

STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION

Comprehensive Statewide Assessment Report

Program Years 2018-2020



DEPARTMENT of
REHABILITATION

Employment, Independence & Equality

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Executive Summary

The Comprehensive Statewide Assessment (CSA) is a study of the vocational rehabilitation (VR) needs of individuals with disabilities in California, undertaken by the California Department of Rehabilitation (DOR) and conducted in partnership with California's State Rehabilitation Council (SRC). Required by the federal Rehabilitation Act of 1973, as amended by the federal Workforce Innovation Opportunity Act (WIOA), the CSA informs the goals and priorities of DOR's State Plan and DOR's understanding of its consumers and their service needs.

The CSA assesses the general VR needs of individuals with disabilities statewide, with focus on five required areas:

- Individuals with most significant disabilities (MSD), including their need for supported employment (SE) services.
- Individuals with disabilities who are minorities and individuals who have been unserved or underserved by DOR.
- Individuals with disabilities served by other components of California's workforce development system.
- Youth and students with disabilities, including their need for pre-employment transition services (Pre-ETS).
- An assessment of the need to establish, develop, or improve community rehabilitation programs (CRPs).

Data Sources

The 2018-2020 CSA, completed between Spring 2018 and Fall 2020, draws upon primary and secondary data. The following sources and data collection methods were used to complete the required components of the assessment:

- Key informant interviews of community subject matter experts on unserved and underserved populations.
- Key informant interviews of DOR VR staff on the workforce development system, barriers for individuals with disabilities accessing services, and opportunities for collaborating with workforce partners.
- Surveys of DOR staff and workforce development system partners.
- Analysis of American Community Survey (ACS) data.

- Analysis of DOR caseload data.
- Analysis of California Department of Education (CDE) student data.
- Analysis of the 2018-2019 DOR Consumer Satisfaction Survey (CSS).

2020 CSA Themes

Customer service areas for improvement

Surveys and interviews with DOR staff and stakeholders were conducted and the following areas were identified as areas that need improvement:

- Streamline the application process, paperwork, and timelines.
- Increase outreach, especially to minorities, un/underserved, and non-English speaking individuals.
- Increase the use of technology for the provision of services and provide for the use of electronic signatures on forms.
- Increase staff to accommodate potential consumers in a timely manner and to get them through the process more efficiently.
- Provide additional staff training in several areas, such as cultural competency, customized employment (CE), behavioral health, and working with America's Job Centers of California (AJCCs).

Coordination with other systems

Local Partnership Agreements (LPAs) have been created throughout the state to formalize the coordination between systems throughout local communities in California. The LPAs involve local educational agencies (LEAs), regional centers, community resource programs (CRPs), AJCCs, local businesses, and other stakeholders. These agreements facilitate and streamline service delivery, engage communities, and increase competitive integrated employment (CIE) opportunities for individuals with intellectual disabilities and developmental disabilities (ID/DD).

Continued work on the LPAs is necessary to solidify relationships with local partners and attract more partners and businesses for the successful placement of individuals with ID/DD. Additional training for AJCC and CRP staff for working with individuals with MSD is needed in some areas.

Memorandums of Understanding (MOUs) have been developed with LEAs throughout the state for the provision of Pre-ETS to students. Additional MOUs are needed for the provision of Pre-ETS throughout the state.

Service Barriers and Access

Stakeholders have provided their input on possible barriers to DOR services. Barriers to accessing services include:

- Long wait time due to staff shortages.
- Lack of transportation, especially in rural areas.
- Burdensome paperwork for services.
- Language and cultural barriers.
- Need for staff training in CE and cultural competency.
- Lack of CRPs, including lack of staff and available services.
- Lack of available businesses providing job opportunities.
- Fear of losing benefits.
- Homelessness or housing insecurity.
- Substance abuse.

Staffing and training needs

Stakeholders and DOR staff have identified that delays in services are partially due to the difficulty experienced in hiring and maintaining adequate staff to meet the needs of Californians requesting services. Additionally, the need for staff training in cultural competency has been identified as a need for the provision of services to the state's diverse population.

Emerging populations have been identified as individuals who are housing displaced, have dual diagnosis of substance abuse and behavioral health disabilities, are neuro diverse, or are justice-involved. Each of these populations will have specific needs. Cultural competency training, training to address behavioral health disabilities, and collaboration with other programs within the workforce development system will assist DOR staff with providing the services, information, and referrals that lead to successful closures.

Section Themes:

Section I. Individuals with the most significant disabilities, including their need for supported employment services

The DOR identified the following themes for individuals with MSD:

- Many CRPs are understaffed and need additional training to better serve individuals with MSD.
- DOR and CRP staff need training for the provision of customized employment preparation and services.
- AJCC staff in many areas need additional training to meet the needs of individuals with MSD.
- Use of technology for the provision of services may be beneficial for overcoming the identified barrier of transportation, especially in rural areas.

Section II. Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program

As of 2019, California was ranked as the most culturally diverse state in the US. The DOR identified the following recurring themes for individuals with disabilities who are minorities and those who have been unserved or underserved by the VR program:

- Individuals who identify as Asian may be underserved when comparing DOR data to ACS data.
- DOR staff may benefit from cultural competency and behavioral health training.
- Homeless individuals, justice-involved individuals, non-English speakers, those with a dual diagnosis of substance abuse and behavioral disabilities, and those who have ID/DD were identified by key informants as being underserved.

Section III. Individuals with disabilities served through other components of the statewide workforce development system

The findings and recommendations articulated throughout this section are based on stakeholder feedback and suggestions.

- AJCC and DOR staff are eager to work together to help people with disabilities.

- AJCC staff needs additional training in identifying and serving individuals with disabilities.
- DOR consumers have a varying degree of access to technology and technological skills. This needs to be taken into consideration when the department is developing new strategies for providing services to consumers.
- Despite DOR's efforts, employers still exhibit a bias against individuals with disabilities.
- The COVID-19 pandemic has posed unique challenges for consumers with changes in the labor market and access to services.

Section IV. Youth with disabilities, and students with disabilities, including their need for transition services

The following themes were identified for the needs of students and youth with disabilities:

- There is a need for DOR to focus on members of the Latinx community as an underserved group.
- Lack of available business partners is a barrier for students and their ability to gain work experience.
- Building collaborative relationships with the LEA will be beneficial for DOR for the provision of Student Services.
- DOR and CDE should continue identifying and providing specific supports and services for at-risk youth with disabilities, such as homeless students and youth.

Section V. Assessing the need to establish, develop, or improve community rehabilitation programs within the State

CRPs facilitate the provision of VR services to individuals with disabilities in support of their goal of employment, independence, and equality. The following themes were identified throughout this section for the need to establish, develop, or improve CRPs within the State:

- Over the last five years, there has been a decline in the number of VR consumers that receive CRP services.
- There is a need for more CRP-provided services, such as services for individuals with MSD, especially in rural areas.

The DOR has analyzed the needs identified in each of the sections in the CSA. Based on the analysis, the department has made recommendations for each category. These recommendations are both short-term and long-term and are intended for the consideration of the DOR, the SRC, and other stakeholders, as applicable.

Introduction

DOR Background

The DOR works in partnership with consumers and other stakeholders to provide services and advocacy to achieve employment, independent living, and equality for individuals with disabilities.

The DOR administers the largest VR and independent living programs in the country. VR services are designed to help job seekers with disabilities obtain competitive employment in integrated work settings. Independent living services may include peer support, skill development, systems advocacy, referrals, assistive technology services, transition services, housing assistance, and personal assistance services.

The DOR divides its VR service areas into 14 distinct districts. The first 13 are geographical locations that cover one or more county locations. The 14th represents the department's Blind Field Services (BFS) office and encompasses the span of the entire state, with its field staff embedded in the other 13 districts. The districts are:

- Greater East Bay District (offices in Antioch, Berkeley, Concord, Fairfield, Fremont, Oakland, Richmond),
- Greater Los Angeles District (offices in City of Commerce, Culver City, E. Los Angeles, Glendale, Norwalk, Westchester),
- Inland Empire District (offices in Blythe, El Centro, Ontario, Palm Desert, Riverside, San Bernardino, Temecula, Victorville),
- Los Angeles South Bay District (offices in Bell, Compton, Inglewood, Long Beach, Torrance),
- Northern Sierra District (offices in Alturas, Auburn, Chico, Fair Oaks, Grass Valley, Placerville, Roseville, Sacramento, S. Lake Tahoe, Susanville, Woodland, Yuba City),
- Orange / San Gabriel District (offices in Anaheim, El Monte, Orange),
- Redwood Empire District (offices in Eureka, Lakeport, Napa, Red Bluff, Redding, Santa Rosa, Ukiah, Yreka),
- San Diego District (offices in Chula Vista, Encinitas, Escondido, Laguna Hills, San Diego, San Marcos),
- San Francisco District (offices in Menlo Park, Foster City, Novato, San Bruno, San Francisco),

- San Joaquin Valley District (offices in Bakersfield, Fresno, Merced, Modesto, Ridgecrest, Sonora, Stockton, Visalia),
- San Jose District (offices in Capitola, Gilroy, Salinas, San Jose,),
- Santa Barbara District (offices in Oxnard, San Luis Obispo, Santa Barbara, Santa Maria, Thousand Oaks), and
- Van Nuys / Foothill District (offices in, Glendale, Lancaster, Pasadena, Santa Clarita, Van Nuys).

Overview of DOR's Consumer Population

California Population

In 2019, California had the highest state resident population in the United States with 39.51 million people and was ranked the most diverse state in the country.

According to the 2018 ACS 5-Year Estimates for California, over four million individuals, 10.6% of California's population, identified as having some type of disability compared to 12.6% in the greater US population.

Nearly half of Californians with disabilities were ages 18 through 64 years. For individuals with disabilities ages 16 and over, 22.2% were employed, and 75.0% were not in the labor force. For Californians without disabilities, 66.3% were employed and 30.0% were not in the labor force. Californians with disabilities were more than twice as likely to be unemployed or not in the labor force. Based on this data, there is a great need to serve individuals with disabilities and provide the supports and services needed to obtain and maintain employment.

Individuals with disabilities were more likely to live below the poverty level. The 2018 ACS estimates indicated that 19.6% of Californians with disabilities lived below 100% of the poverty level, and 12.5% lived between 100% and 149% of the poverty level compared to 11.9% and 7.9% of the population without disabilities, respectively. Lower levels of educational attainment may contribute to lower income and higher poverty levels.

Californians with disabilities were half as likely to obtain a bachelor's degree or higher. In the 2018 ACS 5-Year Estimates, 25.6% of

Californians with a disability had an educational attainment of less than a high school diploma compared to 15.5% for individuals without disabilities. The median earnings for individuals who work full-time/full-year with disabilities was \$47,600, compared \$51,700 for individuals without disabilities.

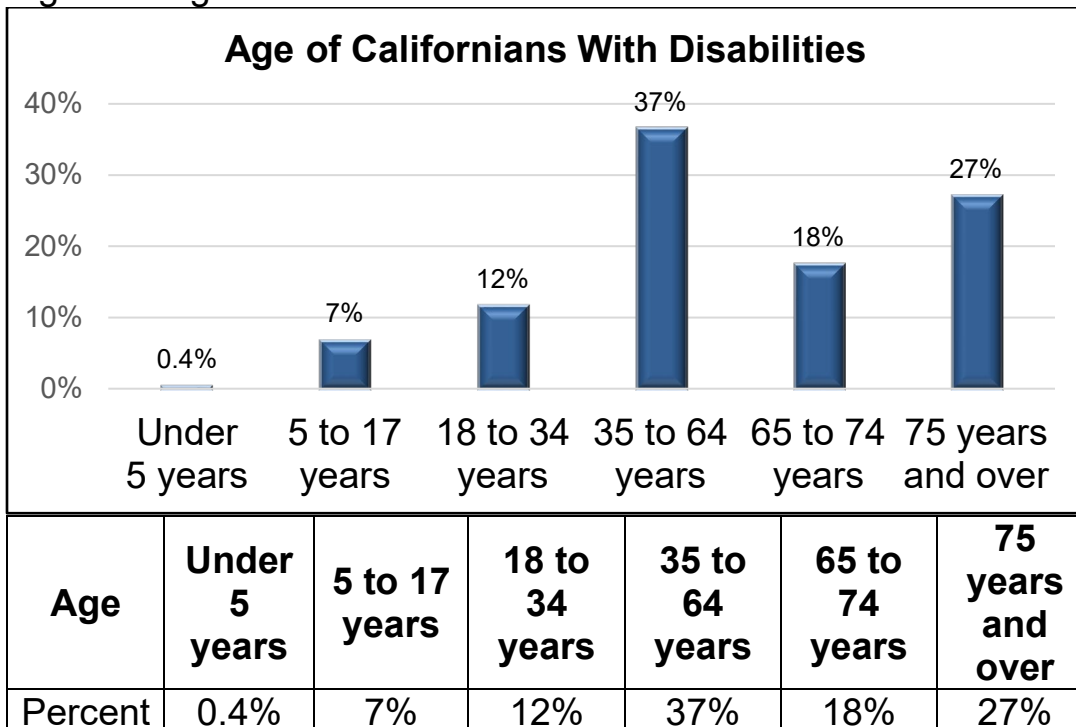
While the gender of working age adults with disabilities was nearly even for Californians, males represented a higher proportion of DOR consumers, and an even higher percentage of successful case closures. The female demographic may be underserved and less likely to achieve a successful closure.

Demographics of Californians with Disabilities

Age of Californians with Disabilities

Based on the 2018 ACS 5-Year Estimates, nearly half of the people with disabilities in California were working age individuals between the ages of 18 to 64 years.

Figure 1: Age of Californians with Disabilities

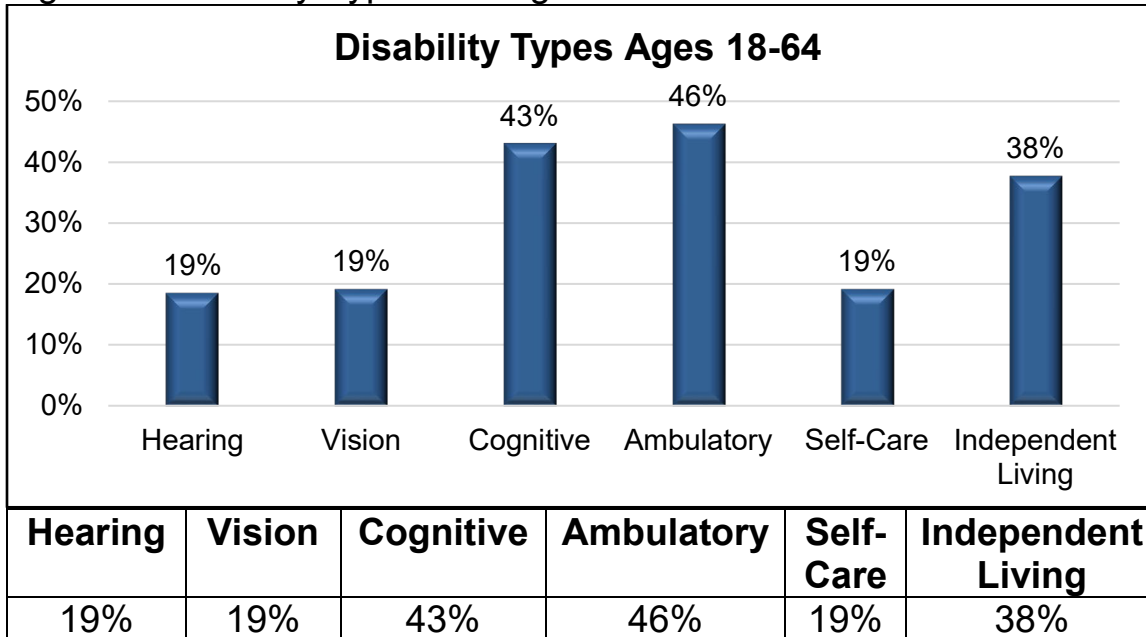


Source: 2018 ACS 5-Year Estimates

Disability Types for Ages 18-64

Disability types listed in the 2018 ACS 5-Year Estimates are categorized as difficulties with hearing, vision, cognitive, ambulatory, self-care, and independent living. For Californians aged 18 to 64, cognitive and ambulatory disabilities were most common, affecting 23% and 25% of individuals with disabilities, respectively. Hearing and vision disabilities affected 10% of individuals in each category. The ACS classifies mental health disabilities under cognitive and independent living difficulties.

