers of individuals reporting disability-related limitations to working, going outside the home, or doing self-care. (Note that in 2008 the survey replaced the question on sensory disability with separate questions on visual and hearing disability and deletes the question on work limitation. From the 2008 data forward, the ACS will offer estimates of those with visual disabilities and those with hearing disabilities in a state.) While there is no measure of “significant disability” in the ACS, limiting its use in answering the specific requirements related to those with significant disabilities, there are questions about people needing assistance within the home or going outside, which may serve as an indicator of “significance.” Another current limitation is that because the disability questions have been refined since the 2000 census, the population base has been changed in 2006 to include people in group quarters. The Census Bureau classifies all people not living in households as living in group quarters. There are two types of group quarters: institutional (for example, correctional facilities, nursing homes, and mental hospitals) and noninstitutional (for example, college dormitories, military barracks, group homes, missions, and shelters). Also, the ACS is best used for annual estimates; any interpretation of trends is discouraged or should be done with caution, especially since additional question changes are planned.

Current Population Survey (CPS). In 2008, the Current Population Survey (CPS), a joint project of the U.S. Bureau of the Census and the Bureau of Labor Statistics, began using the ACS disability questions. The CPS is the primary source of information on the labor force characteristics of the U.S. population. The CPS is used to compute the federal government’s official monthly statistics on total employment and unemployment, and

¹ (<http://www.factfinder.census.gov>)

contributes to the Employment Situation report, a Primary Federal Economic Indicator. The use of the ACS questions in the CPS will offer the potential to estimate employment, unemployment, earnings, and hours of work (among other measures) for those who have a disability. Published CPS data focus on those ages 16 and over. CPS data provide estimates for the nation as a whole and serve as part of model-based estimates for individual states and other geographic areas.

Behavioral Risk Factor Surveillance Survey (BRFSS). One potential strategy for conducting a state population survey is to add questions to the state’s Behavioral Risk Factor Surveillance Survey (BRFSS) conducted in state health departments. Appendix A contains more detailed information, including sources for the data and a list of available predesigned ACS tables and an example of disability questions used in one state BRFSS (Oregon).

2: Disability Population State Estimates

While available survey information does not provide state or substate level measures of specific disabilities or significance of disability, estimating techniques can be used to bridge some of the gap between available information and VR planning needs. Briefly, there are two types of estimating approaches to be considered.

A commonly used approach – applying a measure from a national study that looked at more measures of disability to state or local state population statistics – has been used by several national disability organizations to estimate populations such as intellectual disability or blindness. Surveys such as the Survey of Income and Program Participation (SIPP) can be used with ACS or census information to estimate subpopulations for the state. This is a tool that is useful in estimating unserved and underserved disability groups.

A more technical approach uses Multivariate Statistical Analysis to construct an estimation model to estimate disability. More detail and example results of these two estimation methods are included in Appendix B.

3: Population Projections and Economic Forecasts

Population projections provide information about expected population changes in the state, including overall population trends and changes within age groups of interest to VR. These projections are estimates of the population at future dates, based on assumptions about future births, deaths, and international and domestic migration. Current Census Bureau projections by state include age and sex projections from Census 2000 to 2030, in five-year increments. Population projections from the US Census Bureau that include racial and ethnic minorities by state are available but are not as

current as they are based on the 1990 Census. Many states have more recent projections on racial and ethnic minorities that are based on Census 2000.

These projections do not include disability measures, but with an assumption that existing disability rates will be maintained over the projection period general population projections will be a useful source for VR forward planning.

The Bureau of Labor Statistics (BLS) provides detailed 10-year projections at the national level on occupational outlook. A related Web site uses BLS and state data to provide occupational employment projections by state. That Web site currently has projections from 2006 to 2016 for each state and Washington, D.C. These projections, by occupational category and occupation, include numeric employment change, percent employment change, and average annual openings. These data provide information about which kinds of jobs are projected to be most available in the state.

In addition to these data that are available for all states, individual state departments of labor and economic development have used BLS and other data to produce state-level reports on employment outlook and labor force growth. Appendix C includes projection methods and information resources.

4: VR Agency Data and Information

The focus in the CSNA is on individuals in need of services and includes strategies for identifying the individuals who are not in the system. But there also is a great contribution that can be made in the CSNA process by using VR's own information resources effectively. Existing VR agency data are cost effective, timely, and efficient sources of data that may be used alone and in conjunction with other data sources to address questions. Agency data used for the RSA-911 contains extensive information on VR consumers. Data include disability and other demographic characteristics of the consumer, pre- and post-descriptors of status, types of services received and their costs, and the nature of the closure, such as reason, type, and characteristics of employment status. For example, agency data used for the RSA-911 system may be used to examine the services used by individuals with different disabilities, education, and employment goals. Also, comparison to determine whether people currently served by VR are representative of the racial and ethnic minority distribution of people with disabilities within the state helps answer questions about the needs of individuals with disabilities who are minorities and are unserved or underserved.

In the case of information on CRPs, use of any available data reports such as data provided by CRPs may provide state-level and substate-level data on location, cost, and results. Furthermore, agency RSA-911 data includes CRP-related information on source of referral, services provided and source, and extended employment outcomes.

In addition to using available program data, the model CSNA relies on program knowledge not recorded in electronic records but available from the VR counselors. Appendix D includes detail on VR agency data for the CSNA.

5: State Level Data from Federal Sources

A number of national programs collect and disseminate administrative state-level data about program recipients with disabilities that are relevant to the VR comprehensive needs assessment. These data will be uniform from state to state. In particular, Individuals with Disabilities Education Act (IDEA) statistics on transition-age youth in special education, section 504 data on students with disabilities who are receiving 504 services, Social Security data on people receiving Social Security disability benefits, and Workforce Investment Act (WIA) data on people with disabilities participating in other parts of the workforce system provide information about rehabilitation needs in a state.

IDEA data provide information about the specific disabilities of transition-age students, including disabilities that are considered significant in the VR system and may be most significant depending on the individual state's criteria (e.g., deaf-blind, multiple disabilities, traumatic brain injury). In addition, the IDEA data make it possible to look at the graduation and dropout rates by disability for students 14 years and over that help in identifying disability groups of transition-age youth with particular needs. The IDEA data also include graduation and dropout patterns by racial and ethnic minority groups. Graduation rates of minority groups with disabilities may be compared with graduation rates for other minority or majority groups within the state as well as to other states and the entire U.S. These data help to estimate the anticipated need for transition services in the coming years.

Section 504 data from the Office for Civil Rights of the U.S. Department of Education provide an overall picture of the size of the population of children and youth in schools that were not eligible for IDEA services but did receive Section 504 services because of their disabilities. Published data on the total number of "Section 504 only" students are not disaggregated by age, by transition status, nor by specific disability. But state-level departments of education may be able to assist in disaggregating the data by age to give a more accurate estimate of the transition-age group with Section 504 disabilities.

Social Security provides information about the rehabilitation needs of people with significant disabilities in the state². Social Security data include the total number of

² People who are receiving Social Security disability benefits are considered to have significant disabilities and to be eligible for VR services, provided they intend to achieve an employment outcome (Hager, 2004). However, states vary in their criteria about whether people who receive Social Security disability benefits are considered to have a "most significant disability."

people and disabled workers receiving Social Security benefits. Additional tables show breakdowns by age group. Social Security data provide information about the (very small) numbers of Social Security recipients who return to work.

Workforce Investment System Data. VR operates in the context of the state workforce investment system. The public employment system for people with disabilities includes VR and also the other options available in the several components of the *Workforce Investment Act* (WIA). The U.S. Department of Labor’s Employment and Training Administration (DOLETA) gathers data through a grantee reporting system for WIA grantees called the Workforce Investment Act Service Record Data (WIASRD). It covers the following programs: the Workforce Investment Act Information Management System (OMB No. 1205-0420), the Labor Exchange Reporting System (OMB No. 1205-0240) for programs administered under the *Wagner-Peyser Act* and the Veterans Employment and Training Service, the Trade Adjustment Assistance Program (OMB No. 1205-0392), the National Farmworker Jobs Program (OMB No.1205-0425), and the Indian and Native American Program (OMB No. 1205-0422) (U.S. Department of Labor 2007b). Data collected include disability, demographic characteristics of the consumer, program activities and services, employment and job retention data, wage data, and education and skill attainment data. However, unlike VR’s detailed description of disability in the RSA-911, the WIASRD information only identifies individuals as having a disability or not and does not have any information on the disability condition or significance of disability and, thus, cannot be compared to VR information. Also these data may not capture all users of employment services.

Coordination with state Employment Security Agencies may result in obtaining additional tables that reveal county- or regional- level data to answer questions about rehabilitation need at a more local level, as well as results of WIA customer satisfaction surveys and other WIA data that may not be included in the WIASRD.

Appendix E has details on state- level data from national programs.

6: State/Local Data & Reports

The model CSNA takes advantage of resources from other related agencies and organizations to learn about specific disability populations and to identify needs. A systematic effort to identify and collect related studies and reports will be a cost-effective way to be comprehensive in a statewide effort. Sources include organizations focusing on the needs of individuals with significant disabilities and from administrative agencies who serve individuals with disabilities. This effort will not only provide useful population and service information but also will assure that the CSNA takes the resources, information and findings from throughout the state into account in identifying

rehabilitation needs. This includes studies and results from Medicaid Infrastructure Grants (MIGs); organizations serving individuals with intellectual disabilities, mental illness, traumatic brain injury, and other conditions; and consumer advocacy organizations. Appendix F provides detail on state and substate reports and other materials.

7: Stakeholder Input – Surveys, Focus Groups, Interviews, Hearings

The final information strategy involves collection of study-specific information from individuals throughout the state, using several well-known information collection methods. These methods include surveys, focus groups, key informant interviews, and hearings designed to address questions tied directly to the requirements of the CSNA. These varied methods can provide many opportunities for stakeholder participation in the study, will help fill information gaps, and provide a rich picture of rehabilitation need. This is the area where new information collection, specifically for the CSNA, is concentrated. Important participants include: current and former VR consumers, individuals who have not used VR but may be eligible, VR counselors and supervisors, CRP staff, One-Stop staff, representatives of minorities and other groups that have been identified as unserved or underserved, and business.

Surveys. A survey of unserved and underserved individuals to identify unmet needs for rehabilitation services generally is not usually feasible because there is no way to identify the individuals who should receive the survey³. On the other hand, surveys are ideal for obtaining information from VR counselors and consumers. If routine surveys are not already in place as part of the agency’s Quality Assurance (QA) or program management, adding questions regarding service needs and gaps would support the CSNA. Otherwise, one-time or ongoing surveys are recommended.

Focus groups were developed as a marketing tool and have become a popular tool for needs assessments. Focus groups provide a method for convening small groups to talk about specific issues and offer an opportunity to work with other organizations in arranging and hosting the groups. The model CSNA includes suggestions for a variety of focus groups including the following: people with disabilities; employers; joint group with disability navigators/One-Stop staff/VR counselors; and service provider/CRPs.

Key informant interviews. These are in-depth open-ended interviews with selected knowledgeable people in the state. Key informants can cover all required topics in the model CSNA. This approach provides expert opinion and the advantage of involving the

³ It may be feasible to add VR or employment need questions to state surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and in fact some states have already done so. Other sampling frames, such as disability registries, also may make surveys feasible.

individuals in the state with the most knowledge of the issues and is also a good opportunity to involve leaders in related agencies and services.

Hearings and community meetings are the most open-ended of the approaches; individuals can elect to participate and comment on areas of the needs assessment. The State Plan process itself has hearings that may be used as input into the needs assessment; other disability organizations may hold hearings that also will be relevant.

Appendix G provides detail on surveys, focus groups, interviews, and hearings.

Exhibit .5 Strengths and Limitations of Data Sources

No one data source can provide all the needed information for a CSNA. Furthermore, most of the data sources do not provide precise data for a CSNA. Each information strategy has sources with strengths and limitations for use in the CSNA. Therefore, information from all sources needs to be taken together to maximize their strengths and minimize their limitations. More detail on the sources can be found in the Appendices.

Source	Strengths	Limitations
Population Statistics (Appendix A)		
American Community Survey (ACS)	Source of standardized state disability data. 2008 data (available 2009) will include visual and hearing disabilities. Source of substate data.	Broad definition of disability categories; no specific conditions other than visual and hearing disabilities (available in 2009).
Current Population Survey (CPS)	Ease of use; will use same disability categories as ACS.	Broad definition of disability categories; no specific conditions other than visual and hearing disabilities (available in 2009).
Survey of Income and Program Participation (SIPP)	Defines disability by function; contains measure of severity.	No state estimates; does not use the same disability categories as RSA-911.
Behavioral Risk Factor Surveillance Survey (BRFSS)	Representative sample of state disability population, opportunity to add specific questions relevant to CSNA.	Cost to include questions in survey; lead time for inclusion of new questions; may be limit on number of questions allowed.
State Population Estimates (Appendix B)		
Apply SIPP rates to state data	Ease of use; can produce state estimates.	Assumes relationships will not vary by state.
Multivariate analysis to estimate disability	Combines the strengths of ACS and SIPP; good for blindness measure.	Disability categories limited to categories measured in the SIPP and population measured in ACS.
Projections (Appendix C)		
Census projections	Vision of future size and ethnic/racial composition of state's population.	No projection by disability.
BLS labor /economic forecasts	Projections of occupations needed in state's future.	Measure of all jobs, not a focus on jobs that are specifically for VR clients.

Source	Strengths	Limitations
VR agency data (Appendix D)		
Agency data	Describes characteristics, service experience, costs, and outcomes of consumers of VR.	Only includes people in the VR system.
Federal program data at the state level (Appendix E)		
IDEA	Data on many youth with disabilities in transition; by disability types.	No measure of VR eligibility or potential use.
504	Data on some children and youth with disabilities in transition (receiving 504 services).	No measure of VR eligibility or potential use, no disability or age categories in published data.
WIA – agency data used for WIASRD	Standardized data on those being served in other parts of the workforce investment system can be cross-tabbed by disability.	Unclear of the impact of this information to need for VR services.
Wagner-Peyser and Veteran’s Employment – agency data used for ETA 9002 and VETS 200	State data on persons with disabilities using One-Stop career centers.	Limited service information.
Social Security	Identification of SSI/DI population that is relevant to VR population.	VR participation not included.
State and sub-state reports (Appendix F)		
	Specific to state and/or to disability in state; informs information goals; already available.	Developed for other purposes; not likely to be comprehensive; reliability will vary; may be one-time studies.

Stakeholder input (Appendix G)		
VR counselor and consumer surveys	Ideal for input from large numbers of respondents; specific answers to questions.	May be difficult to get good response rate from consumers.
Statewide population surveys	Statewide estimates of population and need; may benefit from other statewide surveys (e.g., BRFSS).	For most states, no sampling frame of state disability population; very costly unless a state survey is already in place.
Focus groups	Involves stakeholders.	Not representative; takes time to organize, run, and interpret.
Key informants	Input from knowledgeable people; in-depth answers; involves experts in process.	Not representative of all issues or opinions.
Hearings	Gives an open opportunity to provide input; may be able to take advantage of other hearings held.	Not representative.

Exhibit .6 Outline of Attachment 4.11(a)

Attachment 4.11(a)

Required Information in Attachment 4.11(a) to the Title I state plan and its title VI B supplement includes:

- I. the results of the CSNA 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.
- II. an assessment of the need to:
 - a. establish community rehabilitation programs (CRPs);
 - b. develop CRPs; or
 - c. improve CRPs within the state.

Exhibit .7 Example Summary Outline of CSNA Methods, Results, Gaps, and Implications for State Plan

- I. Introduction
 - a. Information goals of the needs assessment
- II. Methodology (from Step 2 and 3)
 - a. Summary of Methodology
 - b. Role of Participants
 - i. VR Agency
 - ii. State Rehabilitation Council
 - iii. Stakeholders
 - c. Dissemination plans
- III. Results (from Step 4)
 - a. Estimates of number and type of individuals with disabilities in the state potentially eligible for VR
 - i. Individuals with disabilities who are minorities
 - ii. Individuals with disabilities
 - iii. Individuals with disabilities served through other components of the statewide workforce investment system (other than the VR program)
 - b. Information about VR agency resources
 - i. Number of staff
 - a) Number of counselors
 - ii. Number of CRPs
 - c. Information about the VR Services Provided by VR agency
 - i. Type, percentage, and cost of services provide directly by the agency to
 - a) Individuals with disabilities who are minorities by type
 - b) Individuals with disabilities by type
 - ii. Type, percentage, and cost of services provided by CRPs to
 - a) Individuals with disabilities who are minorities by type
 - b) Individuals with disabilities by type
 - d. Information about VR agency performance
 - i. Average number and type of disability served over past three years
 - a) Individuals with disabilities who are minorities
 - b) Individuals with disabilities
 - c) Individuals with disabilities served through other components of the statewide workforce investment system (other than the VR program)
 - ii. Employment (or Rehabilitation) rate of persons served over the past three years
 - a) Individuals with disabilities who are minorities by type

- b) Individuals with disabilities by type
 - c) Individuals with disabilities served through other components of the statewide workforce investment system (other than the VR programs)
 - e. Vocational rehabilitation services needs of
 - i. Individuals with most significant disability, including their need for supported employment
 - ii. Individuals with disabilities who are minorities
 - iii. Individuals with disabilities who have been unserved and underserved by the VR program
 - iv. 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.
 - f. Community rehabilitation programs (CRPs) within the state
 - i. Need to establish CRPs
 - ii. Need to develop CRPs
 - iii. Need to improve CRPs
- IV. Gaps between service needs and current services provided (from Step 4 and 5) to
- a. Individuals with disabilities who are minorities
 - b. Individuals with disabilities
 - c. Individuals with disabilities served through other components of the statewide workforce investment system (other than the VR programs)
- V. Implications for the State Plan (from Step 6)
- a. Goals and priorities to be included or modified in the plan based on results of CSNA
 - b. Strategies to implement goals and priorities

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Part II – Implementing the Model CSNA

In this part, the steps of the model CSNA are described. Exhibits with examples or further details are provided at the conclusion of each step.

Step 1: Defining and establishing CSNA goals

The model’s first step is to define and establish the goals for the CSNA. At the end of Step 1, the following products should be completed.

Task	Product
Step 1: Defining and establishing CSNA goals	
1.1 Establish the team	
1.2 Review data	Draft state profile: disability population, employment trends, VR agency service and outcome information, and other relevant information
1.3 Define goals for the CSNA	List of goals for the CSNA

1.1 Establish the team

The first activity is to establish roles and responsibilities for those to be involved in the needs assessment process. The purpose is to establish the responsible entity for the conduct and oversight of the CSNA. Two possible approaches are 1) to establish a coordinating committee or 2) to assign the CSNA to an individual or small group. The successful CSNA is a result of a partnership between the VR agency, the SRC, and the community.

Establish VR agency representatives and roles for the CSNA by determining who at the agency will be responsible, what structure is going to be used to oversee the CSNA, and who at the agency will be involved. In considering who to involve, Step 2, Exhibit 2.2 provides detail on the types of skills and experience needed throughout the CSNA. The structure for how decisions are made (e.g., made by one person, made by coordinating committee) needs to be considered at the very start.

Establish SRC representatives and roles in CSNA. The regulations call for a “statewide needs assessment, jointly conducted by the designated State unit and the State Rehabilitation Council” (34 CFR 361.29(c)(2)). The SRC can provide important input and relevance to the CSNA throughout the process, including the following examples:

- identifying topics of particular interest and identifying specific unserved or underserved populations;
- identifying key informants and focus group participants and reviewing the information plan and instruments;
- hosting focus groups, recruiting key informants, conducting hearings, and providing communications and promotion of the needs assessment process;
- developing consumer satisfaction survey;
- developing CRP and employer questions;
- developing and reviewing information from other sources, reviewing qualitative information, and identifying themes;
- developing, reviewing, and discussing findings and conclusions;
- disseminating results and conclusions to community groups and participants in the needs assessment;
- developing, reviewing, and discussing recommendations for the State Plan; and
- disseminating State Plan to community groups and participants in the needs assessment.

The responsibilities should be established as early in the needs assessment process as possible and updated as needed.

Establish community participation. Building community participation at the outset can assure better and more relevant results, improved community relations, and eventual support for the State Plan. Early community participation also will establish lines of communication that will aid in the dissemination of the products of the CSNA. Exhibit 1.1 provides a list of example state and local organizations, both governmental and nonprofit, to consider as part of a community outreach team.

Being creative in outreach and networking. As community partners are contacted, it will be important to establish clear methods for the exchange of information and input. In addition to the use of existing hearings and public meetings, this can be an opportunity for creative use of media to let the community partners and the public know the CSNA is underway and that the agency is interested in receiving comments and information related to the goals of the needs study. Some examples include:

- public service announcements on radio, local television, and local cable channels;
- VR agency Web site;

- SRC Web site; and
- new media options such as: Facebook fan pages, Twitter, and other social networking venues.

1.2 Review existing data

Review national data on the disability population, employment trends, VR service and outcome information, and other relevant information. To understand how to approach the required information goals, as well as to help define possible additional state information goals, conduct a review of easily retrieved, available knowledge and information.

The pre-identified disability tables and reports shown in Exhibit 1.2 are easy to acquire and review, allowing for rapid development of a working knowledge base and general summary. Examples of available pre-existing American Community Survey (ACS) tables are shown in Exhibit 1.3 (R1802 – State ranking table on disability, S1801 – Disability characteristics for California, and S1802 – Selected economic characteristics for the civilian noninstitutionalized population by disability status for California).

Additional statistical materials about which a state’s CSNA team is aware should be included as well. Existing data in the RSA-911, RSA-113, RSA-2, and other data the state agency has on hand may be useful for brief examination of issues or trends (e.g., populations served or cases closed, types of services provided, costs for services). As information is reviewed, significant trends and gaps should be noted as topics for further analysis.

Develop a briefing book of background materials (a State Profile). Tables and summaries can be collected in a briefing book for use as reference in establishing study goals. The information will provide background on the nature of the potential VR population within the state and the population that currently is being served, and the VR services currently received by those in the VR and WIA systems, as well as identifying other agencies, organizations, and individuals who are resources for information collection later on. Exhibit 1.4 has an example of one method to present state data and VR data for minority populations.

1.3 Defining a list of goals for the CSNA

Review the model CSNA, and this Guide document, to get an overview of the work ahead and also the intended products.

The information goals of the CSNA are defined in the Act and regulations. To be comprehensive, the CSNA findings should address all information goals. The goals should be identified at the start of the process, so that the assessment can be planned with each goal in mind. The information goals defined in the Act (reframed here in the form of questions) are:

1. What are the rehabilitation needs of individuals with disabilities, particularly the vocational rehabilitation services needs of individuals with most significant disabilities, including their need for supported employment services?
2. What are the vocational rehabilitation services needs of minorities?
3. What are the vocational rehabilitation services needs of individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program?
4. What are the vocational rehabilitation services needs of individuals with disabilities served through other components of the statewide workforce investment system?
5. What is the need to establish, develop, or improve community rehabilitation programs within the state?

The assessment is not limited to federal requirements, however. Additional VR service needs may be included. The flexibility of the model CSNA allows for the assessment of state-specific issues that become apparent during the review of existing information, including:

- emerging disability groups;
- unserved and underserved populations;
- identified service gaps;
- changes in state population; and
- research results on special needs of disability groups within state or nation.

Often the magnitude or scope of service gaps, the recent manifestation of an emerging group, or the presence of obviously underserved population segments will be apparent from existing information. For example, Wyoming Division of Vocational Rehabilitation included a focus on traumatic brain injury (TBI) after the agency found a Centers for Disease Control (CDC) study that showed that Wyoming had the highest brain injury mortality rate in the nation, almost 1.7 times higher than the national average (Wyoming Division of Vocational Rehabilitation, 2007). Incorporating the firsthand knowledge of VR and SRC staff members is also important in identifying new needs that may not yet be showing up in published data.

Summarize issues identified in prior CSNA and State Plan processes and other VR or SRC reports. Learning from the past is a very important step in the needs assessment planning process. Noting issues identified in prior CSNA and State Plans and in other VR or SRC reports can isolate long-standing unmet needs or underserved populations. This review also can show improvement over time. Note what has changed, how and why things are different, and if the variation is an improvement. The result should be a summary of issues previously identified.

Obtain input from VR and SRC staff about goals. Review staff surveys or other inputs received in the last year to compile lists of topics that have been raised by staff. This is not new data collection, but rather a look back at input already received. Furthermore, anecdotal information from VR and SRC staff members, analysts, and program managers can yield very helpful information about program goals.

Identify agencies, organizations, and individuals with relevant information about VR service needs in the state and local communities. A list of federal and state organizations likely to have relevant information is listed in Exhibit 1.5. Also, ask community partners (or review list on Exhibit 1.1) for additional information. Conversations with these organizations about any findings or issues they have related to VR will be of use in understanding the needs of state disability populations. In particular, include state disability councils or state commissions; service providers; organizations focused on parents of people with disabilities, minorities, or employment issues; or specific employers who had successes and/or challenges in placing VR consumers. This is only a partial list. More ideas should be generated in conjunction with SRC input. Another advantage to this effort is the opportunity to include these organizations in the further tasks in the CSNA, namely networking with the community.

Convene a brainstorming meeting of VR and SRC decision makers to prioritize any state-identified goals, to identify unserved and underserved groups in the state, and to identify specific subpopulations of those with most significant disabilities in the state who need VR services. Hold a brainstorming meeting of the appropriate VR and SRC staff to establish the list of CSNA information goals. Individuals responsible for establishing the goals can refer to the briefing book to identify unserved and underserved groups in the state, to identify specific subpopulations of those with most significant disabilities in the state who need VR services, and to develop any possible state-specific goals. This is the time to determine whether this information suggests adding one or two goals to the CSNA.

Exhibit 1.1 Potential community partners

State, county and local agencies that serve people with disabilities including departments, divisions, boards, councils or authorities:

Aging and disability services

Example 1: San Mateo County (California) Commission on Disabilities:

<http://www.co.sanmateo.ca.us/smc/departments/cod/home/0,2151,65129_59681145,00.html>

Example 2: Indiana Governor's Council for People with Disabilities:

<<http://www.state.in.us/gpcpd/>>

Developmental services or developmental disabilities

Example: Michigan Developmental Disability Council:

<http://www.michigan.gov/mdch/1,1607,7-132-2941_4868_4897-14614--,00.html>

Education and/or special education

Example: State of Alaska Governor's Council on Disabilities and Special Education:

<<http://hss.state.ak.us/gcdse/>>

Housing

Example: Maine State Housing Authority:

<<http://www.mainehousing.org/ABOUTFairHousing.aspx>>

Mental health

Example: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services:

<<http://www.ncdhhs.gov/mhddsas/>>

Mental retardation/Intellectual disabilities

Example: Kentucky Cabinet for Health and Family Services, Department for Mental Health, Developmental Disabilities and Addiction Services:

<<http://www.mhmr.ky.gov/kdmhmrs/default.asp>>

Personal Assistance Services (PAS), Attendant Services,

In-home Supportive Services

Example: Texas Association for Home Care Personal Assistance Services:

<<http://www.tahc.org/displaycommon.cfm?an=1&subarticlenbr=7>>

Public health

Example: Wisconsin Public Health Council:

<<http://publichealthcouncil.dhs.wi.gov/>>

Regional centers

Example: State of California, Department of Developmental Services Directory of Regional Centers:

<<http://www.dds.ca.gov/RC/RCList.cfm>>

Social services

Example: Virginia Department of Social Services, Prisoner Reentry Program:

<http://www.dss.state.va.us/community/prisoner_reentry/index.html>

Transportation

Example: Missouri Community Disability, Assistive Technology & Transportation Services (Missouri Care Planning Council)

<http://www.caremissouri.org/list14_mo_disability_transportation_senior_services.htm>

Welfare

Example: New Jersey Department of Human Services, Welfare Services:

<<http://www.state.nj.us/humanservices/clients/welfare/>>

State or local offices or units of federal programs, including:

- Independent Living Services, Department of Rehabilitation Medicaid, including Medicaid waivers and Medicaid Infrastructure Grants (MIGs) (National Association of State Medicaid Directors provides links to state offices: <http://www.nasmd.org/links/state_medicaid_links.asp>)
- Social Security Administration
- Veterans Affairs
- State and local service providers, including:
 - local independent living centers;
 - rehabilitation facilities, hospitals or other providers, especially those attached to teaching and research hospitals and universities;
 - supported employment programs; and
 - available information from hearings and meetings.