Figure 2: Disability Types* for Ages 18-64



Source: 2018 ACS 5-Year Estimates

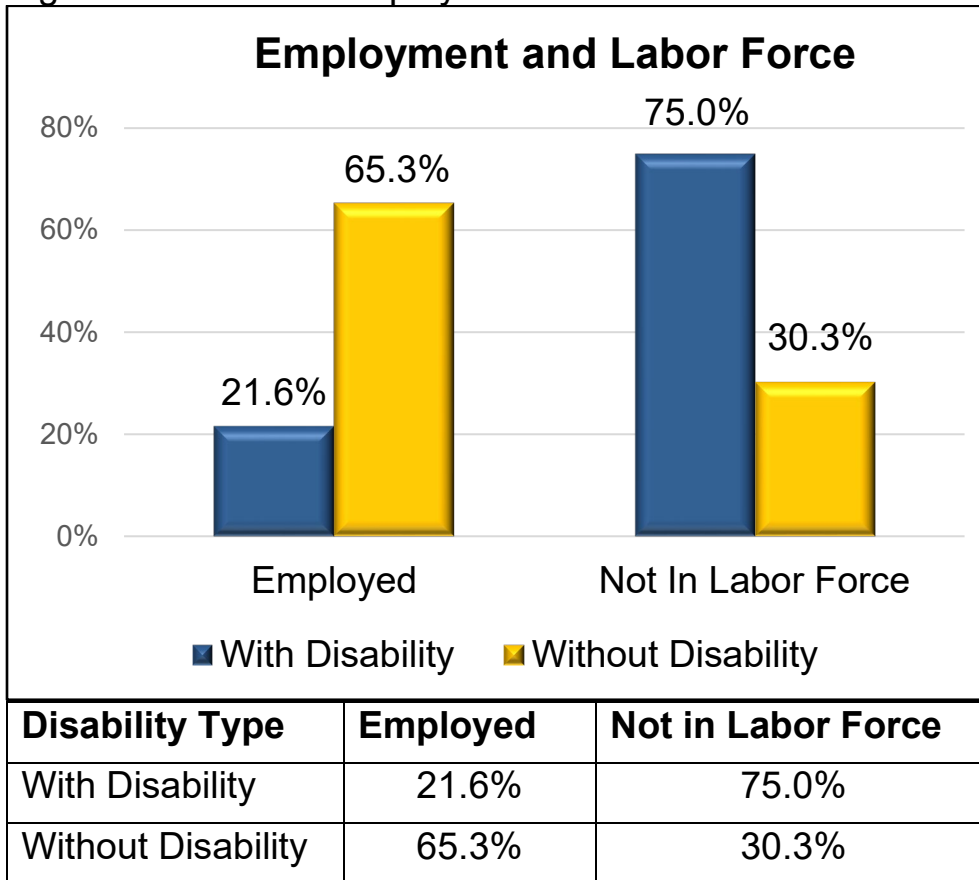
*Six disability types as defined by the ACS:

- **Hearing difficulty:** deaf or having serious difficulty hearing.
- **Vision difficulty:** blind or having serious difficulty seeing, even when wearing glasses.
- **Cognitive difficulty:** Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.
- **Ambulatory difficulty:** Having serious difficulty walking or climbing stairs.
- **Self-care difficulty:** Having difficulty bathing or dressing.
- **Independent living difficulty:** Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.

Employment and Wage Attainment

For 2018, the ACS 5-Year Estimates indicated the employment rate of working-age people with disabilities in California was 21.6%. Comparatively, the employment rate of working-age people without disabilities in California was 65.3%. The rate for individuals that did not participate in the labor force was 75% for individuals with disabilities compared to 30.3% of individuals without disabilities.

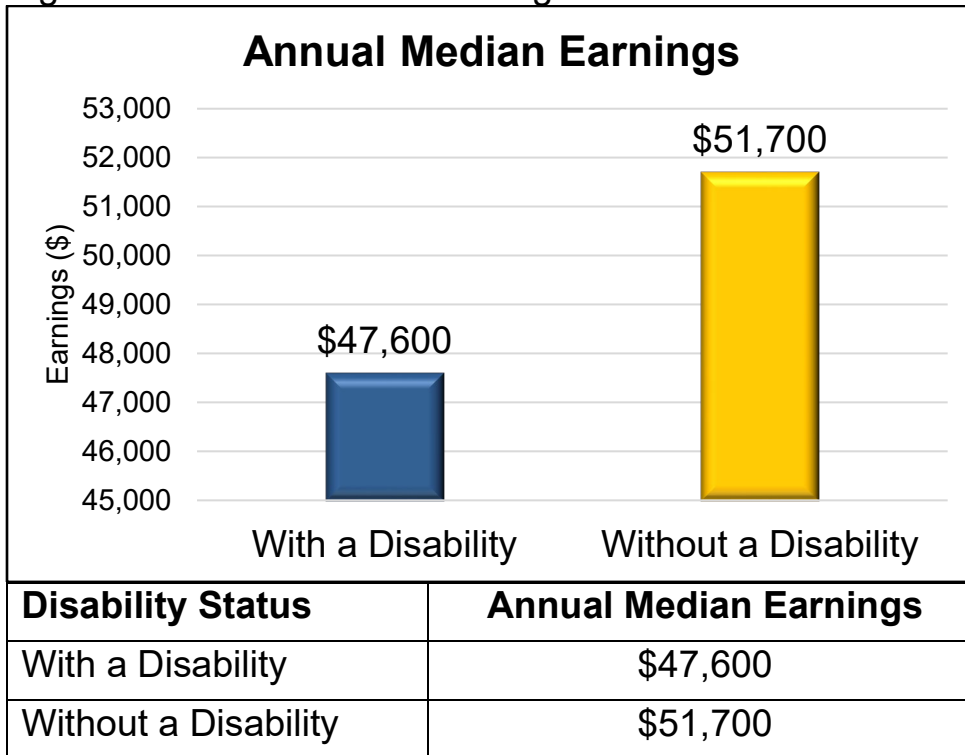
Figure 3: California Employment and Labor Force



Source: 2018 ACS 5-Year Estimate

As of 2018, there was a wage gap between working-age people with and without disabilities. In 2018, the full-time/full-year median annual earnings of working-age people with disabilities in California was \$47,600. Conversely, people without disabilities had median annual earnings of \$51,700, a difference of \$4,100 annually.

Figure 4: Annual Median Earnings

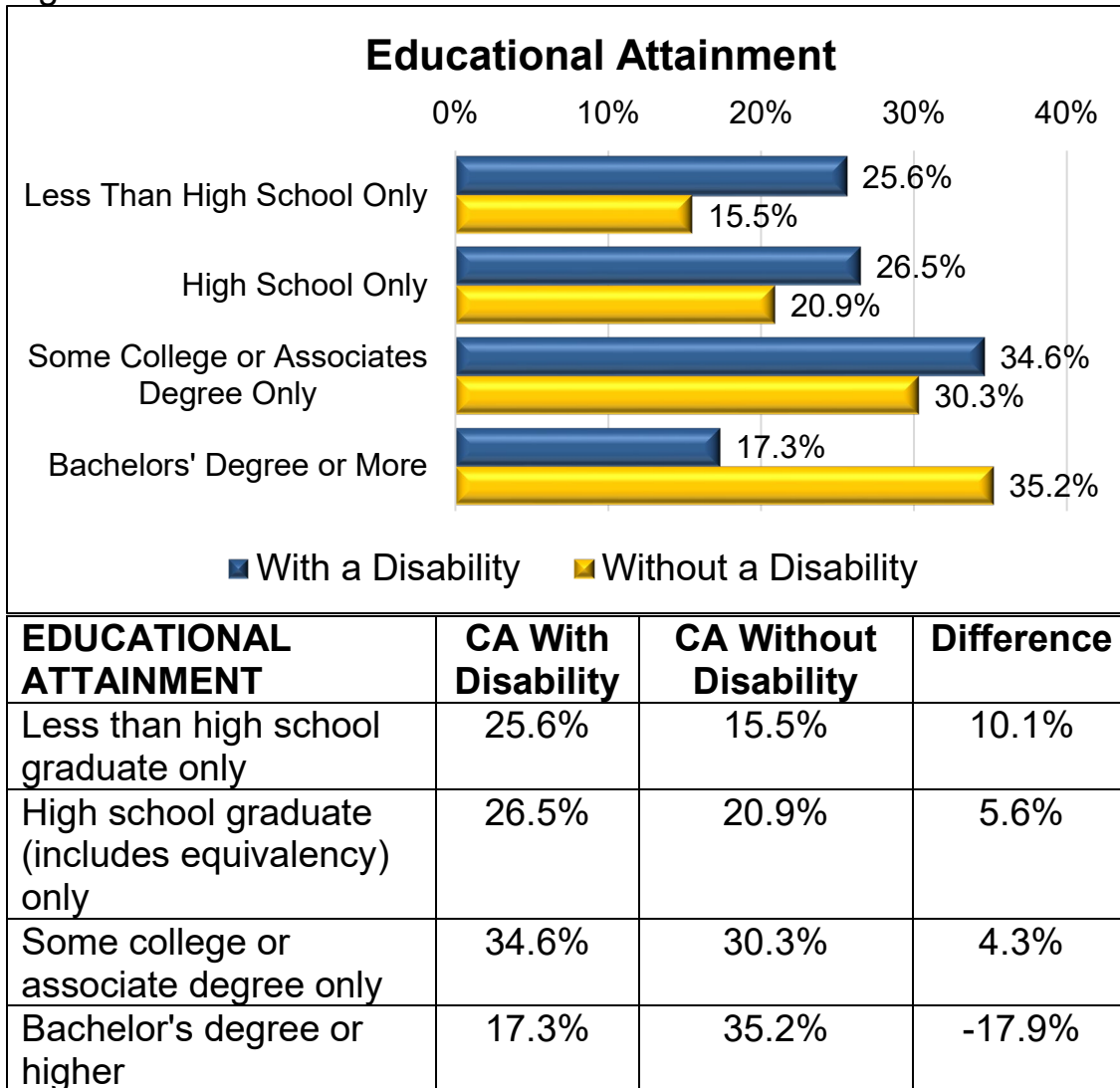


Source: 2018 ACS 5-Year Estimate

Educational Attainment

The educational attainment statistics using the 2018 ACS data shown in Figure 5 reflects the percentage of individuals that completed their education at the highest attainment level described. For example: 25.6% of Californians with a disability did not earn a high school diploma or equivalent compared to 15.5% of Californians without a disability. Additionally, a high school diploma was highest level of education earned by 26.5% of Californians with a disability compared to 20.9% of Californians without a disability. Conversely, an individual with a disability was 17.9% less likely to earn a bachelor’s degree or higher compared to individuals without disabilities.

Figure 5: Educational Attainment



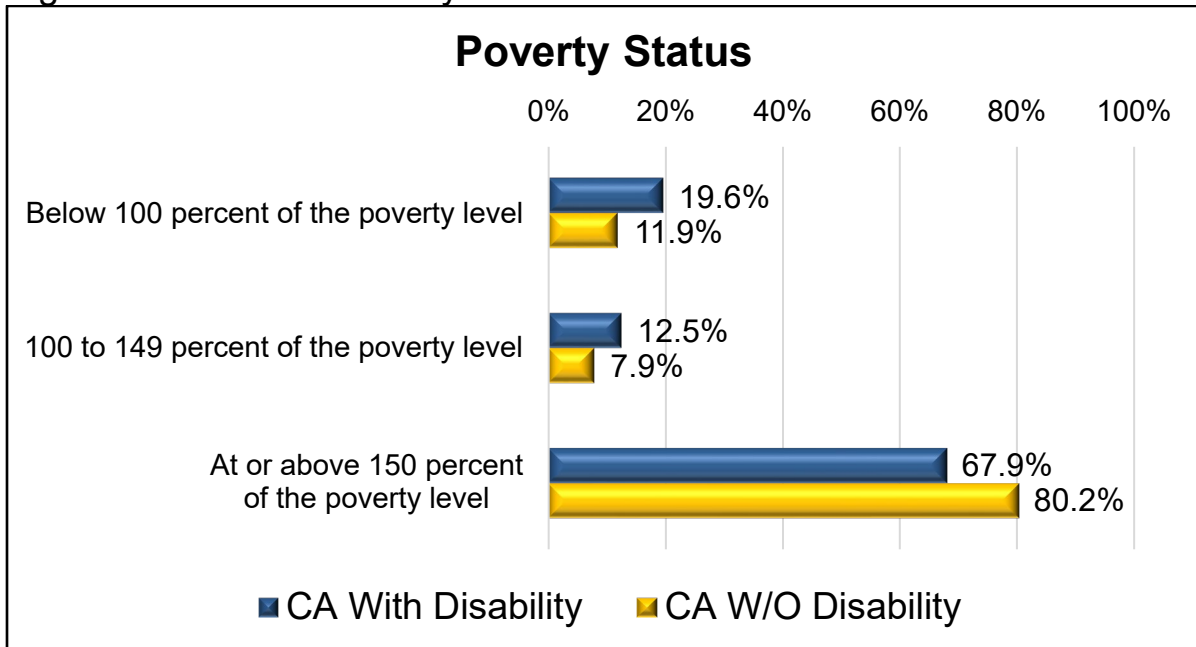
Source: 2018 ACS 5-Year Estimates

Poverty Status

Data from the 2018 ACS 5-Year Estimates indicates that almost 20% of individuals with disabilities in California lived below the federal poverty level, compared to almost 12% of individuals without disabilities.

More than 32% of individuals with disabilities in California had incomes below 150% of the poverty level.

Figure 6: California Poverty Status



POVERTY STATUS IN THE PAST 12 MONTHS	Californians With Disabilities	Californians W/O Disabilities
Below 100 percent of the poverty level	19.6%	11.9%
100 to 149 percent of the poverty level	12.5%	7.9%
At or above 150 percent of the poverty level	67.9%	80.2%

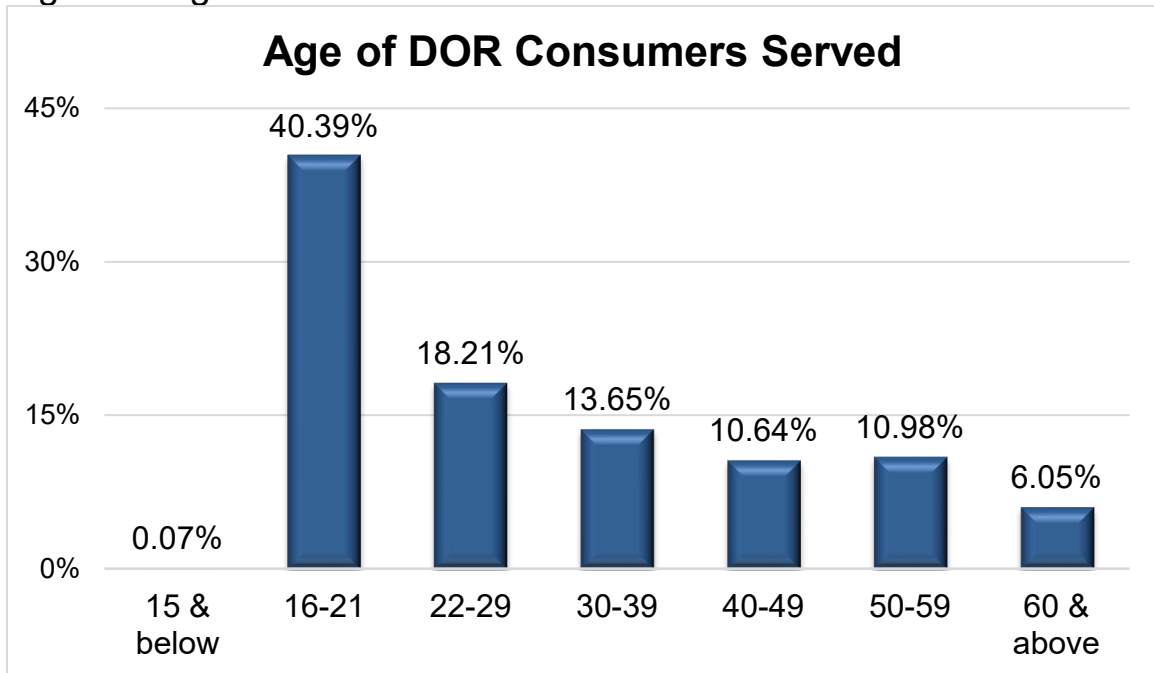
Source: 2018 ACS 5-Year Estimates

DOR Consumers State Fiscal Year (SFY) 2019-20

Age of DOR Consumers Served

For SFY 2019-20, the age-group with the highest number of applications for VR services was 16 to 21 years and represented 40.39% of all applicants. The next highest percentage was for the age-group of 22 to 29 representing 18.21% of all applicants. The age group representing the lowest percentage of applicants was for ages 15 and under at 0.07%.

Figure 7: Age of DOR Consumers



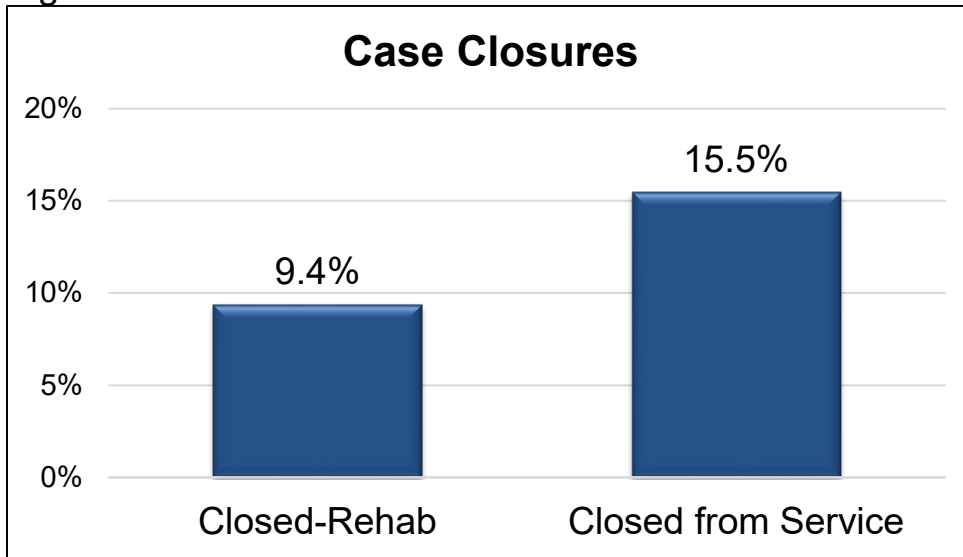
Age	Total Served	Percent Served
15 & below	82	0.07%
16-21	44,368	40.39%
22-29	20,001	18.21%
30-39	14,991	13.65%
40-49	11,684	10.64%
50-59	12,061	10.98%
60 & above	6,648	6.05%
Not Reported	2	0.002%

Source: BFFR SFY 2019-20. Totals include VR and PE consumers

Case Closures

For SFY 2019-20, DOR provided VR services to 84,249 individuals with disabilities. DOR successfully closed the cases of 7,954 individuals with disabilities and closed 13,017 cases after an individual plan for employment was developed.

Figure 8: Case Closures SFY 2019-20



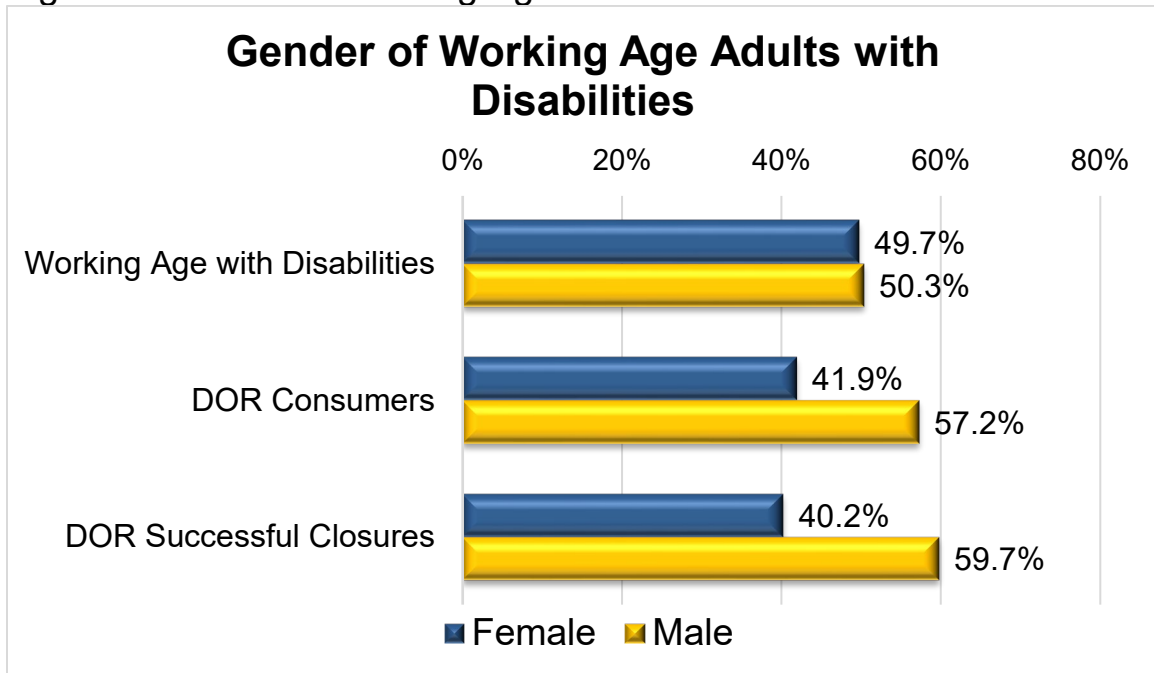
Closure Type	Number of Closures	Percent of Closures
Closed-Rehab	7,954	9.4%
Closed from Service	13,017	15.5%

Source: BFFR SFY 2019-20

Gender of DOR Consumers

Although the ACS data indicates the percentage of males and females with disabilities was almost even for working age adults in the state, DOR served more males than females with disabilities at 57.2% and 41.9% respectively during SFY 2019-20. The percentage of applicants that did not report their gender was 0.91%. Additionally, for individuals with a successful closure, the percentage of males to females was 59.7% and 40.2% respectively. Currently, DOR does not collect data for individuals who identify as non-binary.

Figure 9: Gender of Working Age Adults with Disabilities



Gender	Working Age with Disabilities	DOR Consumers*	Percent of DOR Successful Closures*
Female	50.3%	41.91%	40.22%
Male	49.7%	57.18%	59.68%

Source: BFFR SFY 2019-20 and 2018 ACS 5-Year Estimates

*0.91% of applicants did not report their gender and make up 0.10% of DOR closures.

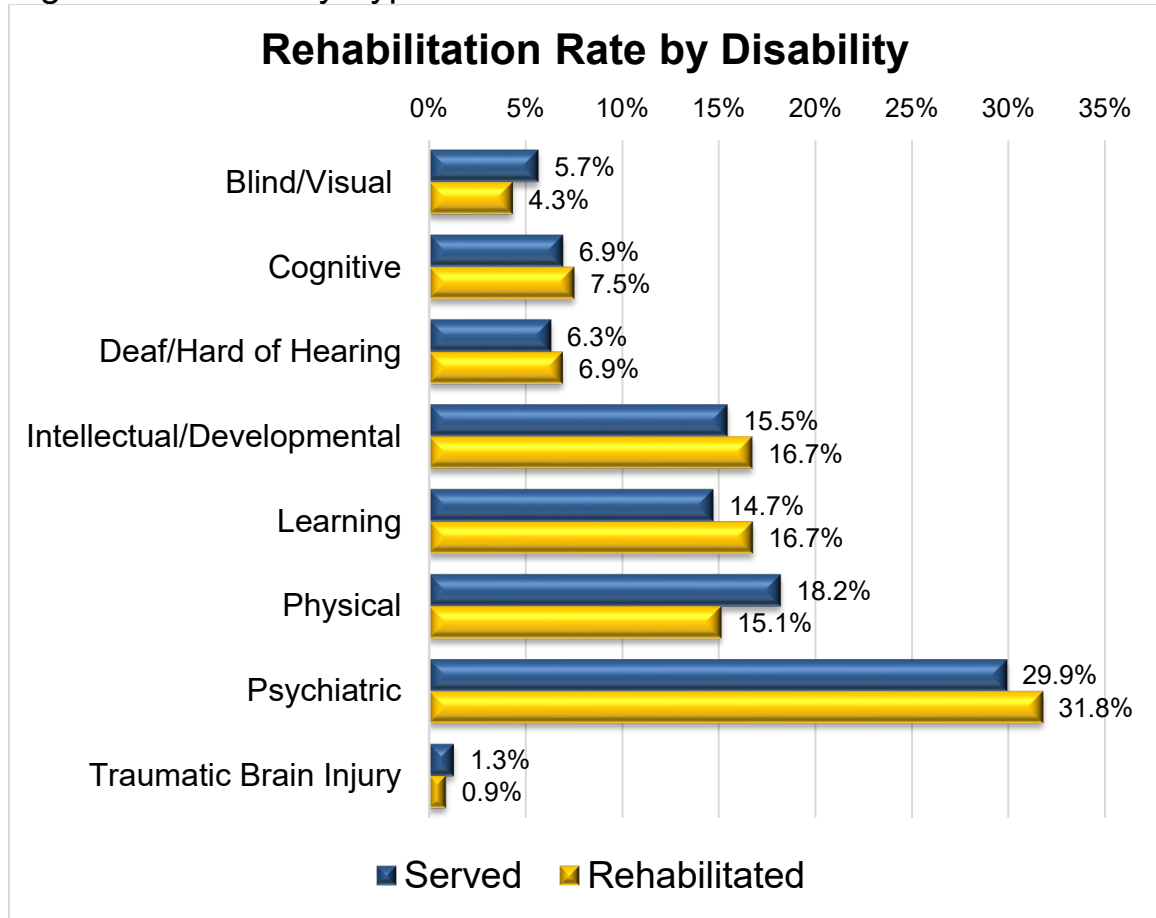
Disability Types of DOR Consumers

The DOR has nine disability types: Blind/Visual, Cognitive, Deaf/Hard of Hearing, Intellectual/Developmental, Learning, Physical, Psychiatric, Traumatic Brain Injury. The highest reported disability type for VR consumers was Psychiatric disabilities with 29.9% of all consumers served. Additionally, 1.5% of the consumers served did not have a disability type reported.

The rates for successfully closed cases by disability type are similar to the rates for VR consumers served by disability type. The largest differences were found with learning and physical disabilities. Learning disability had a rehabilitation rate that was 2.04% higher

than the percentage served. Physical disabilities had a rehabilitation rate that was 3.06% lower than the percentage served.

Figure 10: Disability Types of DOR Consumers



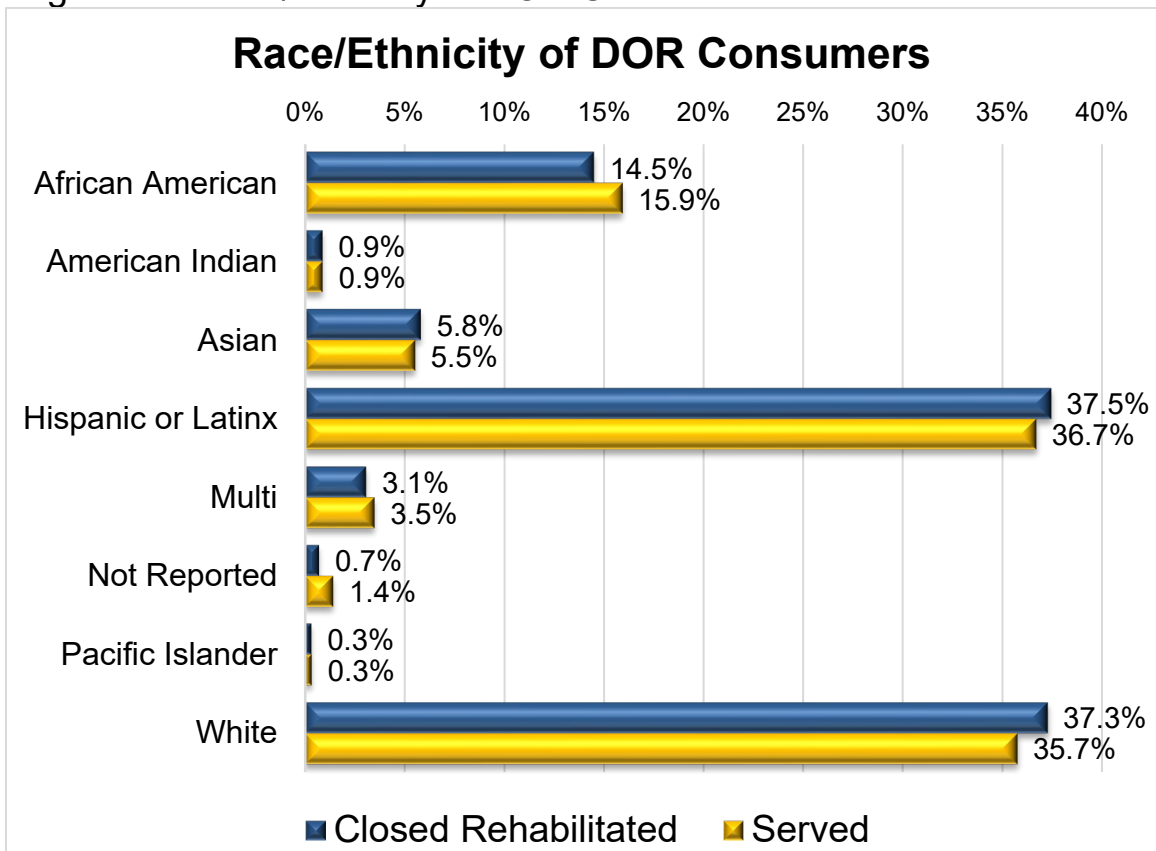
Disability Type	Percent of VR Consumers Served	Percent of Rehabilitated
Blind/Visual	5.7%	4.3%
Cognitive	6.9%	7.5%
Deaf/Hard of Hearing	6.3%	6.9%
Intellectual/Developmental	15.5%	16.7%
Learning	14.7%	16.7%
Physical	18.2%	15.1%
Psychiatric	29.9%	31.8%
Traumatic Brain Injury	1.3%	0.9%
Not Reported	1.5%	0%

Source: DOR SFY 2019-20

Race and Ethnicity of DOR Consumers

The DOR has six categories for Race: African American, American Indian, Asian, Multi, Pacific Islander, and White. There is an additional category for reporting Hispanic as an Ethnicity. If an individual identifies as Hispanic along with any other race, they are only represented in the data below as Hispanic. Example: an individual indicates that they are White and Hispanic. That individual is displayed in Figure 11 as Hispanic. The two highest reported race or ethnicities for all DOR VR consumers served are Hispanic or Latinx (36.7%) and White (35.7%). The rates for successfully closed cases by race or ethnicity are similar to the rates for those individuals served by race and ethnicity.

Figure 11: Race/Ethnicity of DOR Consumers



Race/Ethnicity	Percent of VR Consumers Served	Percent of Closed Rehabilitated
African American	15.9%	14.5%
American Indian	0.9%	0.9%
Asian	5.5%	5.8%
Hispanic or Latinx	36.7%	37.5%
Multi	3.5%	3.1%
Not Reported	1.4%	0.7%
Pacific Islander	0.3%	0.3%
White	35.7%	37.3%

Source: DOR SFY 2019-20

Consumer Satisfaction Survey Analysis

In accordance with federal regulations, DOR, in collaboration with the SRC, conducts an annual Consumer Satisfaction Survey (CSS) to determine whether DOR’s services ultimately result in quality employment outcomes for our consumers. The DOR and the SRC

use the survey results to increase effectiveness and efficiency in the service delivery process. Through the CSA and as part of the analysis of the general VR needs of consumers, DOR analyzed the results of the highest rated and lowest rated questions by district.

Due to rounding, numbers presented throughout this section may not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.

Highest Rated Questions by District

1. Question 5: “I was treated with courtesy and respect by my counselor and DOR Team.” – 84% agreement
2. Question 11: “I understand the reason for DOR services was to help me become employed.” – 90% agreement
3. Question 22: “The services provided by DOR were instrumental in my becoming employed.” – 86% agreement

For question 5, the statewide average rate of agreement is 84%. Comparing 2018 to 2019, Northern Sierra and San Jose both experienced a 5% decrease in their agreement rates from 85% to 80% and 89% to 83% respectively. San Francisco’s rate of agreement increased 13% from 79% in 2018 to 92% in 2019 (Attachment A, Figure 12). The fluctuation may be due to the low response rate for that district – 39 respondents in 2018 and 38 in 2019. This is an example of a small change in satisfactory responses (4) causing a large change in the rate of agreement due to the low number of responses. (Attachment E, table 2, and table 3). Traumatic Brain Injury (TBI) category experienced a 7% decrease from 82% to 75%. Blind/Visually Impaired experienced a 6% increase from 84% to 90% (Attachment C, Figure 18).

For question 11, the statewide average rate of agreement remains at 90%. All districts and disabilities stayed within a 3% change from 2018. Greater East Bay experienced a 2% decrease from 87% to 85%. (Attachment A, Figure 13). The average rate of agreement for all disabilities remained within 3% from the previous year (Attachment C, Figure 19).

For question 22, the statewide average rate of agreement is 86% with significant variations across districts. Los Angeles South Bay had a 95% agreement rate while San Francisco had 70%. Several districts

experienced a significant change from the previous year. Districts that experienced a significant increase were:

- Los Angeles South Bay with an increase of 24% from 71% to 95%.
- Greater East Bay with an increase of 13% from 80% to 93%.
- San Jose with an increase of 10% from 76% to 86%.

Districts that experienced a significant decrease were:

- Northern Sierra with a decrease of 16% from 94% to 79%.
- Blind Field Services with a decrease of 12% from 89% to 77%.
- San Francisco with a decrease of 8% from 78% to 70%.

(Attachment A, Figure 14). Cognitive Impairment experienced an increase of 12% from 82% to 94%, and Intellectual Disability experienced a 7% increase from 82% to 89%. The number of responses for this question are low resulting in a small change in responses causing a large change in rate (Attachment C, Figure 20 and Attachment E, table 4 and table 5).

Lowest Rated Questions by District

1. Question 9: “My counselor helped me understand my disability and how it may affect my work.” – 59% agreement
2. Question 19: “Are you currently employed through the efforts of DOR?” – 24% agreement
3. Question 20: “I am satisfied with the health benefits available from my job.” – 55% agreement

For question 9, Santa Barbara’s rate of agreement increased 7% from 59% in 2018 to 66% in 2019 (Attachment B, Figure 15) while Van Nuys’ decreased 6% from 60% in 2018 to 54% in 2019. Blind/Visually Impaired had the greatest rate increase of agreement for all disabilities at 6% from 55% in 2018 to 62% in 2019. The highest agreement rate for all disabilities was 65% for Deaf/Hard of Hearing disability category (Attachment D, Figure 21).

For question 19, the agreement rate of 24% remains the same as it was in 2018 (Attachment B, Figure 16). Redwood Empire has the highest rate of agreement at 37%. This is an increase of 9% from 2018. Deaf/Hard of Hearing continues to have the highest agreement rate for 2019 at 27%, while Blind/Visually Impaired saw the greatest

increase for all disabilities in this category of 6% for a 21% agreement rate (Attachment D, Figure 22).

Question 20 remains the same as it was in 2018 with a 55% statewide agreement rate. The agreement rates vary by district with the lowest agreement rate in Redwood Empire at 45%. Redwood Empire also suffered the greatest decrease in agreement rate from the previous year at 12%. The highest agreement rate for districts was Los Angeles South Bay with 71%. They experienced an increase of 21% from 2018. (Attachment B, Figure 17). The agreement rate for Cognitive Impairment had a significant increase (15%) and went from 48% in 2018 to 63% in 2019. The large changes in the agreement rates for disabilities are in part due to the low response rates. (Attachment D, Figure 23, and Attachment E, tables 4 and 5).