Membership organizations of community rehabilitation programs:

Example: Minnesota Community Rehabilitation Programs (CARF accredited):

<<http://www.deed.state.mn.us/rehab/crp/crp.htm>>

Consumer and advocacy organizations (for example, UCPA, TASH, NAMI):

Example 1: United Cerebral Palsy Association of Hawaii:

<<http://www.ucpahi.org/>>

Example 2: Cal-Tash:

<<http://www.tash.org/chapters/caltash/index.htm>>

Example 3: State and Local National Alliance on Mental Illness Directory:

<http://www.nami.org/Template.cfm?section=your_local_NAMI>

University Centers of Excellence in Developmental Disabilities (UCED)

Example: Nevada UCED: <<http://repc.unr.edu/UCED/index.html>>

Rehabilitation Research and Training Centers

Example: Rehabilitation Research and Training Center on Workplace Supports and Job Retention at Virginia Commonwealth University:

<http://www.worksupport.com/>

Exhibit 1.2 Data sources

Data Source	Description	Web Address
American Community Survey (ACS)		< http://factfinder.census.gov >
Table R1802	Disability ranking table	< http://factfinder.census.gov/servlet/GRTTable?_bm=y&_box_head_nbr=R1802&_ds_name=ACS_2007_1YR_G00&_lang=en&-format=US-30&-CONTEXT=grt >
Table S1801	Disability characteristics	< ">http://factfinder.census.gov/servlet/SSTable?_bm=y&-qr_name=ACS_2007_1YR_G00_S1801&-geo_id=01000US&-ds_name=ACS_2007_1YR_G00&-state=st&-lang=en&-format=> (US 2007 Table – change geography for state)
Table S1802	Selected characteristics for civilian non-institutionalized population by disability status	< http://factfinder.census.gov/servlet/SSTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_1YR_G00_S1802&-ds_name=ACS_2007_1YR_G00&-lang=en&-redoLog=false&-state=st&-format=&-CONTEXT=st > (US 2007 Table – change geography for state)
Tables C18020 and versions A-I	Noninstitutionalized people with a disability and not employed, age 6-64, by race and ethnicity, by state	< http://factfinder.census.gov/servlet/DGeoSearchByListServlet?ds_name=ACS_2007_1YR_G00_&state=dt&mt_name=ACS_2007_1YR_G2000_C18020&lang=en&-ts=266419110891 > (Insert state in geography)
Table S1601	Languages spoken at home; Speak English less than “very well”; languages other than English	< http://factfinder.census.gov/servlet/SSTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_1YR_G00_S1601&-ds_name=ACS_2007_1YR_G00&-lang=en&-redoLog=false&-state=st&-format=&-CONTEXT=st > (US 2007 Table – change geography for state)

Data Source	Description	Web Address
Cornell Disability Statistics Center 2007 Disability Status Reports		
Disability Planning Data	Substate and state estimates of disability from the ACS; People in the labor force, not working	< http://www.ilr.cornell.edu/edi/DisabilityStatistics/ >
Current Population Survey (CPS)		
	Employment status of civilian noninstitutional population by sex, age, and disability status.	< http://www.bls.gov/cps/cpsdisability.htm >
	Current Population Reports Household Economics Studies P70-117 (<i>Americans with Disabilities: 2005</i>) and P70-73 (<i>Americans with Disabilities: 1997</i>)	< http://www.census.gov/prod/www/abs/p70.html >
Bureau of Census Projections		
Summary Table B-1	Projected population by state showing projected population changes 2000-2030 by 5-year increments	< http://www.census.gov/population/www/projections/projectionsagesex.html >
	State projections of ethnicity	as available
Bureau of Labor Statistics (BLS)		
	Short- and long-term occupational projections by state.	< http://www.projectionscentral.com >
	Unemployment rates by state, current and historical.	< http://data.bls.gov/map/servlet/map.servlet.MapToolServlet?survey=la >
	Unemployment rates by county, current and historical.	< http://data.bls.gov/map/servlet/map.servlet.MapToolServlet?survey=la&map=county&seasonal=u >

Exhibit 1.3 Example state data from American Factfinder

United States and States

R1802. Percent of People 21 to 64 Years Old With a Disability Universe: Civilian Noninstitutionalized Population 21 to 64 years

Data Set: 2007 American Community Survey 1-Year Estimates

Survey: American Community Survey, Puerto Rico Community Survey

NOTE. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

Rank	State	Percent	Margin of Error
1	West Virginia	22.5	+/-0.7
2	Mississippi	20.0	+/-0.6
3	Kentucky	19.8	+/-0.5
4	Alabama	19.1	+/-0.5
4	Arkansas	19.1	+/-0.5
6	Oklahoma	17.4	+/-0.4
7	Maine	17.3	+/-0.6
8	Tennessee	16.8	+/-0.3
9	Louisiana	16.3	+/-0.4
10	South Carolina	15.4	+/-0.4
11	Missouri	15.3	+/-0.3
12	Alaska	14.7	+/-0.8
12	North Carolina	14.7	+/-0.3
14	Michigan	14.4	+/-0.2
14	New Mexico	14.4	+/-0.6
16	Ohio	14.2	+/-0.2
17	Oregon	14.1	+/-0.4
17	Washington	14.1	+/-0.3
19	Montana	14.0	+/-0.8
20	Rhode Island	13.9	+/-0.7
21	Vermont	13.8	+/-0.9
22	Pennsylvania	13.7	+/-0.2
23	Indiana	13.6	+/-0.3
23	Wyoming	13.6	+/-1.1
	United States	12.8	+/-0.1
25	Georgia	12.8	+/-0.3
26	Idaho	12.6	+/-0.6
27	Delaware	12.3	+/-0.9
27	Kansas	12.3	+/-0.4
29	Florida	12.2	+/-0.2
29	Iowa	12.2	+/-0.4
29	Texas	12.2	+/-0.1
32	Arizona	12.1	+/-0.3
33	South Dakota	11.9	+/-0.6
34	District of Columbia	11.8	+/-0.9

Rank	State	Percent	Margin of Error
35	Massachusetts	11.6	+/-0.3
35	Nebraska	11.6	+/-0.4
35	New York	11.6	+/-0.1
38	New Hampshire	11.5	+/-0.6
38	Wisconsin	11.5	+/-0.3
40	Virginia	11.3	+/-0.3
41	Nevada	11.2	+/-0.5
42	Maryland	11.0	+/-0.3
43	California	10.8	+/-0.1
44	Colorado	10.6	+/-0.3
45	Hawaii	10.5	+/-0.7
45	Utah	10.5	+/-0.4
47	Connecticut	10.4	+/-0.3
47	Illinois	10.4	+/-0.2
49	Minnesota	10.3	+/-0.2
50	North Dakota	10.1	+/-0.6
51	New Jersey	9.4	+/-0.2
	Puerto Rico	24.4	+/-0.5

Source: U.S. Census Bureau, 2007 American Community Survey

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see [Accuracy of the Data](#)). The effect of nonsampling error is not represented in these tables.

Notes:

While the 2007 American Community Survey (ACS) data generally reflect the December 2006 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities. The 2007 Puerto Rico Community Survey (PRCS) data generally reflect the December 2005 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in PRCS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.

3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available. Selected migration, earnings, and income data are not available for certain geographic areas due to problems with group quarters data collection and imputation. See [Errata Note #44](#) for details.

Source: Downloaded July 22, 2007 from http://factfinder.census.gov/servlet/GRTTable?_bm=y&-_box_head_nbr=R1802&-ds_name=ACS_2007_1YR_G00_&-lang=en&-format=US-30&-CONTEXT=grt

California**S1801. Disability Characteristics**Data Set: **2007 American Community Survey 1-Year Estimates**Survey: **American Community Survey**

NOTE. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [Survey Methodology](#).

Subject	Total	Margin of Error	Male	Margin of Error	Female	Margin of Error
Population 5 years and over	33,321,461	+/-5,847	16,476,743	+/-7,960	16,844,718	+/-5,704
Without any disability	87.2%	+/-0.1	88.0%	+/-0.1	86.4%	+/-0.1
With one type of disability	5.6%	+/-0.1	5.6%	+/-0.1	5.6%	+/-0.1
With two or more types of disabilities	7.2%	+/-0.1	6.4%	+/-0.1	8.0%	+/-0.1
Population 5 to 15 years						
Population 5 to 15 years	5,611,263	+/-9,418	2,876,584	+/-6,958	2,734,679	+/-6,775
With any disability	4.5%	+/-0.1	5.6%	+/-0.2	3.3%	+/-0.2
With a sensory disability	0.9%	+/-0.1	1.0%	+/-0.1	0.9%	+/-0.1
With a physical disability	1.0%	+/-0.1	1.1%	+/-0.1	0.9%	+/-0.1
With a mental disability	3.5%	+/-0.1	4.6%	+/-0.2	2.4%	+/-0.1
With a self-care disability	0.9%	+/-0.1	1.0%	+/-0.1	0.7%	+/-0.1
Population 16 to 64 years						
Population 16 to 64 years	23,813,857	+/-10,948	11,929,485	+/-10,150	11,884,372	+/-7,561
With any disability	10.2%	+/-0.1	10.0%	+/-0.2	10.4%	+/-0.1
With a sensory disability	2.2%	+/-0.1	2.5%	+/-0.1	1.9%	+/-0.1
With a physical disability	5.9%	+/-0.1	5.4%	+/-0.1	6.4%	+/-0.1
With a mental disability	4.0%	+/-0.1	4.0%	+/-0.1	4.0%	+/-0.1
With a self-care disability	1.8%	+/-0.1	1.6%	+/-0.1	2.0%	+/-0.1
With a go-outside-home disability	2.7%	+/-0.1	2.4%	+/-0.1	3.0%	+/-0.1
With an employment disability	5.9%	+/-0.1	5.7%	+/-0.1	6.1%	+/-0.1
Population 65 years and over						
Population 65 years and over	3,896,341	+/-4,037	1,670,674	+/-3,427	2,225,667	+/-3,483
With any disability	40.6%	+/-0.4	36.9%	+/-0.5	43.3%	+/-0.5
With a sensory disability	16.1%	+/-0.3	16.8%	+/-0.5	15.6%	+/-0.4
With a physical disability	31.1%	+/-0.4	26.9%	+/-0.5	34.3%	+/-0.5
With a mental disability	13.7%	+/-0.3	12.0%	+/-0.4	15.0%	+/-0.4
With a self-care disability	11.7%	+/-0.3	8.9%	+/-0.4	13.8%	+/-0.4
With a go-outside-home disability	19.2%	+/-0.3	13.9%	+/-0.4	23.2%	+/-0.4
EMPLOYMENT STATUS						
Population 16 to 64 years	23,813,857	+/-10,948	11,929,485	+/-10,150	11,884,372	+/-7,561
With any disability	2,433,477	+/-27,803	1,193,627	+/-18,965	1,239,850	+/-16,660
Employed	35.6%	+/-0.6	38.6%	+/-0.8	32.6%	+/-0.7
With a sensory disability	516,541	+/-13,513	292,756	+/-9,684	223,785	+/-7,751
Employed	43.2%	+/-1.4	47.9%	+/-1.7	37.0%	+/-1.6
With a physical disability	1,406,063	+/-18,402	647,990	+/-13,222	758,073	+/-13,456
Employed	31.9%	+/-0.7	34.1%	+/-1.2	30.0%	+/-0.9

Subject	Total	Margin of Error	Male	Margin of Error	Female	Margin of Error
With a mental disability	962,122	+/-21,393	481,793	+/-13,039	480,329	+/-12,660
Employed	25.7%	+/-0.8	27.8%	+/-1.1	23.5%	+/-1.0
With a self-care disability	431,012	+/-12,109	195,618	+/-7,514	235,394	+/-8,520
Employed	16.3%	+/-1.0	17.6%	+/-1.3	15.3%	+/-1.5
With a go-outside-home disability	647,789	+/-15,010	288,947	+/-9,229	358,842	+/-10,458
Employed	15.8%	+/-0.8	17.1%	+/-1.3	14.8%	+/-1.0
With an employment disability	1,402,053	+/-19,433	675,731	+/-13,295	726,322	+/-12,621
Employed	17.4%	+/-0.6	18.4%	+/-0.9	16.4%	+/-0.7
No disability	21,380,380	+/-27,164	10,735,858	+/-18,065	10,644,522	+/-17,672
Employed	72.1%	+/-0.2	79.3%	+/-0.2	64.9%	+/-0.3
POVERTY STATUS						
Population 5 years and over for whom a poverty status is determined	33,077,163	+/-8,479	16,363,056	+/-8,670	16,714,107	+/-7,445
With any disability	4,253,321	+/-33,297	1,963,997	+/-22,608	2,289,324	+/-22,263
Below poverty level	17.3%	+/-0.3	16.2%	+/-0.5	18.3%	+/-0.4
With a sensory disability	1,195,648	+/-15,648	600,814	+/-10,823	594,834	+/-11,245
Below poverty level	15.2%	+/-0.6	12.9%	+/-0.8	17.4%	+/-0.9
With a physical disability	2,673,372	+/-23,048	1,127,942	+/-16,520	1,545,430	+/-17,544
Below poverty level	16.5%	+/-0.5	15.5%	+/-0.6	17.3%	+/-0.5
With a mental disability	1,683,865	+/-27,385	809,788	+/-15,025	874,077	+/-17,009
Below poverty level	21.7%	+/-0.6	20.5%	+/-0.9	22.8%	+/-0.8
With a self-care disability	935,335	+/-17,662	373,168	+/-10,631	562,167	+/-11,938
Below poverty level	19.0%	+/-0.8	19.1%	+/-1.3	19.0%	+/-1.0
No disability	28,823,842	+/-33,456	14,399,059	+/-22,937	14,424,783	+/-22,737
Below poverty level	11.1%	+/-0.2	10.0%	+/-0.2	12.3%	+/-0.2
Population 16 years and over for whom a poverty status is determined						
Population 16 years and over for whom a poverty status is determined	27,561,062	+/-10,125	13,534,933	+/-9,932	14,026,129	+/-8,394
With a go-outside-home disability	1,396,759	+/-20,360	520,856	+/-10,217	875,903	+/-15,925
Below poverty level	18.0%	+/-0.6	17.5%	+/-1.1	18.3%	+/-0.7
Population 16 to 64 years for whom a poverty status is determined						
Population 16 to 64 years for whom a poverty status is determined	23,664,721	+/-10,948	11,864,259	+/-10,122	11,800,462	+/-8,513
With an employment disability	1,400,984	+/-19,455	675,294	+/-13,328	725,690	+/-12,612
Below poverty level	24.7%	+/-0.7	23.8%	+/-1.0	25.5%	+/-0.8
PERCENT IMPUTED						
With any disability	4.1%	(X)	(X)	(X)	(X)	(X)
With a sensory disability	2.7%	(X)	(X)	(X)	(X)	(X)
With a physical disability	3.1%	(X)	(X)	(X)	(X)	(X)
With a mental disability	2.5%	(X)	(X)	(X)	(X)	(X)
With a self-care disability	2.5%	(X)	(X)	(X)	(X)	(X)

Subject	Total	Margin of Error	Male	Margin of Error	Female	Margin of Error
With a go-outside-home disability	2.5%	(X)	(X)	(X)	(X)	(X)
With an employment disability	2.6%	(X)	(X)	(X)	(X)	(X)

Source: U.S. Census Bureau, 2007 American Community Survey

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Notes:

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Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Explanation of Symbols:

1. An '*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available. Selected migration, earnings, and income data are not available for certain geographic areas due to problems with group quarters data collection and imputation. See Errata Note #44 for details.

Source: Downloaded July 22, 2007 from http://factfinder.census.gov/servlet/STTable?_bm=y&-state=st&-context=st&-qr_name=ACS_2007_1YR_G00_S1801&-ds_name=ACS_2007_1YR_G00_&-tree_id=307&-redoLog=true&- caller=geoselect&-geo_id=04000US06&-format=&- lang=en

California

S1802. Selected Economic Characteristics for the Civilian Noninstitutionalized Population By Disability Status

Data Set: 2007 American Community Survey 1-Year Estimates

Survey: American Community Survey

NOTE. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [Survey Methodology](#).