Recommendations:

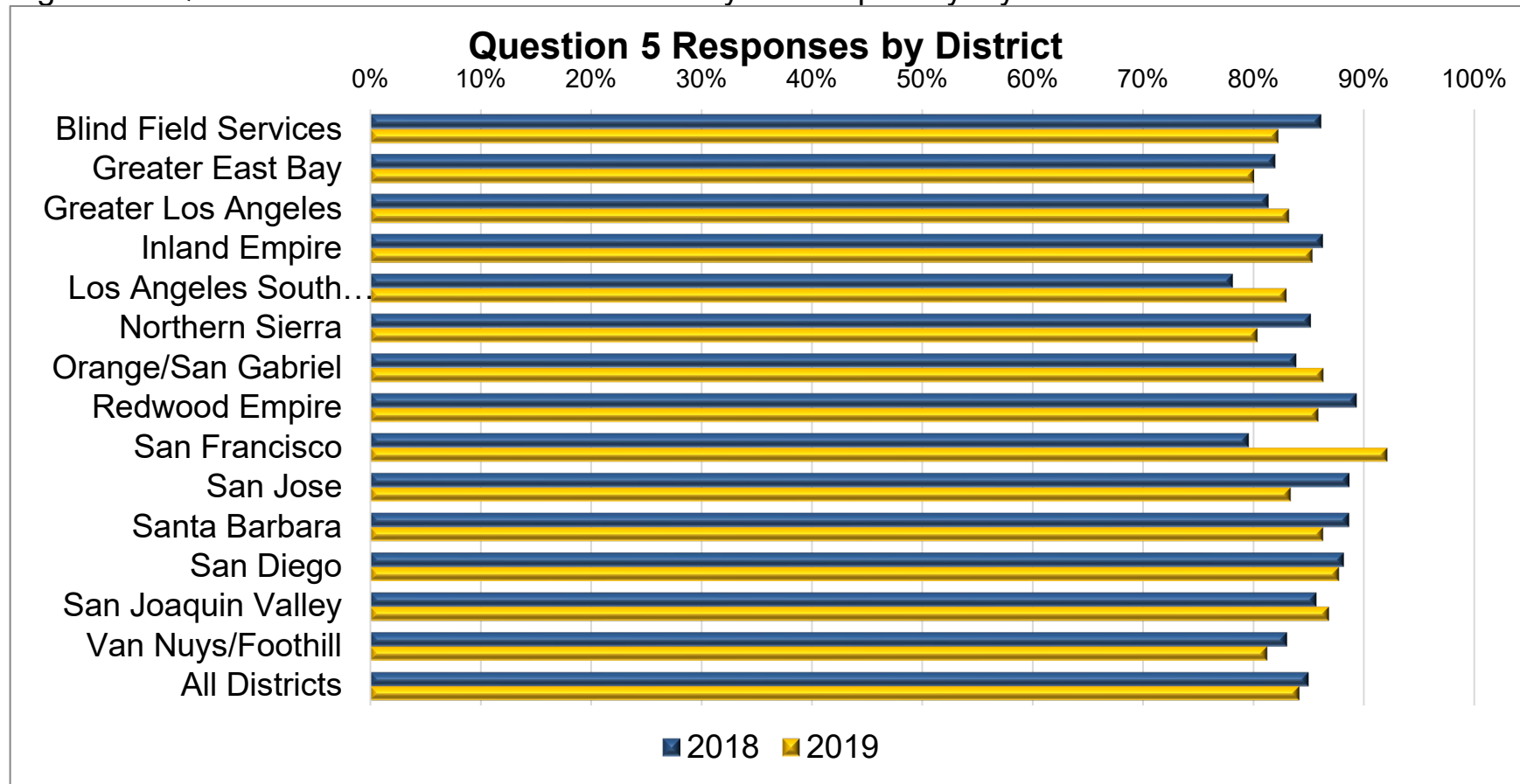
- It is recommended that the department reach out to those districts that had agreement rates significantly higher than the state average or a significant year over year increase to identify the strategies and best practices that have led to their success.
- It is also recommended that those districts that had agreement rates significantly lower than the state average or a significant year over year decrease are notified so they will be informed on service areas where they may need to focus more efforts.
- Share with the Regional Directors and District Administrators the results for disability categories with agreement rates that saw significant year over year changes or deviations from the statewide average. This information could be used to support identifying best practices and areas for improvement.

Attachment A: Highest Rated Questions by District

Table 1: District Acronyms

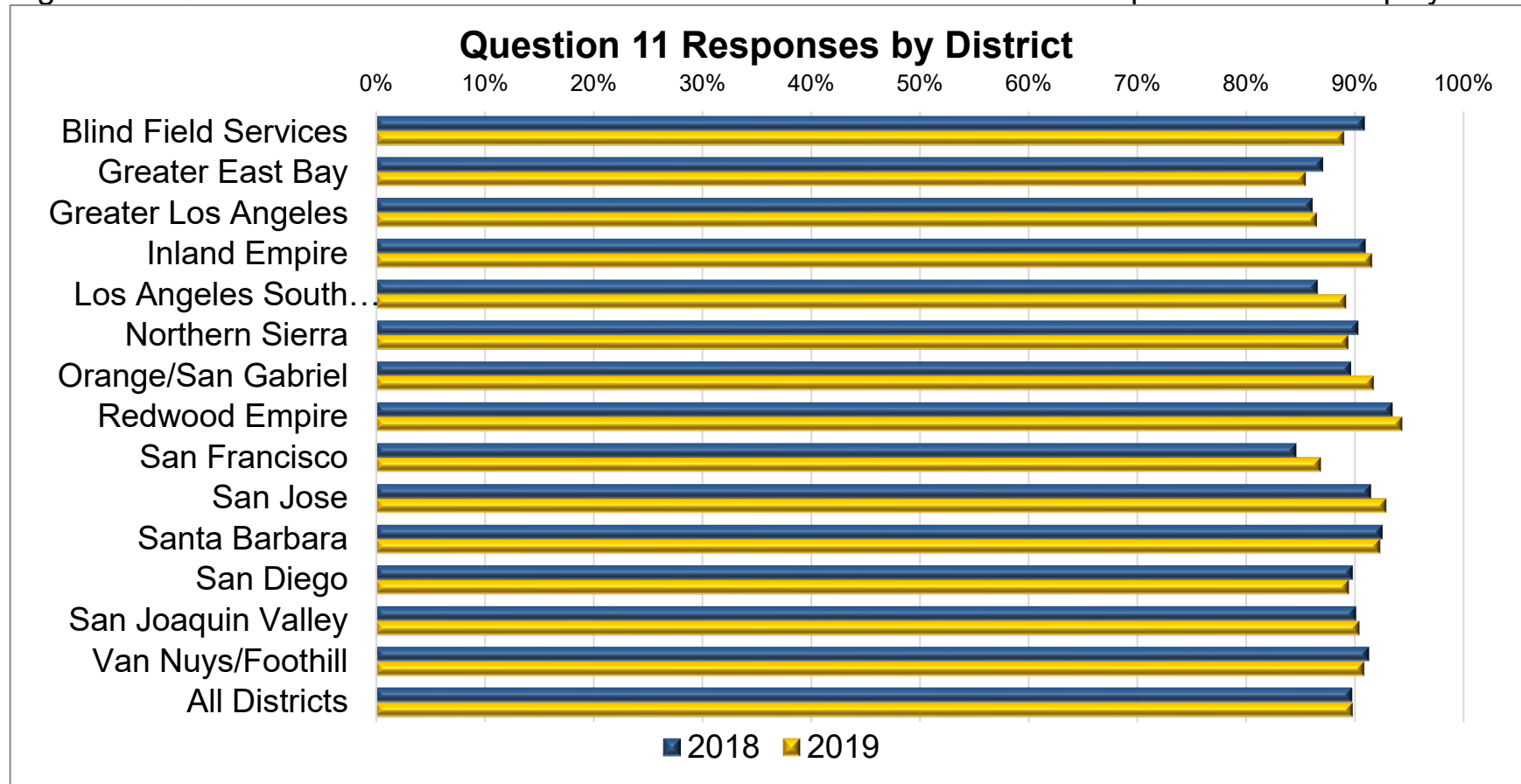
District Name	District Acronym
Blind Field Services	BFS
Greater East Bay	GEB
Greater Los Angeles	GLA
Inland Empire	IE
Los Angeles South Bay	LASB
Northern Sierra	NS
Orange/San Gabriel	O/SG
Redwood Empire	RWE
San Francisco	SF
San Jose	SJ
Santa Barbara	SB
San Diego	SD
San Joaquin Valley	SJV
Van Nuys/Foothill	VN/F

Figure 12: Question 5: “I was treated with courtesy and respect by my counselor and DOR team.”



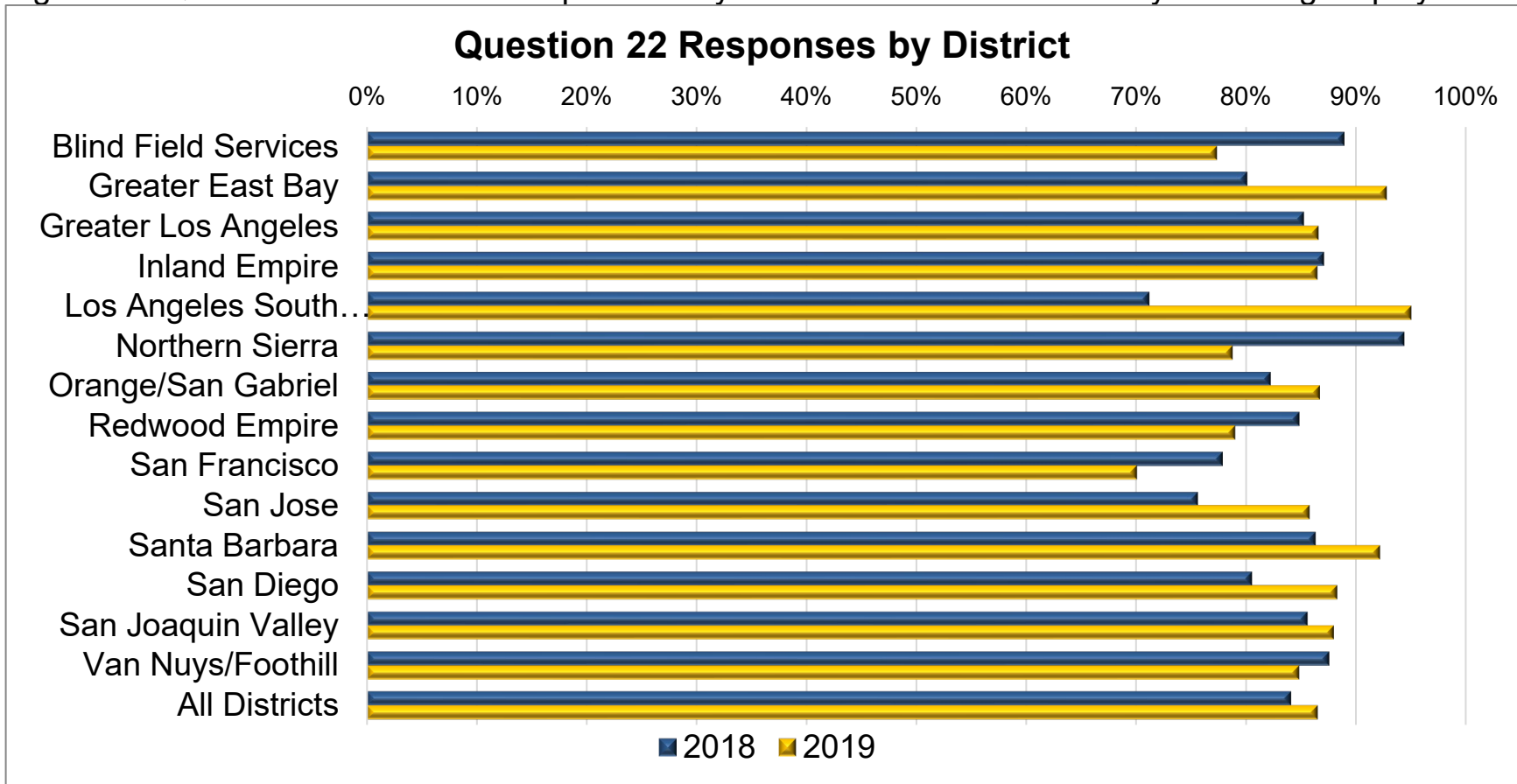
Year	BFS	GEB	GLA	IE	LASB	NS	O/SG	RWE	SF	SJ	SB	SD	SJV	VN/F	All Districts
2019	82%	80%	83%	85%	83%	80%	86%	86%	92%	83%	86%	88%	87%	81%	84%
2018	86%	82%	81%	86%	78%	85%	84%	89%	79%	89%	89%	88%	86%	83%	85%

Figure 13: Question 11: “I understand the reason for DOR services was to help me become employed.”



Year	BFS	GEB	GLA	IE	LASB	NS	O/SG	RWE	SF	SJ	SB	SD	SJV	VN/F	All Districts
2019	89%	85%	86%	92%	89%	89%	92%	94%	87%	93%	92%	89%	90%	91%	90%
2018	91%	87%	86%	91%	87%	90%	90%	93%	85%	91%	93%	90%	90%	91%	90%

Figure 14: Question 22: “The services provided by DOR were instrumental in my becoming employed.”



Year	BFS	GEB	GLA	IE	LASB	NS	O/SG	RWE	SF	SJ	SB	SD	SJV	VN/F	All Districts
2019	77%	93%	87%	86%	95%	79%	87%	79%	70%	86%	92%	88%	88%	85%	86%
2018	89%	80%	85%	87%	71%	94%	82%	85%	78%	76%	86%	80%	86%	88%	84%

Attachment B: Lowest Rated Questions by District

Figure 15: Question 9: “My counselor helped me understand my disability and how it may affect my work.”

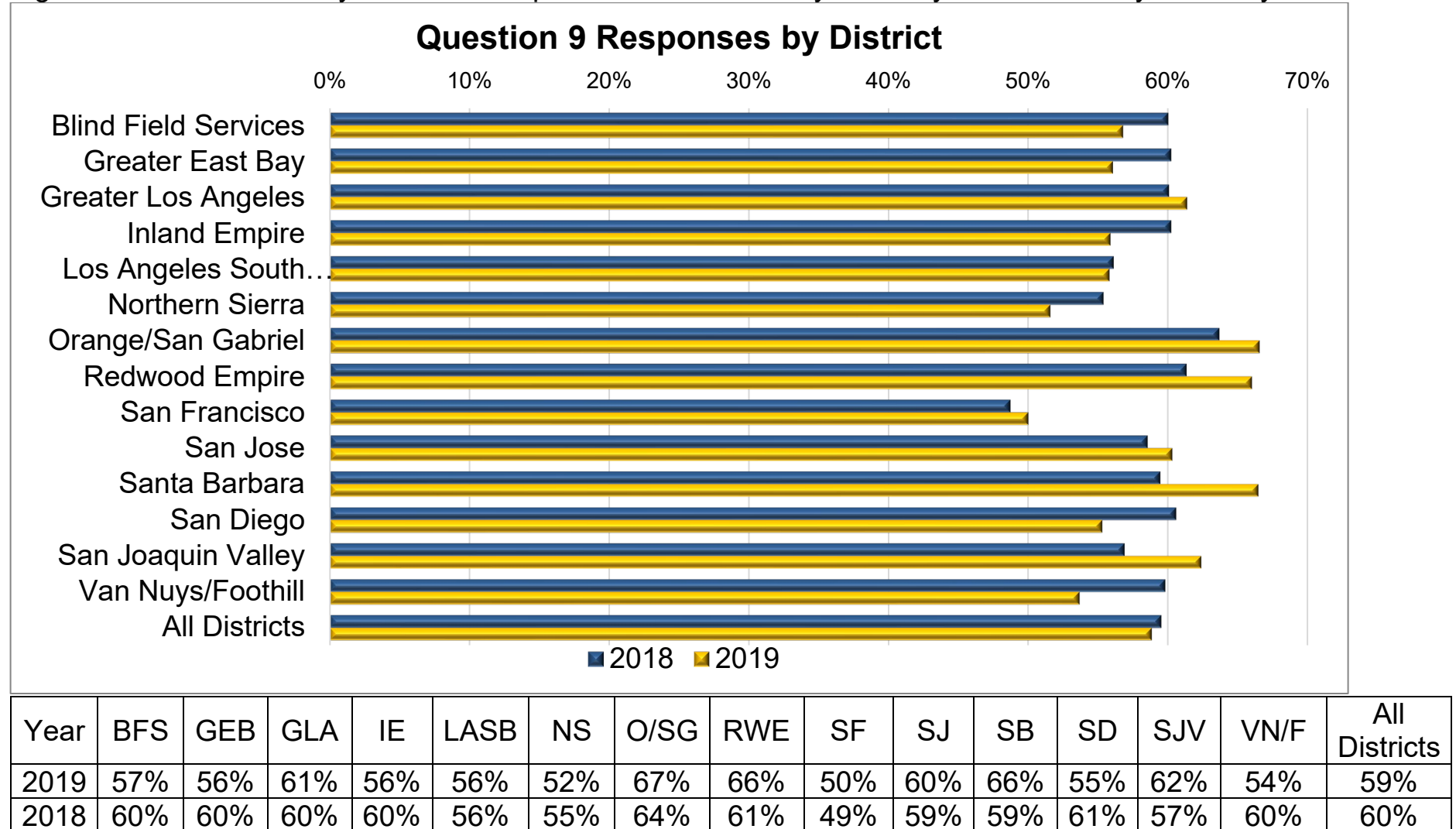
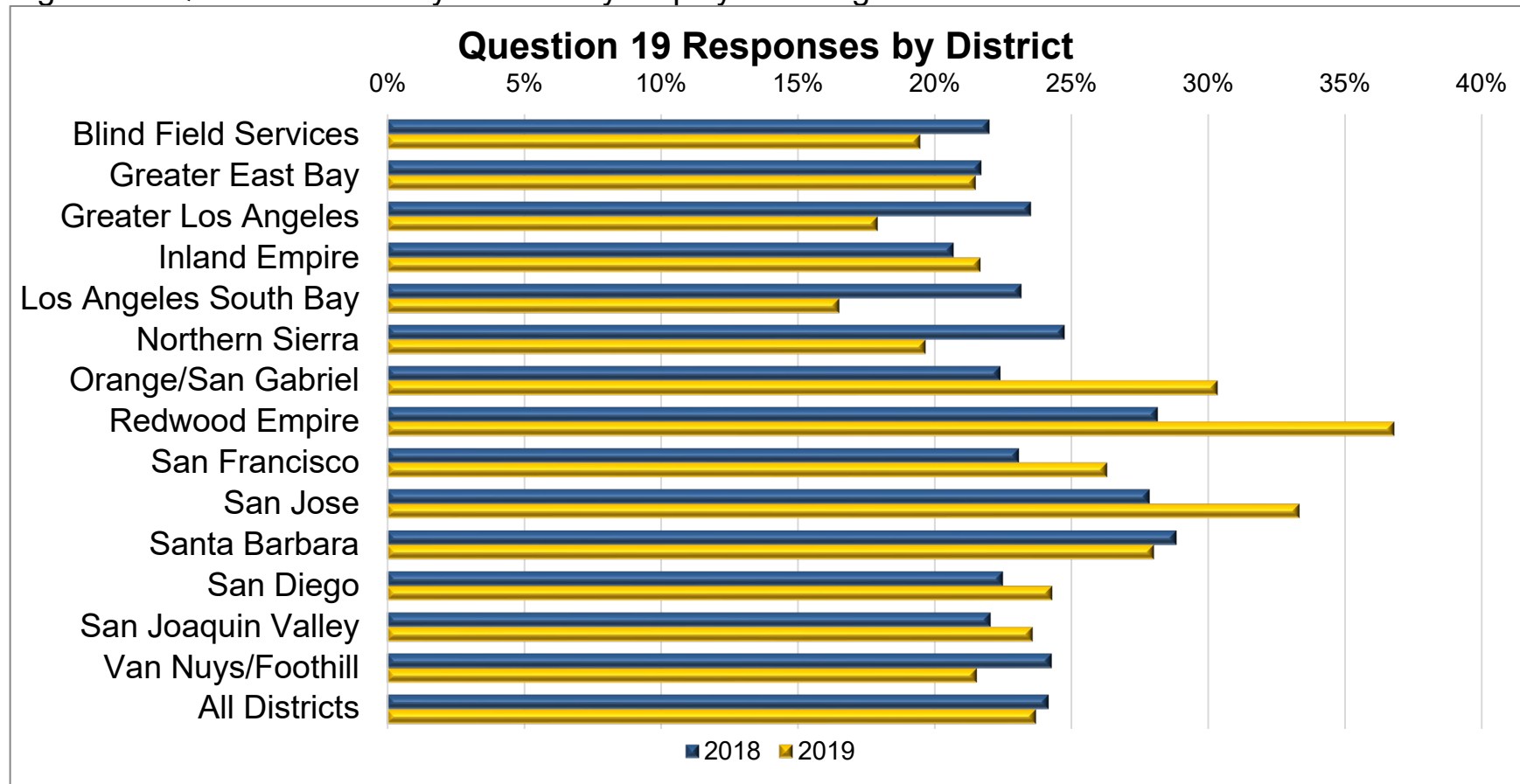
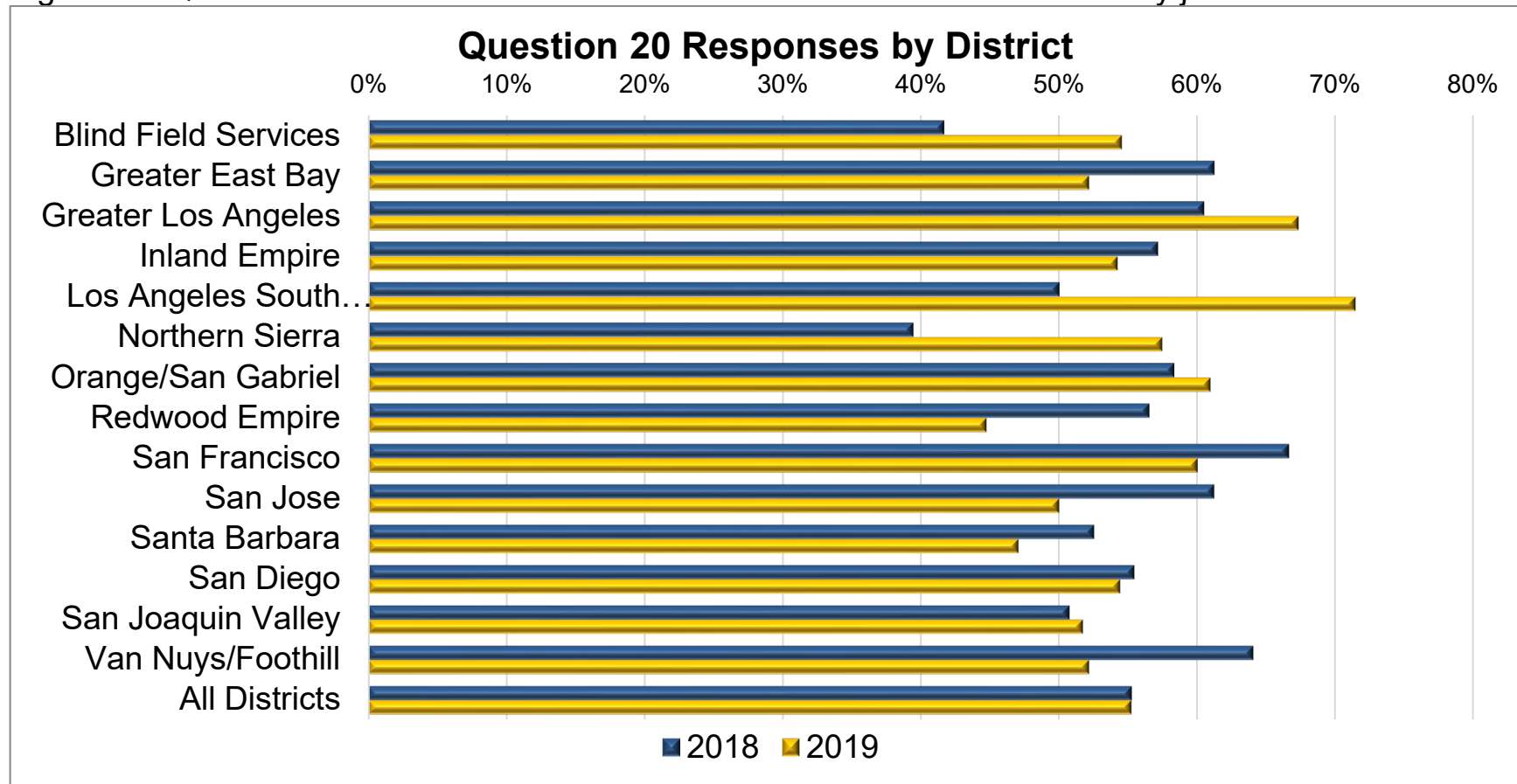


Figure 16: Question 19: “Are you currently employed through the efforts of DOR?”



Year	BFS	GEB	GLA	IE	LASB	NS	O/SG	RWE	SF	SJ	SB	SD	SJV	VN/F	All Districts
2019	19%	22%	18%	22%	17%	20%	30%	37%	26%	33%	28%	24%	24%	22%	24%
2018	22%	22%	24%	21%	23%	25%	22%	28%	23%	28%	29%	22%	22%	24%	24%

Figure 17: Question 20: “I am satisfied with the health benefits available from my job.”



Year	BFS	GEB	GLA	IE	LASB	NS	O/SG	RWE	SF	SJ	SB	SD	SJV	VN/F	All Districts
2019	55%	52%	67%	54%	71%	57%	61%	45%	60%	50%	47%	54%	52%	52%	55%
2018	42%	61%	60%	57%	50%	39%	58%	57%	67%	61%	53%	55%	51%	64%	55%

Attachment C: Highest Rated Questions by Disability

Figure 18: Question 5: “I was treated with courtesy and respect by my counselor and DOR team.”

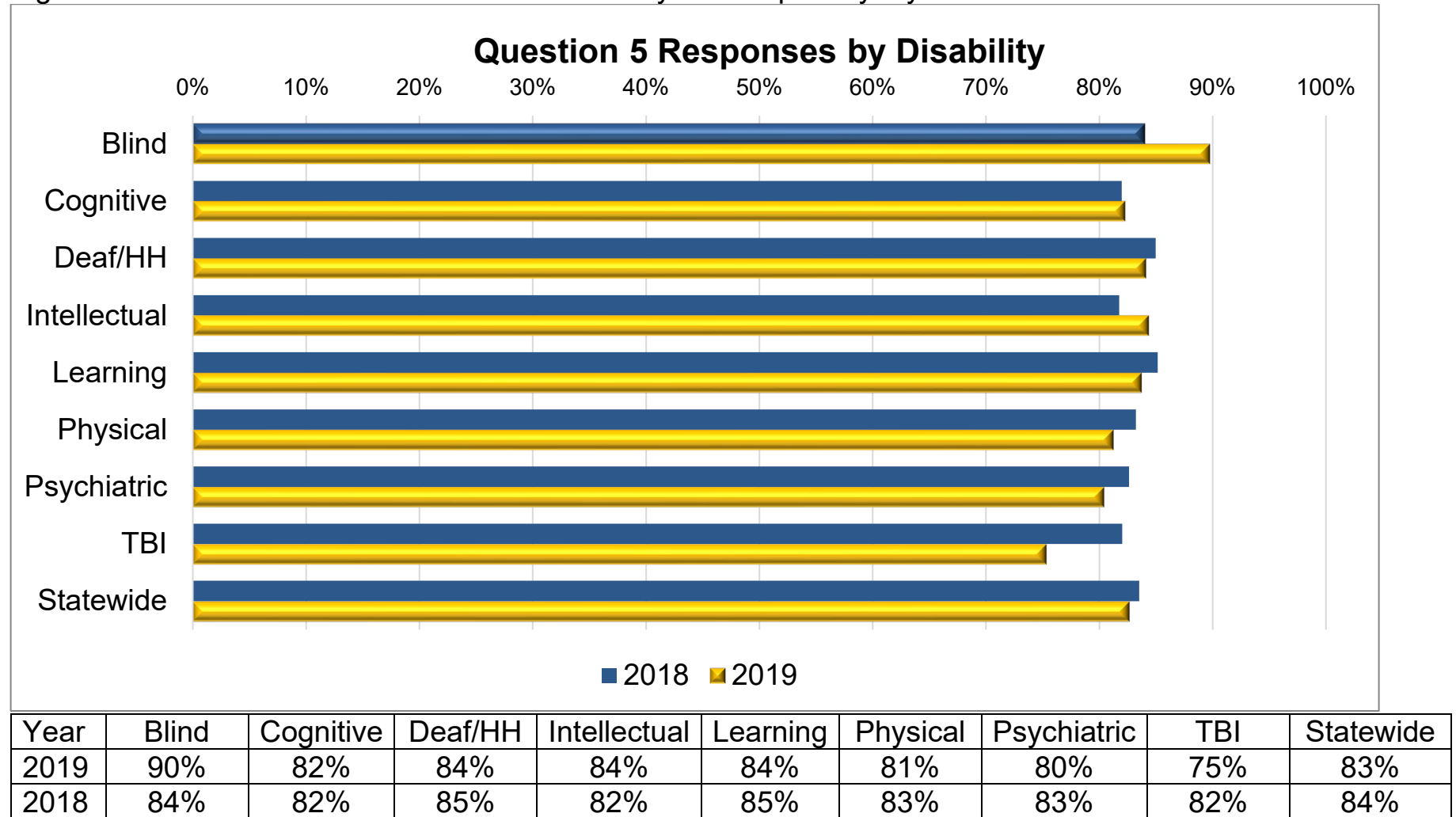
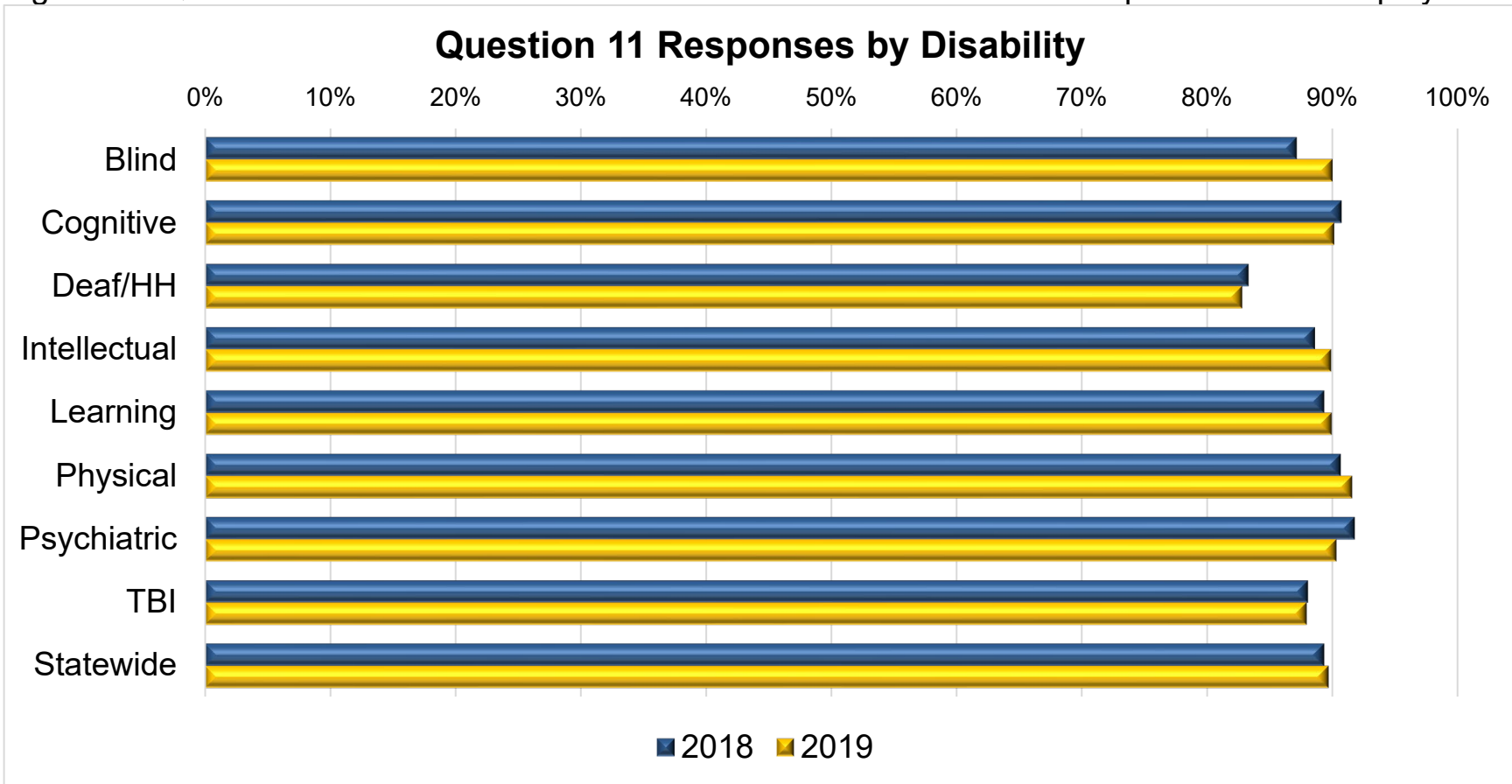
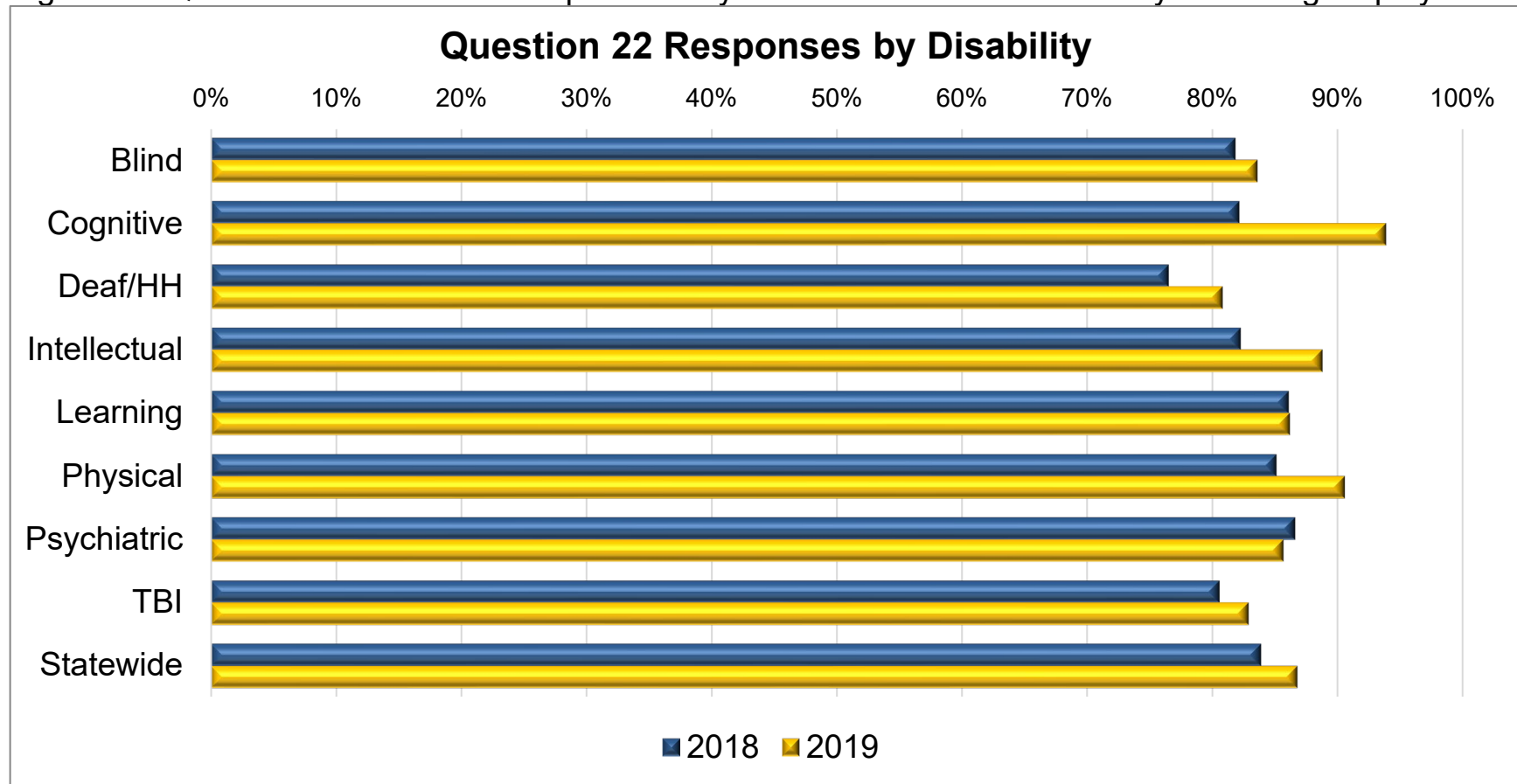


Figure 19: Question 11: “I understand the reason for DOR services was to help me become employed.”