Subject	Total Civilian Noninstitutionalized Population	Margin of Error	With a Disability	Margin of Error	No Disability	Margin of Error
Population Age 16 and Over	27,710,198	+/-10,125	4,015,041	+/-33,579	23,695,157	+/-32,215
EMPLOYMENT STATUS						
Employed	60.8%	+/-0.2	24.0%	+/-0.4	67.1%	+/-0.1
Not in Labor Force	34.8%	+/-0.2	72.4%	+/-0.4	28.5%	+/-0.1
Employed Population Age 16 and Over	16,857,400	+/-43,253	962,499	+/-18,160	15,894,901	+/-41,285
CLASS OF WORKER						
Private for-profit wage and salary workers	70.9%	+/-0.2	63.5%	+/-0.9	71.3%	+/-0.2
Employee of private company workers	67.6%	+/-0.2	60.5%	+/-0.9	68.0%	+/-0.2
Self-employed in own incorporated business workers	3.3%	+/-0.1	3.0%	+/-0.3	3.3%	+/-0.1
Private not-for-profit wage and salary workers	5.9%	+/-0.1	7.2%	+/-0.4	5.8%	+/-0.1
Local government workers	8.4%	+/-0.1	9.8%	+/-0.5	8.3%	+/-0.1
State government workers	3.7%	+/-0.1	4.7%	+/-0.4	3.7%	+/-0.1
Federal government workers	2.0%	+/-0.1	2.6%	+/-0.2	2.0%	+/-0.1
Self-employed in own not incorporated business workers	8.9%	+/-0.1	11.8%	+/-0.6	8.7%	+/-0.1
Unpaid family workers	0.2%	+/-0.1	0.4%	+/-0.1	0.2%	+/-0.1
OCCUPATION						
Management, professional, and related occupations	35.5%	+/-0.2	29.1%	+/-0.7	35.8%	+/-0.2
Service occupations	17.1%	+/-0.1	21.9%	+/-0.7	16.8%	+/-0.2
Sales and office occupations	25.6%	+/-0.2	26.8%	+/-0.6	25.5%	+/-0.2
Farming, fishing, and forestry occupations	1.4%	+/-0.1	1.2%	+/-0.2	1.5%	+/-0.1
Construction, extraction, maintenance, and repair occupations	9.2%	+/-0.1	8.9%	+/-0.5	9.2%	+/-0.2

Subject	Total Civilian Noninstitutionalized Population	Margin of Error	With a Disability	Margin of Error	No Disability	Margin of Error
Production, transportation, and material moving occupations	11.2%	+/-0.1	12.1%	+/-0.5	11.2%	+/-0.1
INDUSTRY						
Agriculture, forestry, fishing and hunting, and mining	2.0%	+/-0.1	1.9%	+/-0.2	2.1%	+/-0.1
Construction	7.9%	+/-0.1	6.8%	+/-0.4	7.9%	+/-0.2
Manufacturing	10.4%	+/-0.2	8.6%	+/-0.5	10.5%	+/-0.2
Wholesale trade	3.4%	+/-0.1	3.0%	+/-0.3	3.5%	+/-0.1
Retail trade	11.0%	+/-0.2	11.6%	+/-0.6	11.0%	+/-0.2
Transportation and warehousing, and utilities	4.8%	+/-0.1	5.1%	+/-0.4	4.8%	+/-0.1
Information	3.1%	+/-0.1	2.5%	+/-0.3	3.2%	+/-0.1
Finance and insurance, and real estate and rental and leasing	7.4%	+/-0.1	6.6%	+/-0.5	7.5%	+/-0.1
Professional, scientific, and management, and administrative and waste management services	12.2%	+/-0.1	11.7%	+/-0.6	12.2%	+/-0.2
Educational services, and health care and social assistance	19.0%	+/-0.1	22.0%	+/-0.8	18.8%	+/-0.2
Arts, entertainment, and recreation, and accommodation and food services	9.2%	+/-0.1	9.0%	+/-0.5	9.2%	+/-0.1
Other services (except public administration)	5.1%	+/-0.1	6.2%	+/-0.4	5.1%	+/-0.1
Public administration	4.5%	+/-0.1	5.0%	+/-0.4	4.4%	+/-0.1
COMMUTING TO WORK						
Workers Age 16 and Over	16,286,258	+/-42,944	870,844	+/-17,803	15,415,414	+/-41,164
Car, truck, or van - drove alone	73.3%	+/-0.2	66.7%	+/-0.9	73.7%	+/-0.2
Car, truck, or van - carpooled	11.9%	+/-0.2	12.9%	+/-0.7	11.8%	+/-0.2
Public transportation (excluding taxicab)	5.2%	+/-0.1	6.9%	+/-0.5	5.1%	+/-0.1
Walked	2.7%	+/-0.1	3.2%	+/-0.4	2.7%	+/-0.1
Taxicab, motorcycle, bicycle, or other means	2.2%	+/-0.1	2.8%	+/-0.3	2.2%	+/-0.1
Worked at home	4.7%	+/-0.1	7.5%	+/-0.4	4.6%	+/-0.1

Subject	Total Civilian Noninstitutionalized Population	Margin of Error	With a Disability	Margin of Error	No Disability	Margin of Error
EDUCATIONAL ATTAINMENT						
Population Age 25 and Over	22,912,237	+/-8,170	3,756,295	+/-30,430	19,155,942	+/-30,850
Less than high school graduate	19.5%	+/-0.2	29.7%	+/-0.4	17.6%	+/-0.2
High school graduate (includes equivalency)	22.9%	+/-0.2	27.3%	+/-0.3	22.1%	+/-0.2
Some college or associate's degree	27.7%	+/-0.2	27.2%	+/-0.4	27.8%	+/-0.2
Bachelor's degree or higher	29.8%	+/-0.2	15.9%	+/-0.3	32.6%	+/-0.2
EARNINGS IN PAST 12 MONTHS (IN 2007 INFLATION ADJUSTED DOLLARS)						
Population Age 16 and over with earnings	19,046,364	+/-40,276	1,235,423	+/-20,539	17,810,941	+/-37,483
\$1 to \$9,999 or loss	17.8%	+/-0.2	29.5%	+/-0.7	17.0%	+/-0.2
\$10,000 to \$14,999	8.6%	+/-0.1	10.2%	+/-0.5	8.5%	+/-0.1
\$15,000 to \$24,999	16.1%	+/-0.2	16.0%	+/-0.6	16.1%	+/-0.2
\$25,000 to \$34,999	12.6%	+/-0.1	11.5%	+/-0.4	12.7%	+/-0.2
\$35,000 to \$49,999	14.2%	+/-0.1	12.3%	+/-0.5	14.3%	+/-0.1
\$50,000 to \$74,999	14.8%	+/-0.2	11.4%	+/-0.5	15.0%	+/-0.2
\$75,000 or more	16.0%	+/-0.1	9.1%	+/-0.5	16.5%	+/-0.1
Median Earnings	30,788	+/-92	21,111	+/-398	31,277	+/-94
POVERTY STATUS IN THE PAST 12 MONTHS						
Population Age 16 and over for whom poverty status is determined	27,561,062	+/-10,125	4,007,692	+/-33,282	23,553,370	+/-31,972
Below 100 percent of the poverty level	10.9%	+/-0.1	17.0%	+/-0.3	9.9%	+/-0.1
100 to 149 percent of the poverty level	8.9%	+/-0.1	14.8%	+/-0.3	7.9%	+/-0.1
At or above 150 percent of the poverty level	80.2%	+/-0.2	68.2%	+/-0.4	82.2%	+/-0.2

Source: U.S. Census Bureau, 2007 American Community Survey

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see [Accuracy of the Data](#)). The effect of nonsampling error is not represented in these tables.

Notes:

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2000.

Industry codes are 4-digit codes and are based on the North American Industry Classification System 2002. However, the Industry categories adhere to the guidelines issued in Clarification Memorandum No. 2,

"NAICS Alternate Aggregation Structure for Use By U.S. Statistical Agencies," issued by the Office of Management and Budget.

While the 2007 American Community Survey (ACS) data generally reflect the December 2006 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities. The 2007 Puerto Rico Community Survey (PRCS) data generally reflect the December 2005 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in PRCS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available. Selected migration, earnings, and income data are not available for certain geographic areas due to problems with group quarters data collection and imputation. See [Errata Note #44](#) for details.

Source: Downloaded July 22, 2007 from http://factfinder.census.gov/servlet/STTable?_bm=y&-state=st&-context=st&-qr_name=ACS_2007_1YR_G00_S1802&-ds_name=ACS_2007_1YR_G00_&-CONTEXT=st&-tree_id=307&-redoLog=false&-geo_id=04000US06&-format=&-lang=en

California

S1601. Language Spoken at Home

Data Set: 2007 American Community Survey 1-Year Estimates

Survey: American Community Survey

NOTE. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [Survey Methodology](#).

Subject	Total	Margin of Error	Percent of specified language speakers			
			Speak English "very well"	Margin of Error	Speak English less than "very well"	Margin of Error
Population 5 years and over	33,891,325	+/-3,050	80.0%	+/-0.1	20.0%	+/-0.1
Speak only English	57.4%	+/-0.2	(X)	(X)	(X)	(X)
Speak a language other than English	42.6%	+/-0.2	53.2%	+/-0.3	46.8%	+/-0.3
Spanish or Spanish Creole	28.5%	+/-0.1	51.4%	+/-0.4	48.6%	+/-0.4
Other Indo-European languages	4.2%	+/-0.1	67.1%	+/-0.9	32.9%	+/-0.9
Asian and Pacific Island languages	9.1%	+/-0.1	50.8%	+/-0.5	49.2%	+/-0.5
Other languages	0.8%	+/-0.1	69.6%	+/-2.0	30.4%	+/-2.0
SPEAK A LANGUAGE OTHER THAN ENGLISH						
Spanish or Spanish Creole	9,664,383	+/-41,745	51.4%	+/-0.4	48.6%	+/-0.4
5-17 years	2,378,787	+/-19,423	75.0%	+/-0.6	25.0%	+/-0.6
18-64 years	6,677,625	+/-29,916	44.4%	+/-0.4	55.6%	+/-0.4
65 years and over	607,971	+/-6,667	35.4%	+/-1.3	64.6%	+/-1.3
Other Indo-European languages	1,426,198	+/-26,839	67.1%	+/-0.9	32.9%	+/-0.9
5-17 years	179,613	+/-7,653	84.4%	+/-1.9	15.6%	+/-1.9
18-64 years	994,079	+/-21,139	69.3%	+/-0.9	30.7%	+/-0.9
65 years and over	252,506	+/-8,530	46.2%	+/-1.8	53.8%	+/-1.8
Asian and Pacific Island languages	3,067,533	+/-25,728	50.8%	+/-0.5	49.2%	+/-0.5
5-17 years	392,824	+/-11,537	72.3%	+/-1.4	27.7%	+/-1.4
18-64 years	2,243,229	+/-18,092	52.0%	+/-0.7	48.0%	+/-0.7
65 years and over	431,480	+/-5,614	25.1%	+/-1.1	74.9%	+/-1.1
Other languages	283,537	+/-16,329	69.6%	+/-2.0	30.4%	+/-2.0
5-17 years	47,487	+/-6,476	86.6%	+/-3.5	13.4%	+/-3.5
18-64 years	206,771	+/-11,114	69.5%	+/-2.1	30.5%	+/-2.1
65 years and over	29,279	+/-3,386	42.2%	+/-5.2	57.8%	+/-5.2
PERCENT IMPUTED						
Language status	2.3%	(X)	(X)	(X)	(X)	(X)
Language status (speak a language other than English)	2.1%	(X)	(X)	(X)	(X)	(X)
Ability to speak English	2.8%	(X)	(X)	(X)	(X)	(X)

Source: U.S. Census Bureau, 2007 American Community Survey

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see [Accuracy of the Data](#)). The effect of nonsampling error is not represented in these tables.

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Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Explanation of Symbols:

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7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available. Selected migration, earnings, and income data are not available for certain geographic areas due to problems with group quarters data collection and imputation. See [Errata Note #44](#) for details.

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Exhibit 1.4 Example table comparing minority populations from ACS state disability data and state VR agency data

State's ACS 2007	Percentage of people with a disability and not employed		Current VR consumers FY2007	
Total (16 – 64 years)	103,720	100.0%	9,025	100.0%
Race (16 years – 64 years)				
White	63,477	61.2%	5,081	56.3%
African American	11,409	11.0%	957	10.6%
Asian/Pacific Islander	8,920	8.6%	1,056	11.7%
American Indian/Alaska Native	1,763	1.7%	171	1.9%
Some other race(s)	14,106	13.6%	1,354	15.0%
Two or more races	4,045	3.9%	406	4.5%
Hispanic	29,975	28.9%	2,915	32.3%

Source: Developed from ACS Tables C18020 – versions A through I and state agency VR caseload data

NOTE: Actual data in table are for example purposes only.

Exhibit 1.5 Example list of agencies/organizations with potential information

Federal/National

- Centers for Disease Control
- Membership organizations of community rehabilitation programs
- Consumer and advocacy organizations (e.g., UCPA, TASH, NAMI)
- National Core Indicators

State

- Developmental Disabilities Councils 5-year strategic State Plan
- State Departments of Mental Health state-specific information about the population with severe mental illness
- State Department of Intellectual (or Developmental) Disabilities
- State Traumatic Brain Injury (TBI) offices or registries information about the prevalence of TBI
- Workforce Investment Board state-level reports
- State Departments of Health and Human Services
- State Departments of Economic Development
- State Departments of Labor

Step 2: Developing CSNA plan for information and dissemination

The objective of Step 2 is to generate a plan with an approach, time, and costs for performing all steps of the CSNA, including dissemination. At the end of Step 2, the following products should be completed.

Task	Product
Step 2: Developing CSNA plan for information and dissemination	
2.1 Develop work plan, timeline, and resources	The CSNA work plan, timeline, and resource estimate
2.2 Develop the dissemination plan	The plan for dissemination of the CSNA process and results

2.1 Developing the CSNA work plan, timeline, and resource estimate

Using the information goals defined in Step 1, develop the plan to conduct the needs assessment. This includes identifying the specific information needed - both quantitative and qualitative. The plan will also cover the data analysis, conclusions, and informing the State Plan steps (Steps 3-6). Accompanying the plan, staffing needs will be identified along with any need for external expertise, and the overall cost estimating.

Exhibit 2.1 shows the relationship of information goals to information collection strategies. Use Exhibit 2.1 as a guide to design information collection methods that will make up the comprehensive statewide needs assessment approach.

For example, Exhibit 2.1 contains an “x” in the box for Needs of Minorities and Population Projections. This indicates a review of population projection data for minorities is suggested and, therefore, should be included in the planning. Similarly, an “x” in the box for Needs of Individuals Other Than Minorities Who are Unserved or Underserved and Stakeholder Input suggests the need for data collection from stakeholders about this goal. In the first example, the data collection may be simple, especially since preliminary data have been collected in Step 1. However, in the second example, the plan must take into account the kinds of stakeholders from whom information will be gathered (e.g., focus groups or key informants), how many stakeholder collection “events” there should be (e.g., if focus groups, how many groups and how many people per group?), and where the “events” may take place (e.g., will there be focus groups all around the state? in urban areas? in rural areas?).

Specify work plan for Steps 3-6. Identify specific data and study sources and collection methods to be used for Step 3 data collection in each of the information strategies, especially the stakeholder input. Plan for Step 4 analysis, Step 5 developing conclusions,

and Step 6 informing the State Plan. The detail of each step's activities is provided later in this Guide. Review those activities prior to planning each Step, as choices such as the number of focus groups or hearings, and options for conducting surveys will affect the planning in terms of time, staff needed, and costs.

Planning for skills and extra costs. To accomplish each activity, specialized skills are required and extra costs may need to be considered. Exhibit 2.2 provides a list of skills and experience needed for each task as well as other costs to be considered.

Estimate staffing. Identify staff skills needed and available. Create a personloading chart. The plan is not complete without a sense of the personnel time to be devoted to the effort. Whether this is done by in-house staff or by contractors, this personnel estimation will be the most major cost element of the CSNA. How the CSNA is structured over time (e.g., a step done in each of the three years, all steps done in one year, etc.) will have a large impact on the intensity of the personnel need. In Exhibit 2.3, an example personloading chart is provided. A more detailed version should be done by each step once the plans are more specified.

Establish a timeline for Steps 3-6. There are two options to produce the CSNA for RSA: 1) once every three years or 2) a portion of the CSNA every year, such that a complete CSNA is achieved every three years. The length of the timeline offers a variety of options for carrying out the CSNA, such as to focus on participants one year and providers the next.

Determine the timeline for each activity in each step, paying attention to making sure the time does not conflict with the amount of person hours called for in the personloading chart. Example timelines for one and three year cycles are shown in Exhibits 2.4a and 2.4b.

2.2 Developing the specific plan for dissemination

Disseminating CSNA findings is an opportunity to reach out to organizations and agencies to assure continuous stakeholder input in the needs assessment implementation process, nurture long-term collaborations, and establish new and mutually beneficial connections with national, state, and local service providers and organizations. It also is important in providing outcomes and feedback to those who have participated. The dissemination will involve both VR and SRC staff.