Year	Blind	Cognitive	Deaf/HH	Intellectual	Learning	Physical	Psychiatric	TBI	Statewide
2019	90%	90%	83%	90%	90%	92%	90%	88%	90%
2018	87%	91%	83%	89%	89%	91%	92%	88%	89%

Figure 20: Question 22: “The services provided by DOR were instrumental in my becoming employed.”



Year	Blind	Cognitive	Deaf/HH	Intellectual	Learning	Physical	Psychiatric	TBI	Statewide
2019	84%	94%	81%	89%	86%	91%	86%	83%	87%
2018	82%	82%	76%	82%	86%	85%	87%	81%	84%

Attachment D: Lowest Rated Questions by Disability

Figure 21: Question 9: “My counselor helped me understand my disability and how it may affect my work.”

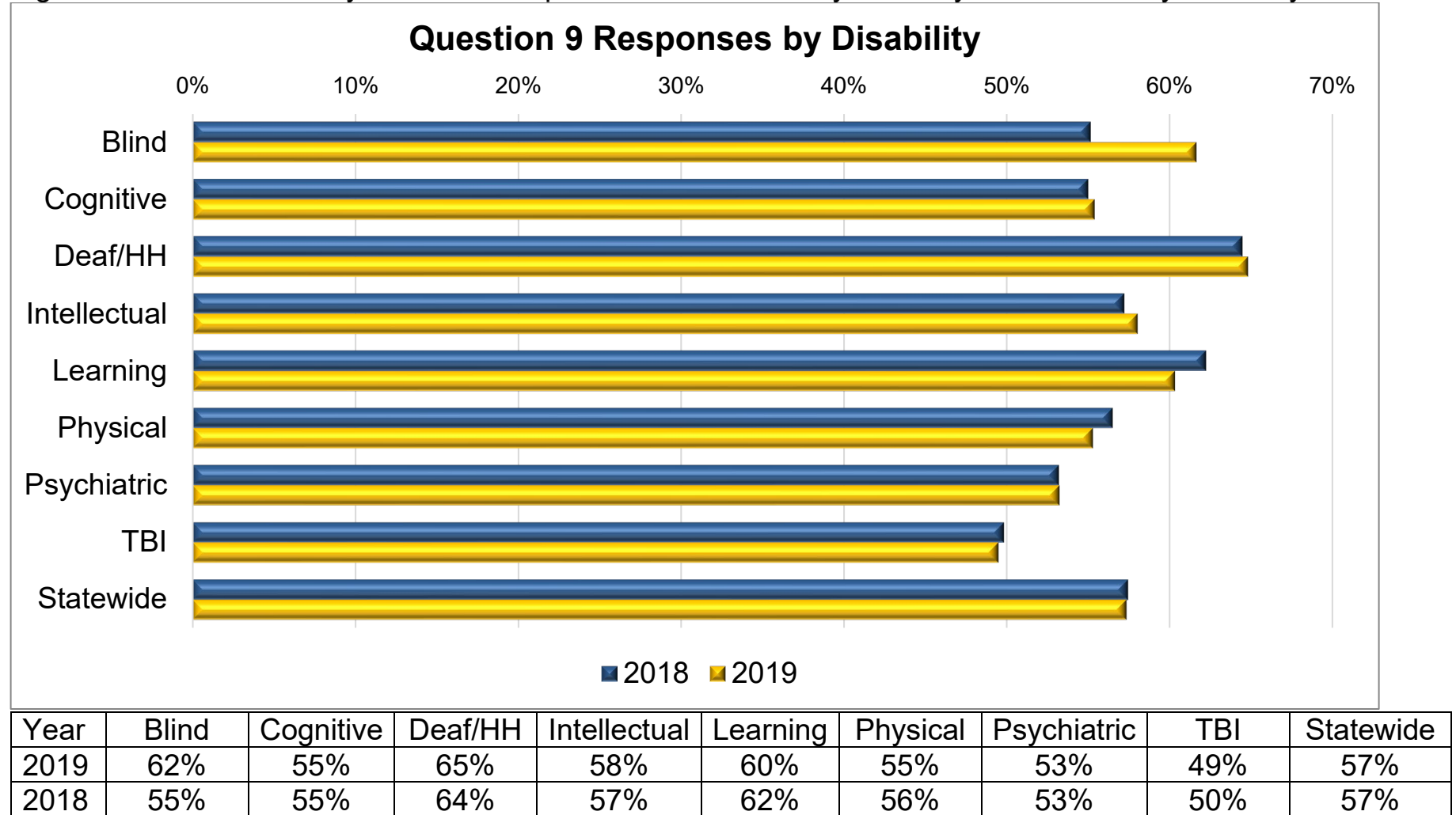


Figure 22: Question 19: “Are you currently employed through the efforts of DOR?”

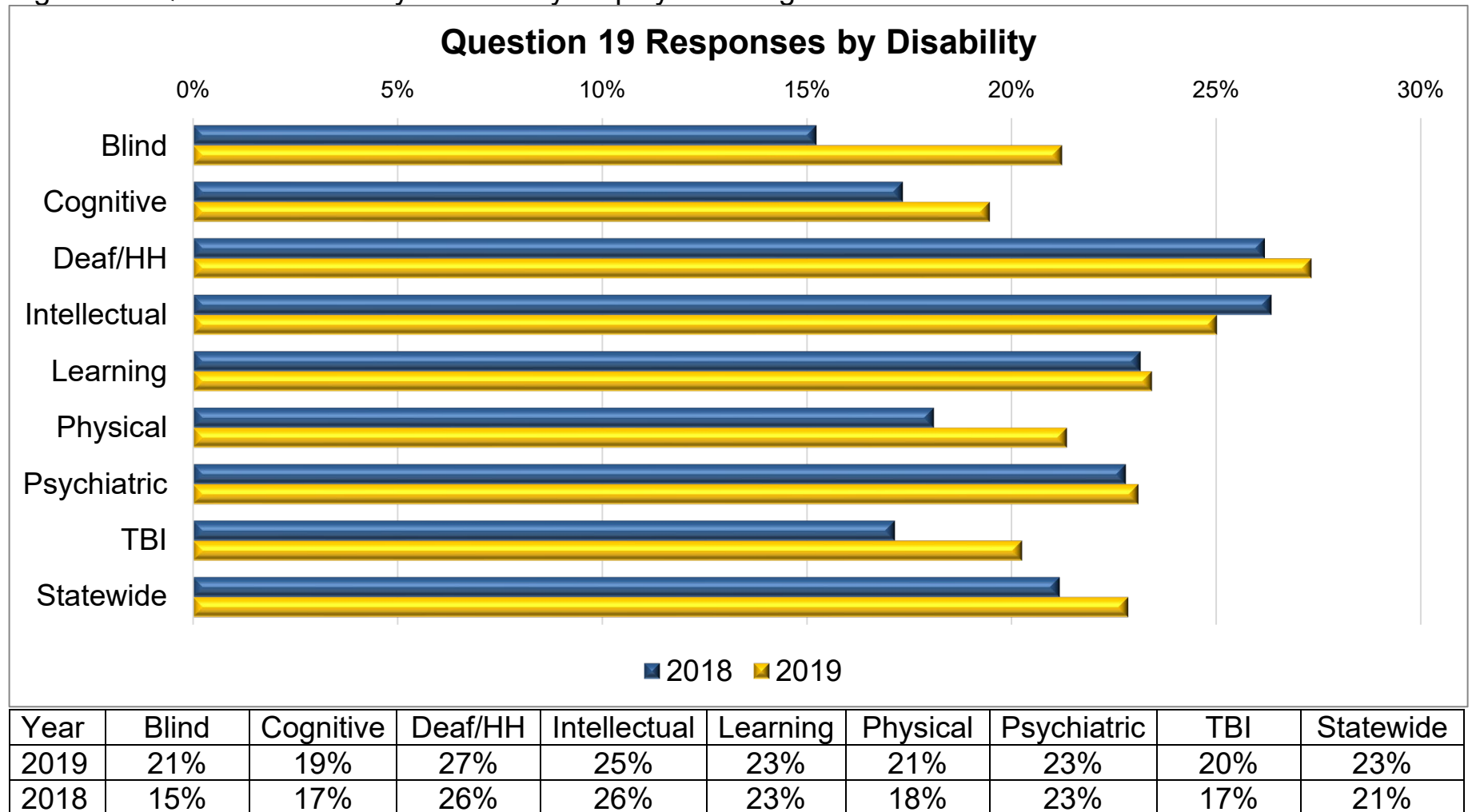
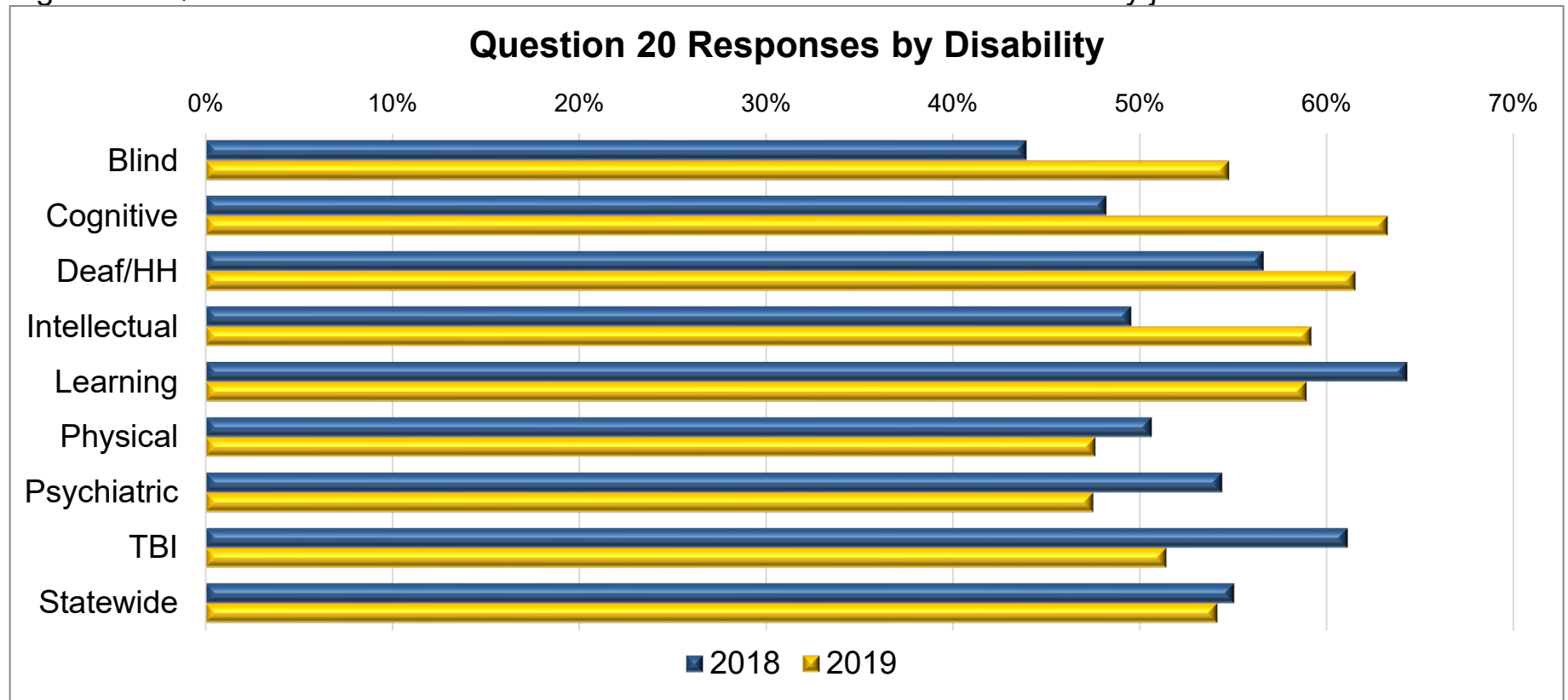


Figure 23: Question 20: “I am satisfied with the health benefits available from my job.”



Year	Blind	Cognitive	Deaf/HH	Intellectual	Learning	Physical	Psychiatric	TBI	Statewide
2019	55%	63%	62%	59%	59%	48%	48%	51%	54%
2018	44%	48%	57%	50%	64%	51%	54%	61%	55%

Attachment E – Response Rates by District and Disability

Table 2: 2018 CSS Responses by District

District	2018 Response Rate	Number of Responses	Number of responses after question 19
Greater East Bay	10%	387	80
Greater Los Angeles	9%	353	81
Inland Empire	10%	377	77
Los Angeles South Bay	4%	164	38
Northern Sierra	8%	289	71
Redwood Empire	4%	168	46
Orange/San Gabriel	10%	377	84
San Diego	11%	421	92
San Francisco	1%	39	9
San Jose	5%	176	49
San Joaquin Valley	8%	313	69
Van Nuys/Foothill	7%	276	64
Blind Field Services	4%	165	36
Santa Barbara	7%	281	80

Table 3: 2019 CSS Responses by District

District	2019 Response Rate	Number of Responses	Number of responses after question 19
Greater East Bay	11%	330	69
Greater Los Angeles	10%	303	52
Inland Empire	9%	272	59
Los Angeles South Bay	4%	129	21
Northern Sierra	9%	254	47
Redwood Empire	4%	106	38
Orange/San Gabriel	12%	350	105
San Diego	10%	293	68
San Francisco	1%	38	10
San Jose	4%	126	42
San Joaquin Valley	8%	250	58
Van Nuys/Foothill	7%	218	46
Blind Field Services	4%	118	22
Santa Barbara	6%	182	51

Table 4: 2018 CSS Responses by Disability

Disability	2018 Responses Rate*	Number of Responses	Number of responses after question 19
Blind	8%	450	66
Deaf/HH	10%	532	136
Psychiatric	19%	1,065	239
Cognitive	6%	333	56
Intellectual/develop	7%	411	107
Learning	21%	1,178	266
Physical	24%	1,323	235
TBI	4%	217	36

Table 5: 2019 CSS Responses by Disability

Disability	2019 Responses Rate*	Number of Responses	Number of responses after question 19
Blind	8%	349	73
Deaf/HH	9%	389	104
Psychiatric	20%	886	202
Cognitive	7%	333	56
Intellectual/develop	9%	395	98
Learning	22%	992	224
Physical	22%	1,016	212
TBI	4%	174	35

Section I. Individuals with the most significant disabilities, including their need for supported employment services

The VR program is intended to maximize opportunities for competitive integrated employment (CIE) and economic self-sufficiency for individuals with disabilities, including individuals with the most significant disabilities (MSD) consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and with informed choice. An employment outcome may include entering or retaining full-time or part-time CIE including, but not limited to, supported employment (SE) or customized employment (CE).

An individual with MSD is described as one who has a serious limitation in terms of employment in at least four functional capacity areas, is expected to require multiple VR services over an extended period of time (more than six months), and has one or more physical or mental disabilities.

Supported employment involves CIE, including customized employment, or employment in an integrated work setting in which an individual, including a youth, with a most significant disability is working on a short-term basis toward competitive integrated employment. SE is individualized, and customized, consistent with the unique strengths, abilities, interests, and informed choice of the individual and includes ongoing support services for individuals with the most significant disabilities.

Customized Employment (CE) is statutorily required under WIOA, 34 CFR 361.48(b)(20), and refers to CIE for an individual with a significant disability that is based on an individualized determination of the strengths, needs, and interests of the individual with a significant disability. CIE is designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer, and is carried out through flexible strategies, such as job exploration by the individual, and working with an employer to facilitate placement.

Individuals with disabilities, including MSD, have demonstrated their ability to achieve gainful employment with proper assistance. In California, the Lanterman Act (Division 4.5 of the Welfare and Institutions Code) establishes a commitment to provide services and supports to individuals with developmental disabilities throughout their lifetime. The purpose of this Act is to increase meaningful employment and independent living of individuals with disabilities.

In 2013, Governor Brown signed into law Assembly Bill 1041 (Chesbro) establishing the Employment First Policy in the Lanterman Act. Specifically, the law provides that:

“It is the policy of the state that opportunities for integrated, competitive employment shall be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities.” (Welfare and Institutions Code, section 4869(a)(1))

The Department of Developmental Services (DDS) is the state agency that provides services and supports to individuals with ID/DD. DDS oversees the delivery of these services through a statewide network of 21 community-based, non-profit agencies known as regional centers. The regional centers develop, purchase, and manage services for individuals and their families.

Employment supports available through regional centers include referral to DOR for vocational rehabilitation services, long-term services once placed in an integrated job through the SE program, and pre-vocational services.

Overview

This section presents information regarding disability and ethnicity statistics for individuals, and youth as a subgroup, with MSD receiving DOR services, including SE services.

Survey results from DOR SE staff are also presented. The survey questions centered around supports and services available for the provision of SE services, cross-system collaboration, and barriers for urban and rural consumers.

Staff were also asked about the upcoming Home and Community-Based Services (HCBS) Final Settings Rules which require that individuals receiving Medicaid HCBS services have the full benefit of community life, including access to the broader community and opportunities for integrated employment. Entities receiving Medicaid HCBS funding and providing services to individuals with MSD must meet these new criteria by March 17, 2023. Historically, individuals with MSD had the option to request a regional center to assist them with placement in a non-integrated setting or sheltered workshop where they were likely to earn subminimum wages. With the new criteria, this will no longer be an option for those who have the ability to work in an integrated setting. As a result, DOR may receive additional VR consumers for placement in CIE.

Themes across the needs of Individuals with the Most Significant Disabilities, Including their need for Supported Employment

The following recurring themes were identified throughout this section for the needs of individuals with MSD, including their need for SE services. Additional findings and recommendations will be provided in each subsection.

- There is a reduction in the number of 14(c) certificate holders (subminimum wage employers) and a subsequent reduction in the number of individuals working in subminimum wage employment in California. It will be important for the department to ensure it has the ability to serve these individuals transitioning from subminimum wage employment by building their capacity to provide CIE and SE, including CE.
- Many CRPs need additional staff and training to meet the needs of individuals with MSD, especially those individuals seeking SE, including CE.
- Staff at the department and CRP staff need training for the provision of CE preparation and services.
- AJCC staff in many areas need additional training to adequately provide the level of services needed for individuals with MSD.
- The use of technology for the provision of DOR services, especially services to individuals in rural areas, may be beneficial and utilized to overcome the identified barrier of

transportation. However, access to technology may be a barrier for some consumers as identified in Section III.

Demographics

DOR Consumers: Individuals with Most Significant Disabilities

Over the past five fiscal years, individuals with MSD represented an average of 30% of all individuals that received VR services from DOR, and an average of 11% were provided SE services.

The DOR SE services begin after job placement and are designed to maintain and support an individual with MSD in competitive integrated employment. Individuals with MSD may receive DOR SE services for ongoing supports necessary to maintain competitive employment in an integrated setting for up to 24 months, and subsequent SE funding as extended services by the regional centers’ habilitation services program if needed. See table 7 for the yearly percentages of individuals with MSD and individuals receiving supported employment services.

Table 6: DOR Consumers with Most Significant Disabilities and Receiving SE Services

Fiscal Year	All DOR Services*	MSD	Percent with MSD	Consumers Receiving SE	Percent of MSD Receiving SE
FY 15-16	98,332	30,681	31%	3,825	12%
FY 16-17	100,442	31,647	32%	3,308	10%
FY 17-18	101,750	33,121	33%	3,446	10%
FY 18-19	108,916	31,853	29%	3,417	11%
FY 19-20	109,845	29,679	27%	3,097	10%
5 Year Average	103,857	31,396	30%	3,419	11%

*Includes PE case types

Findings:

The data for the past five years shows that while the number of DOR consumers increased yearly over the past five years, the number of consumers with MSD decreased since SFY 2017-18. The rate of decline was 4% from SFY 2017-18 to SFY 2018-19, and 7% from SFY 2018-19 to SFY 2019-20. The number of individuals receiving supported employment also slightly decreased since SFY 2017-18. The five-year average rate of individuals receiving supported employment is 11%.

Recommendations:

Additional research will be conducted to analyze why the number of consumers with MSD and receiving SE services declined in recent years. Results will be presented in the 2021-23 CSA.

Individuals with the Most Significant Disabilities by Disability Type

In SFY 2019-20, individuals with ID/DD accounted for 32% of consumers with MSD, followed in descending order by Psychiatric, Physical, Blind/Visual, Learning, Cognitive, Deaf/Hard of Hearing, and Traumatic Brain Injury (TBI). A very small percentage (0.02%) did not have a disability type reported.

Individuals with ID/DD were also the highest represented disability category for SE consumers at 80%, followed in descending order by Cognitive, Physical, Learning, and Deaf/Hard of Hearing. Blind/Visual and Traumatic Brain Injury are represented at less than 1% each. Table 8 compares disability types for all DOR VR consumers, individuals with MSD, and SE consumers.

Table 7: MSD and SE Consumers by Disability Type SFY 2019-20

Disability	All DOR VR Consumers	MSD Consumers	SE Consumers
Blind/Visual	6%	10%	0.10%
Cognitive	7%	7%	6%
Deaf/Hard of Hearing	6%	6%	1%
Intellectual/ Developmental	15%	32%	80%
Learning	15%	9%	3%
Physical	18%	14%	6%
Psychiatric	30%	20%	2%
Traumatic Brain Injury	1%	2%	0.42%
Not Reported	2%	0.02%	0%

The rates by disability type for individuals receiving SE services has remained consistent over the past five years.

Table 8: Individuals Receiving SE Services by Disability Type SFY 2015-16 to 2019-20

Disability Type	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20
Blind/Visual	0.16%	0.15%	0.17%	0.23%	0.10%
Cognitive	7%	6%	5%	7%	6%
Deaf/Hard of Hearing	1%	1%	1%	1%	1%
Intellectual/ Developmental	78%	79%	81%	79%	80%
Learning	5%	4%	3%	3%	3%
Physical	6%	6%	6%	6%	6%
Psychiatric	3%	3%	2%	2%	2%
Traumatic Brain Injury	0.81%	0.54%	0.64%	0.61%	0.42%

Findings:

ID/DD has the highest percentage of consumers with MSD and for SE consumers.

Individuals with the Most Significant Disabilities by Ethnicity

The rates for consumers by ethnicity type for SFY 2019-20 were compared between all DOR consumers, MSD consumers, and SE consumers. The data indicated that while most ethnicity categories were represented at rates similar to the percentages for all DOR consumers, there was a 3% drop in the rate for African American consumers receiving SE services, and a 7% drop in the rate for Latinx consumers. Latinx consumers with MSD received services at a rate 5% lower compared to all Latinx consumers.

The participation rate for White consumers was 4% higher for those with MSD compared to all White consumers, and another 6% higher for White SE consumers.

Table 9: MSD and SE Consumers by Race/Ethnicity Type SFY 2019-20

Race/Ethnicity	All DOR Consumers*	MSD Consumers	SE Consumers
African American	15%	15%	12%
American Indian	1%	1%	1%
Asian	5%	7%	7%
Latinx	40%	35%	33%
Multi	4%	4%	3%
Not Reported	2%	1%	0.4%
Pacific Islander	0.4%	0.4%	0.4%
White	33%	37%	43%

*Includes PE case types

The ACS race and ethnicity data does not align with DOR race and ethnicity data due to the way the data is displayed for individuals that identify as Hispanic/Latinx. The ACS displays race data for individuals that select a particular race even if that individual also identifies as Hispanic/Latinx. DOR displays individuals that identify as Hispanic/Latinx only as Hispanic/Latinx regardless of the race with which they identify. The ACS uses categories of race and ethnicity. The categories for ethnicity are Hispanic or Latino (of any race), and

White Alone, Not Hispanic or Latino. The ACS race data is not broken down by severity of disability. The selections for race in the ACS data are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The rates from the 2018 5-year ACS Disability Demographic for California are shown in tables 11 and 12 below.

Table 10: California disability by Race from 2018 5-Year ACS Disability Demographic

Race	Percent of California Disability Population
Black/African American alone	8%
American Indian/Alaska Native alone	1%
Asian alone	11%
2 or more races	4%
Native Hawaiian and Other Pacific Islander alone	0.4%
Some Other Race alone	10%
White alone*	66%

*Hispanic/Latino ethnicities are included in the Race categories.

Source: US Census Bureau 2018 5-year ACS Disability Demographic

Table 11: California disability by Ethnicity from 2018 5-Year ACS Disability Demographic

Ethnicity	Percent of California Disability Population by Ethnicity
White Alone, Not Hispanic or Latino	48%
Hispanic or Latino (of any race)	30%

Source: US Census Bureau 2018 5-year ACS Disability Demographic

Although a direct comparison cannot be made between the ACS and DOR data for race and ethnicity types, the rate of African American DOR consumers appears greater than the rate found for the same race in the ACS data. The rates for White and Asian DOR consumers appear lower than the rates in the ACS data. American Indian/Alaskan Native and Native Hawaiian/Pacific Islander rates are represented similarly when compared between DOR data and ACS race data.

In the ACS study, race (Table 11) and ethnicity (Table 12) categories are not mutually exclusive of one another and may hinder direct comparisons with the DOR consumer reports (Table 10) especially for Hispanic or Latino ethnicity. According to the ACS, 30% of Californians with a disability identify as Hispanic or Latino ethnicity, compared to 48% as White Alone, not Hispanic or Latino. Conversely, the DOR reported 40% of consumers identify as Latinx and only 33% identify as White.

Findings:

The race/ethnicity with the highest percentage for all DOR consumers is Latinx, however, the race/ethnicity with the highest percentage for consumers with MSD and SE consumers is White (non-Latinx).

Cultural resistance and cultural barriers may influence the number of Latinx individuals, as well as other communities, such as Asian, with MSD that seek DOR services, and the number that utilize SE services. Latinx may hide disabilities of their family members from others for years. They may reorganize their lives so that the family member with a disability receives care. Other barriers include language barriers, networking, advocacy, immigration status, and communication. These disparities may block Latinx individuals' access to government services.¹

Recommendations:

Additional research will be conducted to determine if cultural barriers contribute to the decrease in the percentage of Latinx individuals with MSD and those receiving SE services compared to percentage of all Latinx individuals. Results will be presented in the 2021-23 CSA.

¹ Bouquett, Annie, (2019 October 10). *Down Syndrome and its Startling Impact on Latinos: A Closer Look*, Salud-America.org <https://salud-america.org/down-syndrome-and-its-startling-impact-on-latinos-a-closer-look/>

Youth with the Most Significant Disabilities

Youth ages 14 to 24 with MSD represented 37% of all individuals with MSD served by DOR, and 32% of individuals receiving SE services.

Youth with the Most Significant Disabilities by Disability Type

In SFY 2019-20, ID/DD accounted for 44% of youth with MSD, followed in descending order by Learning, Psychiatric, Blind/Visual, Cognitive, Physical, Deaf/Hard of Hearing, and Traumatic Brain Injury.

Individuals with ID/DD were the highest represented disability category for youth SE consumers at 84%, followed in descending order by Cognitive, Learning, Physical, Psychiatric, Deaf/Hard of Hearing, and Traumatic Brain Injury. Table 13 compares disability types for categories of: All DOR Consumers, MSD Consumers, and SE Consumers for ages 14 to 24.

Table 12: SFY 2019-20 MSD and SE Consumers by Disability Type Youth Ages 14 to 24

Disability Type	All DOR VR Consumers Ages 14-24*	MSD Consumers Ages 14-24	SE Consumers Ages 14-24
Blind/Visual	4%	8%	0.10%
Cognitive	9%	8%	5%
Deaf/Hard of Hearing	7%	7%	0.30%
Intellectual/Developmental	25%	44%	84%
Learning	32%	17%	5%
Physical	7%	8%	5%
Psychiatric	14%	9%	2%
Traumatic Brain Injury	1%	1%	0.30%

*One percent did not report a disability

Youth with the Most Significant Disabilities by Ethnicity

In SFY 2019-20, Latinx individuals accounted for 45% of youth ages 14 to 24 with a MSD, followed in descending order by White, African American, Asian, Multiple Races, American Indian, and Pacific Islander. One percent did not have a reported ethnicity.

White individuals were the highest represented disability category for youth SE consumers at 40%, followed in descending order by Latinx, African American, Asian, Multiple Races, American Indian, and Pacific Islander. A small percentage (0.1%) did not report an ethnicity. Table 14 compares disability types for categories of: All Priority Categories, MSD Consumers, and SE Consumers.

Table 13: SFY 2019-20 MSD and SE Consumers by Race/Ethnicity Type Youth Ages 14 to 24

Race/Ethnicity	All DOR VR Consumers Ages 14-24	MSD Consumers Ages 14-24	SE Consumers Ages 14-24
African American	9%	10%	9%
American Indian	1%	1%	1%
Asian	6%	8%	8%
Latinx	49%	45%	39%
Multiple Races	3%	4%	3%
Not Reported	1%	1%	0.1%
Pacific Islander	0.3%	0.4%	1%
White	30%	31%	40%

Findings:

ID/DD has the highest percentage of consumers with MSD and for SE consumers for ages 14 to 24.

The race/ethnicity with the highest percentage for MSD consumers ages 14 to 24 is Latinx. However, the race/ethnicity with the highest percentage for SE consumers is White (non-Latinx).

Recommendations:

Additional research will be conducted to determine the reason for the decrease in the percentage of Latinx individuals with MSD and those receiving SE services compared to percentage of all Latinx individuals. Results will be presented in the 2021-23 CSA.

Subminimum Wage Employment

The Workforce Innovation and Opportunity Act (WIOA) Section 511 is a federal law that placed new work rules effective July 22, 2016, for entities holding special wage certificates under Section 14(c) of the Fair Labor Standards Act (14(c) employer). The special wage certificates allow entities to pay wages that are less than federal minimum wage, which is referred to as subminimum wage (SMW), to workers with disabilities that impair their productivity for the work they perform.

The law requires that all employees paid SMW be provided with career counseling and information and referral services (CCIR) twice in their first year of employment and annually thereafter. Additionally, a youth 24 years of age and younger seeking SMW employment must first apply for VR services and meet certain requirements prior to starting in a SMW position. DOR provides the required CCIR to individuals working in a SMW position, and to youth seeking SMW employment. Individuals with significant disabilities that prevent them from working at 100% capacity for the work tasks assigned have historically been placed in SMW employment.

Since the implementation of Section 511, many of the 14(c) employers have let their certificates expire and did not renew them or have started paying at least federal minimum wage to their SMW employees. According to the Department of Labor, in July 2016, there were 150 14(c) certificate holders in California. As of January 2020, that number has dropped to 103. There has been a corresponding reduction of SMW employees in California from over 19,000 to approximately 13,000.

Responses received by 27 employers with a lapsed certificate indicated that 23 now pay at least federal minimum wage and four no longer have a work program paying SMW to their employees.

Findings:

The data indicates that some SMW employers have been allowing their 14(c) certificates to expire and some have started paying their employees at least federal minimum wage.

Recommendations:

If more SMW employers allow their 14(c) certificates to lapse, DOR should prepare for a greater number of consumers who may need SE supports and services in order to obtain CIE.

Survey Results – Supports and Services

In July 2020, DOR SE staff were surveyed to determine the supports and services available to, or needed by, individuals with MSD to assist them in obtaining supported employment or customized employment.

Topics of the survey included:

- Barriers for urban and rural consumers.
- Customized employment services.
- Community Rehabilitation Program (CRP) services.
- Collaboration with America’s Job Center of California (AJCCs).
- Use of technology for provision of services.
- Home and Community Based Services.

The results of the survey are presented in this section.

Urban versus Rural Barriers

A list of 19 barriers was provided to the survey respondents to select and rank the top five barriers to competitive integrated employment (CIE) for urban and for rural consumers with MSD. A fill-in box was also provided to list any barriers not represented in the list. The results were tabulated and weighted to determine the rankings. The definitions for the terms of urban and rural were left to the discretion of the survey respondent.

Table 14: Top Five Barriers to Urban and Rural CIE

Urban Top 5 Rankings	Percent Urban	Rural Top 5 Rankings	Percent Rural
Lack of Soft Skills	11%	Lack of Transportation	19%
Concern of Benefit Loss	10%	Lack of CRP Providers	10%
Mental Health Challenges	10%	Concern of Benefit Loss	8%
Lack of Affordable Housing	9%	Lack of Soft Skills	8%
Lack of Work Experience	9%	Lack of Employer Willingness to Hire	7%

Findings:

The lack of soft skills was common to both urban and rural consumers with MSD. It received the highest ranking for urban consumers at 11% and was ranked fourth for rural consumers at 8%. Soft skills training services are provided by CRPs and fall under the category of Personal, Vocational and Social Adjustment (PVSA).

Concern of benefit loss is another barrier that was common to both urban and rural consumers. Many consumers receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and have a fear of losing these benefits. Understanding and navigating through the Social Security system can be confusing and difficult. There are work incentive programs that consumers may not be aware of that help offset benefit loss. DOR work incentive planners are available to provide services to consumers to help them understand and navigate through the SSI or SSDI process.

For rural consumers with MSD, transportation, and the lack of CRPs in rural areas were the top two barriers.

These barriers and more will be discussed and analyzed in more detail in the following discussion regarding the survey results.