Determine the objectives and goals of dissemination, and the potential barriers to each. Articulate the desired ends of the dissemination process as part of the needs assessment plan.

The recipients of the dissemination need to be identified. In particular, anyone who participates in the input or can use the assessment would be an appropriate recipient of any dissemination. These parties include:

- VR clients;
- potential VR clients (unserved or underserved people with disabilities);
- VR counselors;
- state and local organizations and agencies; and
- service providers.

Each audience may need to know different aspects of the needs assessment and should be informed in ways likely to be most relevant to them. Piloting the work products among various target audiences prior to full release can yield helpful feedback.

Determine how and where the findings will be disseminated. Materials need to be delivered to all possible locations where people with a need for the findings—as well as people who can spread the word to others who can benefit from the information—may be living or working. Some examples of distribution strategies include the following:

- web site posting;
- delivering reports to VR offices and One-Stop Centers;
- mailing findings to each agency and organization that provided a data source used in the assessment; and
- E-mailing personal contacts and network members an executive summary.

Determine dissemination costs. Costs for printing, creating Web content, mailing, and personnel hours to complete dissemination tasks need to be estimated and budgeted over the dissemination time frame.

Exhibit 2.1 Information Strategies in the Model CSNA

	1	2	3	4	5	6	7
	Population statistics	Population estimates	Population projections & economic forecasts	VR agency data & information resources	State level data from federal sources	State/local data & reports	Stakeholder input: focus groups, surveys, interviews, hearings
Rehabilitation needs of individuals with disabilities	X	X	X	X	X	X	X
Needs of individuals with most significant disabilities	X	X		X	X	X	X
Need for supported employment	X	X		X		X	X
Needs of minorities	X	X	X	X	X	X	X
Needs of individuals other than minority who are unserved or underserved	X	X		X	X	X	X
Needs of individuals served through other parts of statewide workforce investment system				X	X	X	X
Need to establish, develop or improve CRPs				X		X	X

Exhibit 2.2 Skills and Costs

Step	Skills and experience needed	Other costs to plan for
Overall	Project management Experience with needs assessments State plan development	Consultants/contractors, as needed (depends on skills in VR/SRC team)
2	Study design Planning and budgeting	Public announcements, dissemination
3	Data search skills Literature search skills Survey design Survey administration Focus group facilitation Phone interviewing Conducting public hearings	Meeting costs (e.g., focus group incentive fees, travel) Meeting accessibility (e.g., sign language interpretation, translation)
4	Quantitative analysis Qualitative analysis Mixed method analysis Cross cutting analysis	
5	Development of action strategies Writing, production	Publication costs, including accessible materials Distribution costs
6	Meeting facilitation Consensus-building skills	

Exhibit 2.3 Example Personloading

Step	Management	Instrument design	Information collection	Analysis	Writing/ Editing
1	xx % FTE				
2	xx % FTE				
3	xx % FTE	xx % FTE	xx % FTE		
4	xx % FTE			xx % FTE	xx % FTE
5	xx % FTE				xx % FTE
6	xx % FTE				xx % FTE

Exhibit 2.4a Time Line (One-Year Cycle Example)

Step	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1	x	x										
2		x	x									
3			x	x	x	x	x	x				
4								x	x			
5										x	x	
6											x	x

Exhibit 2.4b Time Line (Three-Year Cycle Example)

Step	Month											
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
1	x											
2	x											
3		x	x	x	x							
4						x	x	x				
5									x	x		
6											x	x

Step 3: Gathering the information

The objective of Step 3 is to generate information collection results for each information strategy. At the end of Step 3, the following products should be completed.

Task	Product
Step 3: Gathering the information	
3.1 Obtain secondary data	Secondary data findings
3.2 Survey VR counselors	VR Counselor survey results
3.3 Survey VR consumers	VR Consumer survey results
3.4 Focus groups	Focus group transcripts
3.5 Key informant interviews	Key informant interview record
3.6 Community hearings	Community hearing record

3.1 Obtain Secondary data

Several categories of data sources are noted in this Guide. Obviously, not all applicable data and reports can be included, and provided lists are not intended to be exhaustive; resources shown are known to be reliable and current. Appendices A-E describe the sources in greater detail.

Useful secondary data sources

Population Statistics - Statistics show current numbers and percentages of people in many categories, including age, sex, race, geographic location, employment, and health and disability status. Values are based on actual survey data collection. The main resources are the American Community Survey (ACS), the Current Population Survey (CPS), and the Behavioral Risk Factor Surveillance Survey (BRFSS). See Exhibit 3.1 for specific information.

Disability Population State Estimates. Estimates use mathematical techniques applied to survey and census data to approximate the number of people with disabilities and are generated when extant data do not provide these measures. See Exhibit 3.1 for specific information.

Population Projections and Economic Forecasts. Projections and forecasts use mathematical techniques to estimate specific values in the future. Because predicting anything necessarily requires making assumptions about rates of change that may or may not come to pass, accuracy may vary. Some projections include high, middle, and low

values to account for different scenarios that are likely to occur. In general, projections far into the future—for example, population projections for the year 2030—are less accurate than those made with a shorter time horizon. Sources are State Projections that use U.S. Census Data and Bureau of Labor Statistics (BLS) Labor and Economic Forecasts. See Exhibit 3.1 for specific information.

VR Agency Data and Information. These data provide detailed information on VR consumers, including disability and other demographic characteristics, types of services received and their costs, and employment status. Comparing VR client demographic profiles with the state’s aggregate demographic profile can help with identifying groups of individuals with disabilities who are unserved or underserved and their demographic and socioeconomic characteristics. See Exhibit 3.1 for specific information.

State Level Data from Federal Sources. These data come from national programs that collect and distribute administrative, state-level data about program recipients with disabilities. Statistics include education patterns and graduation rates among people with disabilities, recipients of Social Security disability benefits, and employment and job retention patterns. These findings are germane to the CSNA, and are uniform from state to state. See Exhibit 3.1 for specific information.

State/Local Data & Reports. There is a vast array of state and local information sources, including organizations focusing on the needs of individuals with specific disabilities, and administrative agencies who serve people with disabilities. Topics, timeliness, and data quality will naturally vary from state to state and over time, but CSNA teams should be aware of as many nearby resources as possible. Service provided and unmet needs at the state and local levels can often be identified by reviewing subnational materials.

Obtaining data from sources

Collecting secondary data. Pre-identified disability tables and reports are easy to acquire and review, allowing for rapid development of a working knowledge base and general summary (some may have been collected in Step 1). Additional statistical materials about which a state’s CSNA team is aware should be included as well. As information is reviewed, significant trends and gaps should be noted as topics for further analysis.

Beyond the pre-identified tables, a review of the sources and Web sites noted in the Exhibit 3.1 may reveal additional relevant resources. Some data sets, such as those available from American FactFinder, allow the user to enter specific parameters, such as a geographic region, a series of data years for trend studies, or particular variables. When downloading tables or other materials note the Web page on each file saved or printed and the date the Web site was accessed.

Obtain relevant reports for basic information. Locate current and past needs assessments, labor and economic reports, VR publications, readily available committee reports and hearing summaries or transcripts, staff surveys, SRC reports, State Plans, budgets, and related background materials for quick appraisal of the status quo within the state. Use Exhibit 3.1 along with the list of agencies developed in Step 1 to search for relevant reports. For each report:

- identify any additional VR services identified as important for people to achieve their VR goals that are mentioned in reports and organize by information goal;
- identify barriers to VR services for specific groups and organize by information goal (e.g., “report found that lack of medication monitoring led to consumers with psychiatric disabilities dropping out of VR system” would be included as a barrier under the “most significant disability” information goal);
- identify findings related to service capacity (e.g., services not available but identified as valuable; services not available because providers working at capacity); and
- identify any other issues or themes.

Exhibit 3.2 is a form that can be used to summarize information from reports that will then be useful in Step 4.

3.2 Survey VR counselors

Counselors are the key source of information on served groups and on the availability of CRPs. Since there is a potential for input from a large majority or perhaps all counselors, a survey is recommended. For general information on surveys please see Appendix G. Texts from publishers such as Sage Publications have detailed information on sampling, survey methods, question development, survey techniques, data collection, and/or data analysis (<http://www.sagepub.com/allSageSearch.nav?& requestid=545946>).

Identify the sample. If it is not possible to survey all counselors, a second choice would be to select a sample randomly. In sampling, consider whether it is important to stratify the sample, such as for experience with a particular consumer population with needs specified in the CSNA goals or for a large region.

Choose a method. Mail, email, or Web-based surveys are all possible methods for delivering the survey. Specific information about methods of surveying is provided in more detail in Appendix G (more detail, if needed, should be sought in survey texts from publishers such as Sage Publications). If an established feedback or quality assurance survey of counselors is already in place, adding questions to that instrument will be the most cost-effective way to gather the data needed.

Develop Survey Questions. Example questions are listed in Exhibit 3.3 at the end of this section. At a minimum, a VR counselor survey includes:

- counselor demographics (gender, race/ethnicity) and office location;
- counselor responsibilities (job title, specialization, caseload size); and
- counselor feedback on each of the major information goals.

Implement Survey. Distribute the survey in the method chosen (Web, mail, etc.). The survey should be accompanied by a cover sheet explaining the purpose of the survey (i.e., to gather input for the required Needs Assessment that will inform the State Plan), the importance of receiving input from counselors, and instructions on how to return the survey. Follow up with those who have not completed the survey to encourage submission.

Collect and input results. Surveys that are returned should be input into a database or spreadsheet in preparation for analysis in Task 4. Surveys done via the Web should be programmed to collect inputs in a database or spreadsheet.

3.3 Survey VR consumers

Besides lending input to the topic of needs of all individuals with disabilities, the consumer's own background and experience with VR can inform several other requirement areas, including the needs of those with significant disabilities, minorities, and those who are underserved. Several state agencies and SRCs already conduct a satisfaction survey, and results of that survey can inform the CSNA. Surveys can be phone, mail, email, or Web based. Appendix G has more on each of those methods. Texts from publishers such as Sage Publications have detailed information on sampling, survey methods, question development, survey techniques, data collection, and/or data analysis (http://www.sagepub.com/allSageSearch.nav?&_requestid=545946).

Develop survey questions. Several state agencies have satisfaction surveys. If a satisfaction survey is not already being implemented, this Web site provides links to several state agency customer satisfaction surveys that can be used as models (<http://ncrtm.org/course/view.php?id=100>). SRCs will provide valuable input to satisfaction survey question design. An example survey is provided in Exhibit 3.4.

Topics to ask about in a VR consumer survey include:

- demographics of respondent (Gender, year born, race, ethnicity, primary disability, current status in VR); and

- consumer impressions of VR experiences (Were service needs met? What other services were needed? Was desired employment outcome achieved? What services and processes worked well? Recommendations for improvement?).

More detailed questions can examine services received, impressions of those specific services, or other service provision issues.

Implement Survey. The distributed survey should be accompanied by a cover sheet explaining the purpose of the survey (i.e., to gather input for the required Needs Assessment that will inform the State Plan), the importance of receiving input from consumers, and instructions on how to return the survey. Follow up with those who have not completed the survey to encourage submission.

Collect and input results. Surveys that are returned by mail should be entered into a database or spreadsheet in preparation for analysis in Task 4. Surveys done via the Web should be pre-programmed to be input into a database or spreadsheet.

3.4 Focus groups

Focus groups provide depth on a relatively small number of topics. They rely on discussion on a clearly defined set of topics to develop a broad understanding of the participant's point of view. Focus group facilitators need to be trained in how to effectively manage the groups, especially how to encourage the respondents in conversation.

Focus groups usually bring together 8-12 individuals based on characteristics on which the research seeks input. While the number of participants may vary, groups should be large enough to gather a diversity of opinion but small enough so that everyone can participate.

Focus groups also provide an opportunity to interface with other state and community organizations assembled in Step 1. SRCs and VR agencies can benefit from a working relationship with these organizations and these groups may be willing to assist in recruiting people to participate in focus groups or even to host a focus group.

Example focus groups include:

- People with disabilities focus groups (at least two)
 - Individuals with significant disabilities (e.g., blind group, deaf group, mobility impairment group);
 - Minority individuals with disabilities (e.g., African American, Asian American, Hispanic, Native American, etc.);
 - Most significant disabilities and underserved individuals with disabilities (e.g., mental retardation group, mental illness group, traumatic brain injury group, other groups identified as most significant and/or underserved in the state); and
 - Unserved individuals with disabilities: Use CILs, advocacy groups, One-Stops, and other local community resources to recruit individuals who have not used VR services but are eligible.
- Employer focus group (at least one)
 - Employers who have familiarity with VR agencies can review experience with VR clients, plus organizational requirements or preferences (needs) for individuals coming through the VR or WIA system.
- Disability Navigator/One Stop staff/VR counselor focus group (at least one)
 - One or more Disability Navigators or equivalent along with One-Stop staff members and VR counselors from the corresponding statewide or local area will provide points of view of the gaps and approaches as seen by the entire workforce system for individuals with disabilities.
- Service provider/CRP focus group (at least one)
 - Service providers and/or CRPs will provide input from the field on needs of individuals as well as on CRPs.

Prepare for the focus groups

1. Where will focus groups occur? Determine whether VR and/or SRC will host all of the focus groups or if other organizations will assist.
2. How long is the focus group? Plan for each focus group session to last 1.5 to 2 hours.
3. Determine dates, times, places and topics for focus groups. Create a master schedule of focus groups by topic.

Find organizations to host the focus groups that are to be held in different locations around the state that will reach the populations to be involved (e.g., rural and urban areas, areas that would yield participants that represent various cultures, ethnicities, or

disabilities, etc.). Contracting with local host organizations works well, especially in states large in area or population.

Focus groups are made up of individuals with diverse backgrounds who represent diverse viewpoints on the topic areas. Use of SRC resources and the Step 1 list of community organizations will help to outreach to geographically or culturally isolated populations. Offer to cover travel expenses and also provide an honorarium for participants.

Send prepared materials to participants and follow up with participants a few days prior to the scheduled focus group meeting to assure attendance. Make sure focus group participants complete the Information/Consent Form prior to participation. Determine accessibility needs of participants (including needs for supports in the group to participate).

Although most focus group discussions are informal, a series of important questions will help keep discussion flowing in the right direction. Questions should be ordered with the five or six most important questions first.

Staffing for the focus group generally includes a trained facilitator, assistant facilitator who serves as observer and note taker, and possibly an audio or videotape person. The facilitator and assistant should have experience in leading focus groups that include people with disabilities.

A trained facilitator will understand how to convene the group, ask questions, probe for people's opinions, encourage people to participate, and keep the group focused. Results will be more consistent if the same facilitator is used for most focus groups.

The assistant will serve as an objective observer, monitoring group dynamics, keeping notes on reactions and responses. This person can also be responsible for the audio or video.

Conducting the focus groups

The seating should be arranged so that the participants can see each other. A round table or seating arrangement with a writing surface is ideal.

The recommended pattern for introducing the group discussion includes these steps:

- registration, collecting consent and information forms;
- welcome and introductions of facilitator and VR staff by the host organization staff; and

- an overview of the topic, review of the ground rules for the discussion and presentation of questions by the facilitator.

After the focus group, thank you letters should be sent to the host organization and focus group participants along with the promised honoraria. Even if honoraria are paid at the meeting, they should be accompanied or followed with a thank you letter.

Review the recording of each meeting and generate an electronic transcript of the proceedings, including all comments from participants.

3.5 Guide to implementing key informant interviews

These are interviews with experts who are particularly knowledgeable about VR needs of people with disabilities, including people who have in-depth knowledge of the rehabilitation needs of individuals with disabilities and of the rehabilitation service system. The aim is to establish a conversation and for the interviewer to gain a broad understanding of the respondent's point of view. Interviews can be done in person or by telephone.

Identify the respondent list

The model CSNA includes key informant interviews with 15-20 people knowledgeable on one or more of the following, including members of statewide and local boards and disability organizations:

- VR system;
- state developmental disabilities system;
- state mental health system;
- employment of people with disabilities, including WIA;
- community rehabilitation programs (CRPs);
- community services for people with disabilities;
- needs of minorities with disabilities; and
- unserved or underserved groups.

One way to determine with whom to speak is to establish a "snowball" process whereby calls are made to agency representatives to discover who else might be highly knowledgeable and appropriate to speak with.

A matrix of key interviewee expertise can be used to track whether all important topic areas will be covered by selected interviewees (Exhibit 3.5).

Develop and pretest discussion guide

The discussion guide should include information that will explain to the interviewees the purpose of the interview, why they have been selected, the confidentiality of the interview, the use of the interview, and the length of the interview. It should invite questions from the interviewee before beginning. An example key informant discussion guide is provided in Exhibit 3.6.

If more than one interviewer is used for the key informant interviews, it is very important to assure that the interviewers are approaching the task in a similar way. A trained interviewer will understand how to use a friendly probing manner on the phone, how to allow the interviewee to talk as much as possible after a question is asked, how to engage a person who does not want to participate, how to probe an interviewee to elicit his or her input (such as repeating what interviewer says to confirm the information, use of silence to allow interviewee time to respond, use of probes asking about specific content, use of general probes such as “tell me more” or “I’m not sure I understand what you mean”) and how to record the information heard.

Conversations can be recorded by tape or via conference call with a stenographer after alerting the interviewee ahead of time that the call will be recorded for the purposes of assuring the accuracy of the input. The result will be a record of the call.

3.6 Community hearings

Commonly conducted in an accessible public location such as a large auditorium, hearings offer the opportunity for community members to voice views and opinions for the agency to consider.

Community hearings will be very useful in gathering input on needs for individuals with disabilities, those with significant disabilities and minority, unserved, and underserved populations.

While a hearing on general vocational rehabilitation needs is the most logical topic, also consider opportunities to conduct a hearing in conjunction with other hearings being done by the state VR agency and/or SRC, especially any related to the State Plan. Hearings on specific CSNA questions such as CRP establishment, development, and improvement also are appropriate. (Other public hearings and testimony conducted by agencies such as Developmental Disability, Mental Health, and Veteran’s Administration also may contain relevant information.)

Identify and contact statewide and local advocacy and service organizations from Step 1 located in the areas where the hearings will be held to collaborate in planning of and

outreach for hearings. In any publicity requesting participation in hearings, note the main questions related to the CSNA goals. Use new media, such as Web sites, Facebook fan clubs, and Twitter to conduct outreach.

Preparation

Arrange for alternative formats for materials used in public hearings. Create sign-in forms; arrange for interpreters, translation, and transcription; and any other meeting set-up that is necessary for that site.

The agenda can be organized by information questions for the CSNA. Individual testimonies should be recorded in any one of a variety of ways (court recorder, handwritten notes, video recording, audio recording). If video or audio recording is used, notice should be given to the audience before the hearing begins.

Produce a record of the proceedings for use in the analysis.

Exhibit 3.1 Data Resources to Retrieve

National survey sources on disability available for each state

Data Source	Description	Web Address
American Community Survey (ACS)		
Table S1801	Disability characteristics: age, disability type, employment status, and poverty status	">http://factfinder.census.gov/servlet/STTable?_bm=y&-qr_name=ACS_2007_1YR_G00_S1801&-geo_id=01000US&-ds_name=ACS_2007_1YR_G00_&-state=st&-lang=en&-format=> (US 2007 Table – change geography for state)
Table S1802	Selected economic characteristics for the civilian noninstitutionalized population by disability status	">http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_1YR_G00_S1802&-ds_name=ACS_2007_1YR_G00_&-lang=en&-redoLog=false&-state=st&-format=&-CONTEXT=st> (US 2007 Table – change geography for state)
Tables C18020 and versions A-I	Noninstitutionalized people with a disability and not employed by state, age 16-64, by race and ethnicity, and by state	">http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=ACS_2007_1YR_G00_&state=dt&mt_name=ACS_2007_1YR_G2000_C18020_&lang=en&ts=266419110891> (Insert state in geography)
Table S1601	Languages spoken at home	>>">http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_1YR_G00_S1601&-ds_name=ACS_2007_1YR_G00_&-lang=en&-redoLog=false&-state=st&-format=&-CONTEXT=st>>> (US 2007 Table – change geography for state)
Table S1603	Characteristics of people by language spoken at home	http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_1YR_G00_S1603&-ds_name=ACS_2007_1YR_G00_&-lang=en&-

Data Source	Description	Web Address
		redoLog=false&-state=st&-CONTEXT=st> (US 2007 Table – change geography for state)
Table B16001	Language spoken at home by ability to speak English for the population 5 years and over	http://factfinder.census.gov/servlet/DTGeoSearchByListServlet?ds_name=ACS_2007_1YR_G00_&state=dt&mt_name=ACS_2007_1YR_G2000_B16001_&lang=en&ts=261076229603 (Insert state in geography)
Cornell Disability Statistics Center Interactive Tables		http://www.ilr.cornell.edu/edi/DisabilityStatistics/
ACS	Prevalence, employment	
CPS	Prevalence, labor market activity, employment, household income, poverty	
Census 2000	Prevalence, employment	
Disability Status Reports	State summaries of population size, disability, employment, earnings, and household income	
Disability Planning Data	Substate and state estimates of disability from the ACS	http://www.disabilityplanningdata.com
Behavioral Risk Factor Surveillance Survey (BRFSS)		http://www.cdc.gov/BRFSS
Core disability question 1	Adults who are limited in any activities because of physical, mental, or emotional problems	http://apps.nccd.cdc.gov/brfss/list.asp?cat=DL&yr=2008&qkey=4000&state=All
Core disability question 2	Adults with health problem(s) that require the use of special equipment	http://apps.nccd.cdc.gov/brfss/list.asp?cat=DL&yr=2008&qkey=4001&state=All
Bureau of Census Projections		http://www.census.gov/population/www/projections/index.html
Summary Table B-1	Projected population by state showing projected population changes 2000-2030 by 5-year increments	http://www.census.gov/population/www/projections/projectionsagesex.html
	Race and ethnicity projections by state from 1990	http://www.census.gov/population/projections/state/stpjraces.html
	National race, ethnicity projections from 2010 to 2050	http://www.census.gov/population/www/projections/summarytables.html
Bureau of Labor Statistics (BLS)		http://www.bls.gov/
	Short- and long-term occupational projections by state	http://www.projectionscentral.com

Data Source	Description	Web Address
	Unemployment rates by state, current and historical	< http://data.bls.gov/map/servlet/map.servlet.MapToolServlet?survey=la >
	Unemployment rates by county, current and historical	< http://data.bls.gov/map/servlet/map.servlet.MapToolServlet?survey=la&map=county&seasonal=u >

Other national surveys of use

Data Source	Description	Web Address
Current Population Survey (CPS)		< http://www.census.gov/cps/ >
	Employment status of the civilian noninstitutional population by sex, age, and disability status	< http://www.bls.gov/cps/cpsdisability.htm >
Survey of Income and Program Participation (SIPP)		< http://www.census.gov/sipp/ >
	Current Population Reports Household Economics Studies P70-117 (<i>Americans with Disabilities: 2005</i>) and P70-73 (<i>Americans with Disabilities: 1997</i>)	< http://www.census.gov/prod/www/abs/p70.html >

National program administrative data and reports

Data Source	Description	Web Address
Rehabilitation Services Administration		< http://rsamis.ed.gov >
ARR - RSA Annual Review Report, Tables 2-18, 24	Waiting list characteristics	
RSA-113 - Quarterly Cumulative Caseload Report	Waiting list data, exit data	
RSA-911 Summary by fiscal year and State agency	Characteristics of clients served, employment status at closure by characteristics, service patterns for most significant, use of supported employment, referred by CRP, and services provided by public or private CRP	
RSA-2 - Annual Vocational Rehabilitation Program/Cost Report	Expenditure data, individuals served and expenditures by service category; services provided at CRPs; services purchased at public and private CRPs; establishment, development or improvement of CRPs; and construction of facilities for CRPs	
SF-269 - Financial Status Report	Supported employment	
VR State Plan		
Monitoring reports		

Data Source	Description	Web Address
Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA)		< http://www.ideadata.org >
Table 1-1; 1-5; 1-6; 1-8; 4-4	Children and students; age 12-17; age 18-21; students by age; for ages 14 through 21	< http://www.ideadata.org/arc_toc7.asp >
Institute for Community Inclusion's StateData.info		< http://www.statedata.info >
State ID/DD Agency Survey	Employment; program funding, costs and spending; program outcomes; program use/enrollment	
Rehabilitation Services Administration closures (RSA-911)	Employment; earnings; program funding, costs and spending; program outcomes; program use/enrollment	
Social Security Administration	Employment; program outcomes; program use/enrollment	
State Demographic Data	Employment; earnings	
Wagner Peyser	Employment; program use/enrollment	
Workforce Investment Act	Employment; earnings; program outcomes; program use/enrollment	
American Community Survey	Employment; earnings	
State Mental Health Agency Data	Employment; program outcomes; program use/enrollment	
Section 504 data		
Table 3B	Number of students receiving Section 504 services only, for states and the U.S	< http://www.ed.gov/about/offices/list/ocr/data.html?src=rt >
	Data tables on students with disabilities	< http://ocrdata.ed.gov/ocr2006rv30/VistaApp/browsetables.aspx?VistaLanguage=en >
Department of Labor, Employment Training Administration		< http://www.doleta.gov >
Wagner-Peyser and Veteran's Employment Programs	Jobseekers with disabilities, services received	< http://www.doleta.gov/Performance/results/wagner-peyser_act.cfm >
	ETA Form 9002, VETS 200 Report	< http://www.doleta.gov/performance/guidance/wia/Employment-Training-406-Handbook-060505.pdf >
Workforce Investment Act (WIA)	WIA adults, dislocated workers, older youth, national emergency grants, and trade adjustment assistance	< http://www.fred-info.org/ >

Data Source	Description	Web Address
Social Security Administration (SSA)		
	Annual statistical supplement to the Social Security Bulletin data	< http://www.ssa.gov/policy/docs/statcomps/supplement/2008/ >
	Data on Ticket to Work (TTW)	< http://www.socialsecurity.gov/work/tickettracker.html >
SSI and SSDI Tables 19-27	Disabled workers in current-payment status	< http://www.ssa.gov/policy/docs/statcomps/di_asr/2007/sect01c.html >
SSI and SSDI Tables 52-57	Disabled workers who work	< http://www.ssa.gov/policy/docs/statcomps/di_asr/2007/sect03g.html >
National Institutes of Health		
		< http://www.nih.gov/icd > < http://www.ncbi.nlm.nih.gov/pubmed >
Centers for Disease Control	Traumatic brain injury example	< http://www.cdc.gov/ncipc/tbi/FactSheets/TBI_Fact_Sheets.htm >
National Center for Health Statistics	Health and disability data for states and territories	< http://www.cdc.gov/nchs/FASTATS/default.htm > < http://www.cdc.gov/nchs/fastats/map_page.htm >
Veterans Administration		
Ancillary Reports		< http://www1.va.gov/vetdata/page.cfm?pg=5 >

Examples of State Agency Reports

Data Source	Description	Web Address
State Departments of Economic Development	<i>Example:</i> Oklahoma Department of Commerce Data and Research Page	< http://www.okcommerce.gov/index.php?option=content&task=section&id=7&Itemid=86 >
State Departments of Finance	<i>Example:</i> California Department of Finance County Race /Ethnic Population Estimates by Year	< http://www.dof.ca.gov/research/demographic/reports/estimates/e-3/by_year_2000-04/ >
State Departments of Health and Human Services	<i>Example:</i> North Dakota Department of Human Services Publications	< http://www.nd.gov/dhs/info/pubs/index.html >
State Departments of Labor	<i>Example:</i> Hawaii Department of Labor and Industrial Relations	< http://hawaii.gov/labor/ >
State Departments of Mental Health	<i>Example:</i> New York State Office of Mental Health Statistics and Reports	< http://www.omh.state.ny.us/omhweb/statistics/ >
Workforce Investment Board state-level reports	<i>Example:</i> Alaska Department of Labor and Workforce Development Research and Analysis	< http://almis.labor.state.ak.us/ >

Exhibit 3.2 Form for Capturing Data from Reports

Title of source:
Author(s):
Publisher (or agency); include Web site if available:
Date of publication or issuance:
Target audience—who are the intended readers of this document?
Beneficiaries—which populations stand to benefit the most from the information in the report? Conversely, who is not served by, or excluded from, the report?
Summary—what is the purpose of this document? What are the key research questions?
What type of report is this document? (e.g., a literature review, a committee report, etc.)
What are the key data sources are used in the report? (e.g., population statistics, medical literature, VR data, focus group reports and transcripts, committee hearings, or other)
Key findings:
Information goal(s) to which this report applies:
Reviewed by, and date reviewed:

Exhibit 3.3 Example VR Counselor questionnaire

Counselor Identifier:

Counselor Gender:

Counselor Race/Ethnicity:

Office Location:

1. From your experience with **individuals with significant disabilities**, please circle your response and reply about their vocational rehabilitation needs?
 - a. Are there **services** that you feel are needed for this population?
No
Yes If yes, what are they?
 - b. Are there **barriers** to the provision of these services?
No
Yes If yes, what are they?
 - c. What can the state VR agency or your local office do to **improve** the provision of services to those with significant disabilities?
2. From your experience with **individuals with most significant disabilities**, please circle your response and reply about their vocational rehabilitation needs?
 - a. Are there **services** that you feel are needed for this population?
No
Yes If yes, what are they?
 - b. Are there **barriers** to the provision of these services?
No
Yes If yes, what are they?

- c. What can the state VR agency or your local office do to **improve** the provision of services to those with most significant disabilities?
3. From your experience with **minority individuals with disabilities**, please circle your response and reply about their vocational rehabilitation needs?
 - a. Are there **services** that you feel are needed for this population?
No
Yes If yes, what are they?
 - b. Are there **barriers** to the provision of these services?
No
Yes If yes, what are they?
 - c. What can the state VR agency or your local office do to **improve** the provision of services to minority individuals with disabilities?
4. From your experience, who do you believe to be unserved populations of individuals with disabilities? (e.g., Who do you know that is not using our services and could benefit from them?)
5. From your experience, who are underserved populations of individuals with disabilities? (e.g., Who do you know that could benefit more from our services?)
6. From your experience with **underserved individuals with disabilities**, please circle your response and reply about their vocational rehabilitation needs?
 - a. Are there **services** that you feel are needed for this population?
No
Yes If yes, what are they?

b. Are there **barriers** to the provision of these services?

No

Yes If yes, what are they?

c. What can the state VR agency or your local office do to **improve** the provision of services to underserved individuals with disabilities?

7. Please circle the extent to which you agree or disagree with the following statements:

a. There is a need to **establish new CRPs**

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

b. There is a need to **develop recently established CRPs**

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

c. There is a need to **expand current CRPs**

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

Exhibit 3.4 Example VR consumer questions

Gender:

Race/Ethnicity:

Year left VR?:

Employed when left VR?:

1. Please circle the extent you agree or disagree with the following statements:

a. Overall, my VR services were provided in a timely manner

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

b. The process of working with VR was professional and helpful

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

c. I received all the services I was told I would receive

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

d. The services VR provided or purchased were of high quality

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

e. As a result of VR services, I found employment

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

f. I am satisfied with the employment I have after having received VR services

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

g. Overall, the VR services I received met my needs

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

h. If a friend of mine were in a similar situation to me, I would tell them to go to VR.

Strongly agree Agree Neutral Disagree Strongly Disagree

Comments:

Exhibit 3.5 Matrix of Key Interviewee Expertise and Tracking

Area of Expertise	Male	Female	VR needs of PWD	Significant	Minorities	Unserved	Underserved	Workforce	CRPs	Rural	Urban	Suburb	Other expertise (specify)
Interview List --- Legend: ** = interviewed; * = scheduled													
State Government													
John Doe, State VR agency													
Jane Smith, State Dept of Mental Health													
State DD													
State Employment Security Agency													
Governor’s Committee on Employment of Persons with Disabilities													
SILC representative													
Community Organizations													
ARC													
UCP													
NAMI													
CIL (rural)													
CIL (urban)													
Minority or multicultural organization													
Academic (Policy)													
University researcher 1													
University researcher 2													
Foundation researcher													
Other													
Veterans Administration													
Workforce Board													

Exhibit 3.6 Key informant interview discussion guide

Key Informant Interview

Date of Interview: _____

Contact/Key Informant: _____

Organization/Description: _____

Address: _____

Phone: _____

E-mail: _____

Interviewer: _____

Script

Hello,

My name is _____. I am calling from the state VR agency. We are conducting our Vocational Rehabilitation Needs Assessment. The study is being conducted to learn more about VR needs in this state and to help the Department prepare its State Plan.

The overall needs study includes a range of data collection and public input that will assure a broad public participation in identifying needed programs, services and resources. Key features of the study include population statistics, public hearings and focus groups, survey information collection and interviews with individuals.

Because of your knowledge, you have been selected to participate in the interview process.

None of your responses will be identified with you or your program, if that is your desire. After we receive responses from all individuals and organizations interviewed, we will combine the information with the other data we have collected and prepare findings.

The interview takes about one to two hours. Is this a good time to talk? Or would you like to make an appointment for another time?

Do you have any questions before we begin?

- What do you see as the VR service needs for individuals with a disability?
 - What are the barriers?
 - What can VR do to meet the need (capacity)?
- What about for those with a significant disability?
 - What are the barriers?
 - What can VR do to meet the need (capacity)?
- From your experience, who do you believe to be unserved populations of individuals with disabilities? (e.g., Who do you know that is not using our services and could benefit from them?)
- From your experience, who are underserved populations of individuals with disabilities? (e.g., Who do you know that could benefit more from our services?)
- What do you see as the VR service needs for those who are unserved or underserved?
 - What are the barriers?
 - What can VR do to meet the need (capacity)?
- What about for the need for supported employment?
 - What are the barriers?
 - What can VR do to meet the need (capacity)?
- If you look at the entire workforce investment system in the state, are there additional service needs?
 - What are the barriers?
 - What can VR do to meet the need (capacity)?
- What do you see as the need for establishment, development, and improvement of CRPs?
- (ADD any state-determined goals)
 - What are the barriers?
 - What can VR do to meet the need (capacity)?
- Is there something else you would like to tell us?

Thank you for your time and interest.

Step 4. Analyzing the results and developing findings

To this point the focus has been on collecting information from a variety of sources that informs the Needs Assessment. In the next three steps - 4, 5, and 6 - this available information will be used to develop recommendations for the State Plan.

In Step 4, the information will be analyzed and organized to inform the pre-defined information goals and to identify new areas for consideration. Then, in Step 5, VR and the SRC will identify potential agency goals, policies or actions suggested by the findings. In Step 6, the team will consider these alternatives and make recommendations for the State Plan for this needs assessment cycle.

This section of the Guide includes information on summarizing the results of the various information strategies used in the model CSNA. Again, the Guide is not a methods text. The team conducting the analysis should include people with skills and experience in quantitative and qualitative analysis, as well as people knowledgeable about the VR program. Once information from each source is organized, this information can be combined to inform each of the study's major questions.

The following interim study products should be available:

Task	Product
Step 4. Analyzing the results and developing findings	
4.1 Review available survey and administrative data and tables	Tables and data sources organized by study information goals and topics
4.2 Analyze study survey data	Statistical tables by study information goals and topics
4.3 Review and analyze state reports	Summary of state reports by study information goals and topics
4.4 Analyze results from focus groups, hearings, and other stakeholder narrative including survey narrative comment	Qualitative results by study information goals and topics area
4.5 Combine findings from different sources to inform information goals	Needs Assessment findings by study information goals and topics

4.1 Review available survey and administrative data and tables

This model for conducting the CSNA encourages making the most use of relevant, available secondary data as found in national and state data sets (agency VR data, American Community Survey, etc.) and also developing new data for the study such as

counselor and consumer surveys. Suggestions for data resources and examples for surveys were included in Step 3. To prepare for this mixed-method analysis, a first step is to review existing extant data resources, as identified, and organize this information in terms of relevance for addressing the information goals. Exhibit 4.1 provides a review template for these data sources.

In some cases, the information is already available in prepared tables at the state or sub-state level. In other cases, it will be necessary to prepare tables using the available information. Step 3 included examples of available tables and possible tables to develop from existing data. Each of the available information sources has potential strengths for use in the needs assessment, but because these data were developed for other purposes each also has some limitations and cannot stand alone as an estimation resource.

4.2 Analyze study survey data

The example surveys provided in the Guide were designed to address the major information goals. If other surveys are used, the survey responses should be related to the relevant information goals (e.g., service needs of minorities, need for CRPs, etc.) Tables summarizing the responses to each survey can be prepared. Some statistical survey software and some Web-based survey tools (e.g., Survey Monkey®) are designed to prepare descriptive tables automatically.

Where survey respondents have contributed written comments and narrative, this qualitative information can be analyzed in the same way as focus group and hearing records (see 4.4) to relate to information goals and identified topics.

4.3 Review and analyze literature including state reports

The combination of text and data in publications and reports calls for a different type of analysis. This literature may be useful to:

- identify any gaps in services identified as important for people with disabilities to achieve their employment goals that are mentioned in reports and organize by information goal;
- identify barriers to services for specific groups (e.g., service needs of individuals with post-traumatic stress disorder (PSD)) ;
- identify findings related to service capacity (e.g., services not available but identified as valuable; services not available because providers working at capacity); and
- identify any other issues or themes.

The template in Exhibit 4.2 can be useful for analyzing relevant literature, state reports, and other related information. Each source can be reviewed and summarized using the template; identification of useful information and relating the information to the information goals will make it easy to retrieve.

4.4 Analyze results from focus groups, hearings, and other stakeholder comments

To be most useful, the observations, ideas, and suggestions available in hearing and focus group records, as well as comments from surveys and other stakeholder input, can be organized so that it is easy to review in considering each information goal.

This process begins with the study transcripts and survey comments. The general process in qualitative analysis is to “tag” each comment to identify the topics and themes and also to keep track of the origin of the comment (source of information, study event or process). There are methods resources that describe the qualitative analysis process in detail, and the methodology is only described generally here. The work should be carried out by staff or outside resources trained in qualitative analysis. Typically this is an iterative review and analysis process, because as the material is reviewed, additional topics and themes are identified. Several passes through the material are needed so that all comments are categorized with the emergent “tags.” Qualitative analysis can be very labor-intensive. Because of the subjective nature of this work, it is often recommended that this analysis involve more than one person and that each member of the analysis team conduct a part of the analysis independently. Subsequently, the team compares, discusses, and synthesizes the results to establish an independent verification of the analysis (Altschuld, 1999).

There are many ways to keep track of the “tags” and sources of information. The process does not require specialized software, but there are several tools that are available to support the work, such as nVivo® or Ethnograph®. Simpler approaches, which may be sufficient, include using word processing, spreadsheet or database software, sorting comments based on identified topic and theme “tags,” and creating new categories as they emerge in the analysis.

The team might start with “tags” for the general information goal or a broader set based not only on the general goal but also on specific topics within the goal. For instance, for Information Goal 1 – “Rehabilitation needs of individuals with most significant disabilities, including supported employment” – there are a number of population categories of particular relevance, so the analysis could start with separate subtopics related to supported employment for mental illness, for intellectual disability, for traumatic brain injury, and for other disabilities (specify).

For Information Goal 2 – “Rehabilitation needs of minorities” – subtopics could include specific needs for Blacks or African Americans, for American Indians or Alaska Natives, for Asians, for Native Hawaiians or Other Pacific Islanders, for Hispanics or Latinos, and for specific subgroups where services may have already been identified in the state (for example Hmong, Hispanic women, Spanish-speaking immigrants, older Chinese).

For Information Goal 3 – “Rehabilitation needs of unserved or underserved groups” – any specific groups that have been identified as unserved or underserved in the state such as rural workers, people with TBI, veterans of the Iraq war, etc.

For Information Goal 4 – “Rehabilitation needs of individuals with disabilities served through other components of the statewide workforce investment system” – needs for those with disabilities served at One-Stops, served through Veteran’s Employment and Training Service, those served through Wagner Peyser programs, etc.

For Information Goal 5 – “Need to establish, develop, or improve community rehabilitation programs” – tags could specify whether the comment is general or relates to either need for new CRPS, or for development or improvement of existing CRPs, and also types of CRPs.

Other useful “tags” include whether the comment relates to the description of a “need,” the identification of a barrier to services, a recommendation for a change in a system or process, or other information. As the qualitative process continues, other categories will emerge but the structure of the needs assessment information goals provides a good place to begin.

At the conclusion of this process, the information can be sorted by any of the tags, including but not limited to the information goal. An interim product which may be useful not only for next analysis steps but also as valuable anecdotal material from the study for dissemination is a document that includes the comments, organized by information source, topics and themes.

4.5 Combine findings from different sources to inform information goals

Each information goal of the CSNA can be informed by existing data, special surveys, stakeholder input and other sources. By this point in the process, these information sources have been analyzed and organized. Now, finally, these sources can be considered together so that quantitative information from surveys, projections, and estimates is juxtaposed with the qualitative results from stakeholder participation and other sources to address the information goals.

The CSNA includes information from many sources. It is designed to focus on the questions from the Act and to take advantage of the relative strengths of a variety of methods. Tables 4.1-4.5 provide summary examples of how findings from individual information sources will combine to identify VR needs. Once the specific findings are summarized, priorities for action can be developed.

To combine the quantitative and qualitative data, it is useful to consider the strengths and weaknesses of each source, as described in the Overview of the Model CSNA section of this guide and Appendices A-G, and summarized in Exhibit .5, Strengths and Limitations of Data Sources, pp 27-29. Combining information from several sources will develop a comprehensive assessment.

Example questions regarding reliance on the information sources include:

- What does the American Community Survey (ACS) Factfinder data tell us about the disability population in the state and areas within the state, particularly the population in need of VR services? What are the shortcomings of that information? How can I use the information effectively?
- What about the other available survey data that is available?
- For any reports or studies from other agencies, what do we know about the reliability of the information? Which studies describe their methods for collecting information? Do those methods appear sound and appropriate?
- The model CSNA includes stakeholder information from many sources. How representative is this information?

Table 4.1 summarizes an approach to the first needs assessment topic - rehabilitation needs of individuals with the most significant disabilities, including supported employment. Here, we provide examples of the information that might inform this question. Since each agency will have different information available, this table should be regarded as an illustration of how the information could be combined. This section will be expanded after work with state-specific information in the Guide pretest.

- How many people in the state might need supported employment services?
The first step is to develop an estimate of the potential population in need of supported employment in the state. The ACS measure “self-care disability” (has difficulty dressing, bathing, or getting around inside the house) is a measure of significant disability and, for individuals of working age, a suggested proxy for need for supported employment. Available tables do not provide employment information about this group (people already employed, people not in the labor

force and not looking for work) so this measure will be an overestimate of the population.

- Who uses VR supported employment services now? (type of disability, significance, outcomes)?

Analyze the agency's 911 data to develop an understanding of the individuals in the state who use supported employment currently, and those who have exited the agency with supported employment outcomes. Include Order of Selection waiting list data if relevant.

- What is the current supply of supported employment services in the state available for VR?

Relevant indicators include a list or summary of current providers, at the state level and for geographic areas within the state. Also relevant: information on vacancies and waiting lists. Other agency or provider reports may also be of use here.

- What are the service needs of people in need of supported employment? What are the barriers to services?

The RSA-911 data provides patterns of service use. Additional resources include information from other VR studies and reports, other state agencies, and literature on supported employment services and evidence-based practices.

Stakeholder information will be very valuable here, in providing examples of service needs and barriers.

Table 4.1 focuses on the first information goal - the left-hand column lists general categories of information relevant to this information goal: disability statistics, and estimates, information on service use, and identification of service needs, barriers and capacity. The second column shows sources that would be useful, and the next column identifies examples of specific information or measures available from that source. For example, for disability statistics for the state level, and also for areas within the state, the American Community Survey includes information of the rate of people with disabilities of working age with self-care disability as a percentage of individuals with different categories of disability. Prepared tables are available at the state level for this group, providing a rough estimate of the overall size of this population in the state, or in areas within the state. More detailed disability estimates for specific disabilities identified as "most significant" may use information from a variety sources including the ACS, SIPP and Social Security data.

The VR agency data includes measures that allow identification of individuals with supported employment goals. Existing tables may be available in the VR agency identifying these individuals, their service uses, and outcomes. Examination of patterns of current use is another way of examining supported employment to identify any needed changes.

Service needs, barriers, and capacity are topics that may have been included in the comments of the stakeholder processes or may be informed by prior reports. The table includes a number of examples of how these stakeholder sources may be the source of information on this question. The goal of this analysis is to develop the Needs Assessment chapter on findings, organized by information goal.

Tables 4.2-4.5 follow the same model, showing potential information sources and measures for each of the other information goals.

Table 4.1: Rehabilitation needs of individuals with most significant disabilities, including supported employment

	Source	Examples of Useful Information
Disability statistics	ACS statistics	Rate of people with disabilities of working age with self care disability as % of any disability.
Disability Estimates	ACS, SIPP, SSA, other	Population estimates of specific disabilities identified as most significant disability.
Service use	Agency data used for RSA-911	Use of VR services including supported employment by individuals with significant disabilities; by type of disability; by type of outcome.
Service needs, barriers and capacity	VR agency data and reports	Supported employment services experience; supported employment service barriers (e.g., no source of extended services available). Evaluations of the effectiveness of previous strategies to meet needs (e.g., why were they effective or ineffective).
	State and other reports	Information regarding the VR service needs of specific subgroups of individuals with significant disability who use supported employment: MI, intellectual disability (ID), TBI, other. Best practices in providing VR services to identified groups (e.g., supported employment services, other services). Identified barriers to service for these subgroups, including availability of services. Any existing information on VR internal and service system capacity to serve these subgroups.
	VR counselor survey	Service use; need for additional supported employment services; Barriers to services; Internal and service system capacity for additional supported employment services or other VR services.
	Disability focus group	
	Navigator/One-Stop/VR focus group	
	Service provider/CRP focus group	
	Key Informants	
Hearings		

Table 4.2: Vocational rehabilitation service needs of minorities

	Source	Examples of Useful Information
Minority service rates	Agency data used for RSA-911	Rates of individuals served compared to working age population in state and sub-state areas compared to ACS estimates and census projections.
	ACS and census	
Languages other than English	ACS	Language and needs of state population.
Service needs, barriers and capacity	VR agency data and reports	Data comparing minority service experience and outcomes to non-minority experience and outcomes. Barriers to services for minorities. Evaluations of the effectiveness of previous strategies to meet needs (e.g., why were they effective or ineffective).
	State and other reports	Identified unmet needs for VR services in ethnic/minority groups in the state or in areas of the state. Best practices in providing VR services to ethnic/minority groups. Identified barriers to service for these ethnic/minority groups. Any existing information on VR internal and service system capacity to serve these ethnic/minority groups.
	VR counselor survey	Service use; needs of racial, ethnic, linguistic minorities; Barriers to services for those minorities; Internal and service system capacity for additional outreach and VR services to minorities.
	Disability Focus group	
	Navigator/One-Stop/VR focus group	
	Service provider/CRP focus group	
	Key informants: minority need	
Hearings		

Table 4.3: Rehabilitation needs of unserved and underserved groups (e.g., veterans, people with limited education, people living in rural areas, or others)

	Source	Example of Useful Information
Identification of unserved and underserved groups	Disability estimates	Apply national disability rates to state or substate ACS estimates to identify size of subgroups.
Unserved: waiting	Waiting lists	Disability characteristics and service needs of individuals on VR waiting lists.
Service needs, barriers, and capacity	VR agency data and reports	Identify groups that may be underserved in the state, their service needs, and barriers to services. Evaluations of the effectiveness of previous strategies to meet needs (e.g., why were they effective or ineffective).
	State and other reports	Information regarding the VR service needs of unserved or underserved people with disability in need of VR services. Best practices in providing VR services to identified groups. Identified barriers to service for these groups, including availability of services. Any existing information on VR internal and service system capacity to serve these groups.
	VR counselor survey	Service use; needs of groups that may be unserved or underserved groups; Barriers to services; Internal and service system capacity to meet VR service needs of those groups.
	Disability Focus group	
	Navigator/One-Stop/VR focus group	
	Service provider/CRP focus group	
	Key informants	
Hearings		

Table 4.4: Vocational rehabilitation services needs of individuals with disabilities served through other components of the statewide workforce investment system

	Source	Examples of Useful Information
WIA participants	WIASRD; state labor data	Characteristics of workforce investment system exiters with disabilities, by program (broad definition of disability).
VR Participants	Agency data used for RSA-911	Characteristics of people with disabilities for VR exiters (detailed information on disability); referral to VR from One-Stops.
VR relationship to other part of system	VR agency data and reports	Characteristics of disability employment in state including: Medicaid Infrastructure Grants (MIGs); State employment/One-stop, etc.; locations of One-Stops, VR offices, including co-location; VR staff in One-Stop offices, barriers to services for individuals with disabilities in the WIA system.
	State and other reports	Evaluations of the effectiveness of previous strategies to meet needs (e.g., why were they effective or ineffective).
	VR/Navigator/One-Stop focus groups; key informants; hearings	Characteristics of state workforce investment system; relationship of VR to the system; unserved and underserved groups. Barriers to VR service. Internal and service system capacity to meet need for additional VR services.

Table 4.5: Need to establish, develop, or improve community rehabilitation programs

	Source	Information
Current CRP use	VR agency admin data; RSA 911 data	Number, type and location of CRPs, costs, outcomes, disability type.
	Agency data used for RSA-911; CRP data	Referrals, purchase of service from public or private CRPs, for state, regions, districts, offices; service provision by public and private CRP.
	Agency cost data	Agency expenditure on CRP establishment, development.
Projected CRP use	Disability estimates, projections: ID, MI, other; CRP data	Estimated future demand for CRP services.
Service needs, barriers and capacity	VR agency data and reports	Evaluations of the effectiveness of previous strategies to meet needs (e.g., why were they effective or ineffective).
	State and other reports	
	VR counselor survey	Service use; need for additional CRP services. Barriers to CRP services. System capacity for additional CRP services.
	Disability Focus group	
	Navigator/One-Stop/VR focus group	
	Service provider/CRP focus group	CRP supply.
	Key informants	
	Hearings	

Exhibit 4.3 is a template showing one way to organize the key findings for each information goal as they are identified in the analysis. This template also can be used in the next step, with findings as a starting point for identifying alternative strategies and actions to reduce the barriers and needs.

To complete this step the findings can be used by the VR and SRC participants to develop recommendations for the state plan in steps 5 and 6.

Exhibit 4.1 Template for available statistical table and data resources

Title:
Survey or data form (e.g., ACS 2007, VR agency data):
Source:
URL and download date (if applicable):
Reviewed by, and date reviewed:
Need Assessment information goal(s) to which this information applies:
Information available (summarize tables or information contents):
What is the quality of the information? Any limitations in using?
Reviewer recommendation as source for needs assessment: useful? Why?
Key findings, useful tables and information (add additional pages as needed, examples of information content/tables):

Exhibit 4.2 Template for content analysis of reports and materials

Title of source:
Author(s):
Publisher
Publication date:
URL and download date (if applicable):
Reviewed by, and date reviewed:
Need Assessment information goal(s) to which this report applies:
Purpose of the document, and intended audience:
Type of report (e.g., statistical analysis, a literature review, a committee report):
What are the key information sources are used in the report? (e.g., population statistics, agency data, surveys, consumer feedback, other)
What is the quality of the information? Is it reliable and verifiable, or based on unsubstantiated sources?
Reviewer recommendation as source for needs assessment: useful? Why?
Key findings, useful tables and information (add additional pages as needed):

Exhibit 4.3 Example template for summarizing needs and barriers (Step 4)

For Step 4		<i>For Step 5</i>
Summary of findings regarding needs	Summary of findings on barriers or suggestions for change	<i>Alternative strategies and actions</i>
Rehabilitation needs of individuals with most significant disabilities, including supported employment		
Rehabilitation needs of minorities		
Rehabilitation needs of unserved and underserved groups (example entry shown)		
Example: Data indicate state’s Spanish speaking population is increasing; counselors describe increasing demand for services in Spanish; focus group of Spanish-speaking consumers identifies service delivery issues.	No staff are fluent in Spanish in XX field offices; translators are not available in rural areas; etc.	
Rehabilitation needs of individuals with disabilities served through other components of the statewide workforce investment system		
Need to establish, develop, or improve community rehabilitation programs within the state		

Step 5. Develop the conclusions: Potential action strategies

Objective: Generate conclusions, synthesizing the results from the different information goals to develop needs assessment findings that will provide the basis for the State Plan goals, priorities, and strategies development in Step 6.

Task	Product
Step 5. Develop the conclusions: Potential action strategies	
5.1 Establish process for reviewing the results by information goal and across all the questions, and develop alternatives	Alternatives for State Plan goals, priorities, and strategies

5.1 Establish process for reviewing the results by information goal and across all the questions, and develop recommended goals, priorities or strategies

Now that the information has been reviewed and the findings on needs and barriers has been summarized, the next step is to consider the findings and suggest alternatives that can be included in the State Plan to improve the program and reduce the gaps and barriers. Step 4 was the work of analysts with research skills; this step calls for program and policy expertise and for participation by VR managers and SRC members. The goal at this point is to develop a range of potential strategies for each major area of need that has been identified. The list of strategies can start with information that has been identified as part of the needs assessment process.

Develop alternatives. From the needs assessment information collection and from participation by a wide range of VR, SRC and others, a number of potential strategies for consideration should be identified. Sources for strategy candidates may include:

- Literature on evidence-based practices or promising practices for providing VR services to people with significant and most significant disabilities
- Recommendations of key informants
- Internal agency recommendations from VR counselors, supervisors and management
- Suggestions from stakeholders including focus group participants, individuals commenting at hearings and public meetings, and respondents to surveys.
- Evaluation studies conducted by the VR agency, and analysis of VR agency data on consumers served, services provided, and outcomes
- Reports from other related agencies in the state and nationally

These sources help answer the following questions.

- What successful strategies are already being used in this VR agency? Other VR agencies? What has been tried and proved to be unsuccessful?
- What ideas from other agencies and service programs might suggest an approach in VR?
- What experts can be contacted to learn more about a strategy and how to implement it?

For each major area of need expressed in the Step 4 summary of needs, barriers, and suggestions for improvement, a range of potential action strategies should be generated.

One approach to this process is to hold a meeting or series of meetings where VR leadership, key staff, SRC members and other critical people can consider the ideas that came from the study and then expand the list of alternatives.

Our example (Exhibit 5.1) shows that a number of information sources have pointed to needs for improving services in Spanish. There are several ways that the agency might use to address this; our example shows only a few of the possible ideas – developing relationships with other community organizations, developing written materials on VR services in Spanish, identifying a pool of translators, recruiting Spanish-speaking counselors. There are many more ideas for improving services in Spanish that may come up in the process. This work should be creative, people should be encouraged to think outside the box, and a number of alternatives should be identified for major needs identified in the findings. This is the time for brainstorming and for coming up with a wide range of ideas.

Exhibit 5.1 at the end of this section shows how the template introduced in Step 4 might be used as a way to organize potential action strategies for each need/barrier area. These alternatives will be considered by VR and the SRC in Step 6, informing the state plan goals, priorities, and strategies.

Exhibit 5.1 Applying Potential Action Strategies to Expressed Needs Example

<i>Step 4</i>		Step 5
<i>Summary of Needs</i>	<i>Summary of Barriers and Suggestions for Improvement</i>	Alternative strategies and actions
Rehabilitation needs of individuals with most significant disabilities, including supported employment		
Rehabilitation needs of minorities		
Rehabilitation needs of unserved and underserved groups (example entry shown)		
<i>Example: Data indicate state's Spanish speaking population is increasing; counselors describe increasing demand for services in Spanish; focus group of Spanish-speaking consumers identifies service delivery issues.</i>	<i>No staff are fluent in Spanish in XX field offices; translators are not available in rural areas; etc.</i>	Develop relationships with community organizations.
		Develop service materials in Spanish.
		Identify pool of translators.
		Recruit Spanish-speaking counselors.
Rehabilitation needs of individuals with disabilities served through other components of the statewide workforce investment system		
Need to establish, develop, or improve community rehabilitation programs within the state		

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Step 6. Informing state plan, goals, priorities, and strategies

Objective: Recommendations for State Plan

Task	Product
Step 6: Informing state plan, goals, priorities, and strategies	
6.1 Establish process for developing recommendations: roles, approach, criteria	VR and SRC roles; criteria for recommendations
6.2 Decision-making process: apply criteria to conclusions and develop recommendations	State plan recommendations
6.3 Create State plan attachment 4.11(a)	State plan attachment 4.11(a)
6.4 Disseminate results of Needs Assessment study	(products and audiences as defined in dissemination plan)

6.1 Establish process for developing recommendations: approach, criteria

The State Plan shall include the results of the CSNA. The model CSNA has been designed to cast a wide net, identifying needs, gaps and barriers to services, and possible suggestions for improvement. The information collection and analysis Steps 3 and 4 include information from many sources, organized by the information goals. The technical team has provided this information, and worked with agency operations specialists, managers and the SRC to develop a menu of choices for state plan goals, policies and/or strategies in Step 5. Now in Step 6, it is up to VR and SRC decision-makers, meeting together, to consider these potential strategies and develop the study recommendations.

The goal of the meeting will be to identify priority areas for the state plan. One approach to decision-making, using criteria to identify priorities, is described here.

6.2 Decision-making process: applying criteria to conclusions and developing recommendations

Several methods for systematic approaches to using criteria are described in the needs assessment literature (for a summary, see Altschuld, 2000, pp 136-172).

This step is to develop and apply criteria to evaluate proposed strategies. Exhibit 6.1 is an example of how to take alternatives created in Step 5 and apply criteria to ultimately rank

the ideas. Criteria ratings can include scoring schemes, alternate options for each solution, probabilities and more.

Example criteria include:

- feasibility (needed staff skills are available, etc.);
- evidence-based approach;
- importance of problem or issue (areas of need, benefits large numbers of people, benefits those with significant disability, etc.); and
- cost (short and long term).

To apply these criteria, it may be necessary to learn more about candidate strategies and how they are expected to work from the literature or from others who have used them.

Rating criteria in terms of importance or likelihood is one possible method to assist in decision-making about which actions to recommend for the plan. For example, if a proposed action needs staff skills that were not currently on staff and the agency had a known hiring freeze already in place, that proposed action would be an unlikely one to recommend. On the other hand, if a proposed action had the potential to help a very large number of people, that may make it a critical action to propose. The reviewers (state agency managers and SRC members) will know how to rank the criteria in terms of importance.

Once the possible strategies are selected, attention must be given to whether they all reasonably can be done. Before issuing the final state plan recommendations, a final determination of how the set of strategies can fit within agency resources must be made.

6.3 Publish State plan Attachment 4.11(a)

From the initiation of the CSNA process, we have been describing activities that inform State plan Attachment 4.11(a) (See Exhibit .6). This Guide includes a checklist for monitoring whether all CSNA aspects have been completed (Exhibit 6.2). The Guide also includes an example outline for organizing the methods used in the CSNA process, and the results of the CSNA including results, identified service gaps, and implications for the state plan (Exhibit .7).

Results of the CSNA are included in Attachment 4.11(a). If the State conducts CSNA activities on a continuous basis over a three-year period, the CSNA results in Attachment 4.11(a) are updated annually.

6.4 Disseminate Needs Assessment

Early in the CSNA process audiences and dissemination strategies were identified. Now, with the study and state plan Attachment 4.11a completed, these materials can be made available to the public. The specific distribution will vary depending on agency policy, available media, and the specific dissemination plan developed in Step 2.

Exhibit 6.1 Applying criteria to potential strategies

Step 5	Step 6 – Example Criteria										
Potential Action Strategies	feasible?	evidence-based approach?	short-term costs	long-term costs	importance of problem or issue	benefit large number of people?	affects those with significant disability?	needed staff skills are available?	time needed to design and implement	cost-effective?	(Other criteria)
Rehabilitation needs of individuals with most significant disabilities, including supported employment											
Rehabilitation needs of minorities											
Rehabilitation needs of unserved and underserved groups (Example entry shown)											
More Spanish speaking VR, employment, training staff											
Rehabilitation needs of individuals with disabilities served through other components of the statewide workforce investment system											
Need to establish, develop, or improve community rehabilitation programs within the state											

Exhibit 6.2 Checklist

The following checklist can be used to review the methods used and the required topics in the planned CSNA process.

Checklist: CSNA	√	Comments
State Population: Census, ACS		
Projections of population, economy		
VR caseload data, 911, other data		
VR Agency reports, internal studies		
Reports, surveys from other agencies		
Special written or internet surveys		
Focus groups		
Key informant interviews		
Public hearings or discussions		
Identifies need for services for most significant disabilities		
Identifies need for supported employment		
Identifies needs for services for unserved or underserved: minorities		
Identifies need for services for specific other unserved or underserved groups		
Identifies need to establish, develop, improve CRPs		
Identifies need for services for individuals served through state workforce investment system		
Involvement of SRC		
Involvement of key stakeholders (not just as data respondents)		
Shows relationship to State Plan		

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