Customized Employment

Approximately 52% of the SE staff that responded to the survey indicated that they are familiar with the provision or administration of CE. Many received CE training through DOR. DOR initiated the pilot phase of CE in July 2018 and additional pilot programs are expected to be developed in 2020. DOR is working to identify additional CE sites statewide.

Collaboration with CRPs

There are approximately 337 CRPs with an established vendor relationship with DOR. Approximately 138 are in Northern California and 175 are in Southern California. The DOR SE staff were asked how many of the CRPs in their local area provide the following four services to individuals seeking or placed in CIE:

- Job Development, Placement, and Retention
- Personal, Vocational, and Social Adjustment
- Supported Employment Job Coaching
- Customized Employment

The results represent the DOR staff perception for the average percentage of CRPs in their area that provide the SE services for individuals with MSD. For example: one respondent stated that there are five CRPs in their area that provide services to consumers with MSD working in CIE, and they also responded that four of those CRPs provide Job Development, Placement, and Retention services. This would indicate the respondent perceives 80% of the CRPs in their area provide the services for Job Development, Placement, and Retention.

Table 15: Staff Perception of Percent of CRPs Providing SE Services

Service Category	Northern California	Sothern California
Job Development, Placement, Retention	89%	85%
Personal, Vocational, and Social Adjustment	93%	51%
Supported Employment Job Coaching	93%	83%
Customized Employment	37%	34%

Findings:

The results indicated that:

- DOR SE staff in Northern California perceive CRPs provide all four services at higher rates than those reported by staff in Southern California.
- The perceived services receiving the highest rankings for Northern California were PVSA, and SE Job Coaching, with both categories receiving an average rating of 93%.
- The perception by the SE staff in Southern California indicates that 83% of their CRPs provide SE and Job Coaching services, but only 51% of the CRPs in their area provide PVSA services, which include soft skills training. The lack of soft skills was reported as one of the top five barriers for both urban and rural consumers in the survey.
- CE received the lowest rankings in both Northern and Southern California at 37% and 34% respectively.

In the next subsection we will discuss some possible reasons CRPs may have difficulty providing services, especially CE services.

CRP Service Provision Difficulties for Consumers with MSD

As shown in table 17, some CRPs providing services to individuals with MSD may not provide all four service categories being discussed in this section. The DOR SE staff provided their input as to which services may be difficult for CRPs to provide to individuals with MSD, and why they may have difficulties providing those services. Table 17

displays the results from the survey for which services are difficult for CRPs to provide to individuals with MSD.

Table 16: Service Types Difficult for CRPs to Provide to Individuals with MSD

CRP Service Type	Difficulty Rating
Customized Employment	73%
Job Development, Placement, and Retention	46%
Personal, Vocational, and Social Adjustment (PVSA)	38%
Supported Employment Job Coaching	30%

CE was listed by 73% of the survey respondents as the service that CRPs currently have difficulty providing. Possible reasons listed for the difficulty in providing CE services, as well as the other listed services, to individuals with MSD working in CIE were:

- CRP staff are not adequately trained for providing CE services to individuals with MSD.
- CRP sites are experiencing staff shortages.
- CRP vendors lack funding to adequately staff their agency to provide services to the growing number of individuals seeking SE and CE.
- The process for providing CE services is lengthy.
- Lack of employers and businesses willing to hire an individual with MSD in a SE or CE position.
- CRP vendors not available in certain areas.

Findings:

DOR staff indicated that many of the CRPs and nearly half of the DOR SE staff throughout the state could benefit from CE training. The provision of CE services is perceived to be lengthy and CRPs may need additional staff to adequately provide the services to support CE. Rural areas may not have CRP sites available for any of the four services needed for individuals with MSD seeking SE or CE.

Recommendations:

DOR may consider providing additional CE training to DOR staff and CRPs as it works to expand the provision of CE services.

Further research will be conducted to analyze the needs of CRPs for the provision of SE and CE services. Results will be presented in the 2021-23 CSA.

Additional Services for Consumers with MSD

DOR staff provided information regarding additional agencies, besides regional centers, and CRPs, they collaborate with to provide services for individuals with MSD, including SE and/or CE services. The majority (57%) of DOR staff indicated that they collaborate with agencies such as:

- Schools and colleges
- Independent Living Centers
- Local employers
- Project Search
- County mental health agencies
- Grocery stores
- Local Chamber of Commerce
- Adult education programs
- California Department of Aging

It was also noted that DOR staff that serve rural areas have developed strong collaborative relationships with local agencies and businesses due to the lack of large agencies and employers in those areas.

Findings:

More than half of the DOR SE staff surveyed collaborate with local agencies other than CRPs or regional centers for the provision of SE services for their consumers with MSD.

Collaboration with Local AJCCs for Individuals with MSD

42% of the DOR staff surveyed responded they collaborate with their local AJCC for individuals with MSD. The responses indicate that some DOR offices have a strong relationship with their local AJCC, while others do not collaborate with AJCCs for consumers with MSD.

Some of the most common reasons provided for referring individuals with MSD to the local AJCC include:

- To provide resources.
- To assist with job searches.
- To attend workshops.
- To provide assistance with Cal-Jobs.
- To obtain labor market information.

Some of the reasons provided for the lack of collaboration with local AJCCs for individuals with MSD include:

- AJCC staff lack the knowledge to assist individuals with MSD.
- The local AJCC is not able to provide the types of supports needed for individuals with MSD.
- Local AJCC workshops are not equipped to work with individuals with MSD, such as individuals with behavioral health disabilities.
- The local AJCC staff lacks the understanding of disability-related factors that affect employment and training for individuals with MSD.
- No local AJCC available.

See Section III for additional information regarding the collaborative efforts between DOR and AJCCs.

Findings:

Based on the survey results of the SE staff, some AJCC sites may not be equipped to provide the level of services needed for individuals with MSD. While the AJCCs receive training in providing services to people with disabilities, most people with MSDs are referred to DOR for services.

Recommendations:

As DOR continues to partner with local Workforce Development Boards and AJCCs to increase the number of DOR consumers that are co-enrolled with the AJCCs when appropriate, it is recommended the Department emphasize the importance of AJCCs providing supports and services to all individuals, including those with MSD.

Use of Technology for Provision of Services for an Individual with an MSD

A majority of SE counselors indicated that the use of technology, such as the use of video conferencing and telephones, could assist them with the provision of DOR services to consumers with MSD living in rural or remote areas. The responses indicated:

- 43% strongly agreed
- 42% agreed
- 4% disagreed
- 11% were neutral

As identified earlier in the *Urban versus Rural Barriers* subsection, transportation is a barrier in obtaining CIE for some individuals with MSD living in rural areas. The use of remote counseling utilizing technology may allow a consumer to receive DOR services sooner and with less stress due to removing the transportation and commute time barriers. A few of the respondents commented that they have already implemented the use of technology for providing DOR services remotely and that it has been very beneficial.

In addition to the benefits to the consumer, the use of technology may also be beneficial in cases where a family member, caregiver, or other support person may join the counseling session when they may not have been able to attend due to time and distance constraints. For instance, a parent that needs to be at work may be able to join the conference remotely.

The concerns surrounding the use of technology for provision of services in rural or remote locations for individuals with MSD were listed as:

- A lack of internet service in some areas.
- Consumers who lack equipment such as computers, tablets, or smart phones.
- A consumer's hesitancy to use technology for receiving DOR services.

Findings:

The majority of DOR SE staff identified that utilizing technology to provide services to individuals with MSD will be beneficial. For any individuals that have a concern about using technology for their DOR

counseling appointment, an in-person appointment may be conducted.

Recommendations:

DOR has adjusted the service delivery protocol to include the utilization of remote service provision. It is recommended DOR develop and document best practices for providing remote services, and that staff are trained on the best practices.

Home and Community-Based Services

Home and Community-Based Services (HCBS) were developed to offer support to individuals in community settings as an alternative to institutional care. In 2014, new federal rules, known as the HCBS Final Rule or the HCBS Settings Rule, were released by the Centers for Medicare and Medicaid Services (CMS) requiring programs where HCBS supports are delivered to meet new criteria by March 17, 2022. This date has been extended to March 17, 2023, due to the COVID-19 pandemic. The new criteria requires, among other things, that the settings where individuals may receive HCBS supports, including supported employment group services and work activity programs, is integrated in and supports full access to the greater community to the same degree of access as individuals not receiving HCBS.

The DOR SE staff were asked about their familiarity with the HCBS final rule, and what impacts they anticipate as a result.

DOR SE staff survey responses indicated:

- At the time of the survey, 59% of the respondents were not aware of the HCBS systems change.
- 21% noticed or anticipated an increase in requests for SE or CE services due to systems change and 46% were not sure.
- 12% were aware that they are working with vendors who are implementing changes that will bring them into compliance with the HCBS final rule.

The DOR staff provided additional information which indicated:

- Additional DOR staff will be needed to manage the potential increase in consumers requiring SE or CE services.

- DOR staff would benefit from additional training regarding the HCBS settings rules.
- More CRPs need to be certified to provide supports and services to SE and CE consumers.

Some of the changes that DOR staff have already noticed include:

- Work sites that were formerly paying subminimum wages are now paying minimum wage.
- CRPs are hiring staff to accommodate the provision of CE.
- CRPs are offering more opportunities for integrated programs.

Findings:

Many of the DOR SE staff indicated that they were not aware of the important changes that are in process due to the HCBS Settings Rules. Some of the responses indicated that guidance and training would be beneficial, and some indicated that more DOR SE staff may be needed to adequately serve the potential increased number of individuals that will need SE and CE services.

Recommendations:

It is recommended that the department provide guidance and training to DOR staff regarding the HCBS Settings Rules. It is also recommended that DOR SE staff work with their local regional center and CRPs to identify what impact the HCBS Settings Rule will have in their area and become familiar with the steps their local CRPs are taking to come into compliance.

Section II. Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program

In 2019, California had the highest resident population in the United States with 39.51 million people. California ranked first as the most diverse state in the United States. While Latinx was found to be the largest ethnic group, no race or ethnic group constituted a majority. According to 2018 Census Bureau estimates, 27% of Californians were foreign born. Forty-two percent of Californians spoke one or more languages other than English in their homes, with Spanish as the second most spoken language. Other common languages were Vietnamese, Chinese, and Korean. Individuals under the age of 65 with a disability represented 6.8% of California's total population.

The terms unserved and underserved for the purposes of this section mean populations that appear to be receiving VR services at lower or non-existent rates based on race and ethnicity, disability, language barriers or other demographics when compared to the general disability population or DOR caseload population, as appropriate.

Cultural competence describes the ability to have awareness of one's own values and biases and provide services to individuals with diverse values, social, cultural, and linguistic needs.

Overview

This section presents information regarding disability and ethnicity demographics for individuals served by DOR. Ethnicity statistics of DOR consumers are compared to the general population with disabilities statistics as found at the US Census Bureau. The results are analyzed to identify populations which may be considered unserved or underserved.

This section also contains the results from key informant interviews that were conducted in order to identify additional populations that may be unserved or underserved and includes recommendations for improving services to the populations identified.

Themes across the needs of Individuals with Disabilities who are from language, ethnic, or racial distinct communities, and Individuals with Disabilities who have been Unserved or Underserved by the Vocational Rehabilitation Program

The following recurring themes were identified throughout this section for the needs of individuals with disabilities who are from language, ethnic, or racial distinct communities, and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program. Additional findings and recommendations will be provided in each subsection.

- When comparing DOR data to ACS data, individuals who identify as Asian may be underserved.
- DOR may consider providing staff with training to reach and successfully provide services to all ethnicities with cultural competence and to the extent that those communities exist in the regions we serve.
- Key informants identified underserved groups as individuals who: are experiencing homelessness, are justice-involved, are non-English speaking, have dual diagnosis of substance abuse and behavioral disabilities, and have intellectual or developmental disabilities.
- Barriers or issues related to DOR services were identified by key informants as: DOR staff need for comprehensive training and education in behavioral health-related disabilities.
- Other barriers or issues include substance abuse among individuals with disabilities, lack of job opportunities for individuals with disabilities, and time-restrictive processes for completing DOR paperwork.

Demographics

Race and Ethnicities

Unserved or underserved populations within California may be identified by comparing data from the ACS with DOR consumer demography. DOR data for SFY 2019-20 indicates individuals that identify as Latinx represented 40% of the VR caseload, followed in descending order by White, African American, Asian, Multiple-ethnicity, American Indian, and Pacific Islander. Two percent of the consumers did not report their ethnicity.

Table 17: DOR VR Caseload Race/Ethnicity by State Fiscal Year

Race/Ethnicity	SFY 2017-18*	SFY 2018-19*	SFY 2019-20*
African American	16%	16%	15%
American Indian	1%	1%	1%
Asian	5%	5%	5%
Latinx	38%	38%	40%
Multi	3%	3%	4%
Not Reported	1%	1%	2%
Pacific Islander	0.34%	0.35%	0.4%
White	36%	36%	33%

*Percentages include PE case types

Source: SFY 2017-18, SFY 2018-19, SFY 2019-20

As described in Section I, the ACS provides ethnicity data that does not line up with DOR ethnicity data due to the way the data is displayed for individuals that identify as Hispanic/Latinx. The ACS displays race data for individuals that select a particular race even if that individual also identifies as Hispanic/Latinx. DOR displays individuals that identify as Hispanic/Latinx only as Hispanic/Latinx regardless of the race with which they identify. The ACS uses categories of race and ethnicity. The categories for ethnicity are Hispanic or Latino (of any race), and White Alone, Not Hispanic or Latino. The selections for race are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The rates from the 2018 5-year ACS Disability Demographic for California are shown in tables 19 and 20 below.

Table 18: California Disability by Race from 2018 5-Year ACS Disability Demographic

Race*	Percent of Total California Population	Percent of California Population with Disability
Black/African American alone	6%	8%
American Indian/Alaska Native alone	1%	1%
Asian alone	14%	11%
2 or more races	5%	4%
Native Hawaiian and Other Pacific Islander alone	0.4%	0.4%
Some Other Race alone	14%	10%
White alone*	60%	66%

*Hispanic/Latino ethnicities are included in the Race categories.
 Source: US Census Bureau 2018 5-year ACS Disability Demographic

Table 19: California Disability by Ethnicity from 2018 5-Year ACS Disability Demographic

Ethnicity	Percent of Total California Population	Percent of California Disability Population by Ethnicity
White alone, not Hispanic or Latino	38%	48%
Hispanic or Latino (of any race)	39%	30%

Although a direct comparison cannot be made between the ACS and DOR for race and ethnicity types, the rate of African American DOR consumers appears greater than the rate found for the same race in the ACS data. The rates for White and Asian DOR consumers are lower than the rates in the ACS data. American Indian/Alaskan Native and Native Hawaiian/Pacific Islander rates are represented similarly when compared between DOR data and ACS race data.

Due to the difference in ethnicity categories between DOR and the ACS, it is difficult to compare data for Latinx individuals with disabilities. The percentage of individuals shown in the ACS data that identify as Hispanic or Latino ethnicity with a disability is 30%, while 48% identify as White Alone, not Hispanic or Latino. These individuals may also be included in the race data listed in table 19.

Findings:

The race/ethnicity represented with the highest percentage for all DOR consumers is Latinx, and the lowest percentage is Pacific Islander. Individuals who identify as Asian also appear to be underserved as DOR consumers.

Cultural resistance may influence the number of Asian individuals, as well as other cultures, that seek DOR services. Reluctance to seek help from outside the family can be driven by several major factors, such as a fear of community stigma, and shame and guilt associated with having a disabled family member.²

Recommendations:

It is recommended that DOR examine why individuals that identify as Asian and White do not apply for VR services at rates closer to those identified in the ACS data. Cultural competency training for DOR staff may be beneficial for breaking down any cultural barriers that may be preventing underserved individuals from seeking DOR services. Additionally, targeted outreach may be beneficial to increase awareness of available services. Further research will be conducted to analyze what barriers may exist and identify methods to mitigate barriers identified. Results will be presented in the 2021-23 CSA.

Successful Case Closure Rates by Ethnicity

During the past three state fiscal years, individuals who identified as Asian had the highest successful case closures by race or ethnicity. To determine the rates for each race or ethnicity, the number of individuals' cases that were successfully closed was divided by the number of individuals of that race or ethnicity with a closure for any reason. For example: the number of African American cases closed as rehabilitated were divided by the number of African American

² Wong, Peter J. *Hurdling Barriers: Labor and Employment Experiences of Asian Americans with Disabilities*. 2012. University of California Los Angeles dissertation

cases closed for any reason to determine the percentage of successful case closures. For SFY 2019-20, the Asian group had the highest successful closure rate by race or ethnicity and was followed in descending order by White, Hispanic, Pacific Islander, African American, Multiple, American Indian, and Not Reported. Table 21 provides closed rehabilitated rates by race or ethnicity details for SFY 2017-18 through 2019-20.

Table 20: Rate of Successful Case Closures by Race/Ethnicity

Race/Ethnicity	FY2017-18	FY2018-19	FY2019-20
African American	23.2%	23.0%	25.5%
American Indian	24.9%	21.0%	24.6%
Asian	32.3%	31.7%	33.7%
Hispanic	28.9%	28.2%	28.2%
Multi	27.5%	26.0%	25.4%
Not Reported	4.2%	11.2%	14.1%
Pacific Islander	29.0%	25.4%	27.5%
White	27.7%	28.2%	29.0%
Average	24.7%	24.0%	26.0%

Findings:

Although the Asian race/ethnicity group was determined to be underserved when comparing rates by race or ethnicity in the DOR data to rates with a disability represented in the ACS data, Asian consumers had the highest rehabilitation rate for all categories with 33.7% of all closed cases being successful closures. For SFY 2019-20, African American, American Indian, and Multiple appear to be underrepresented with rates lower than the average rate for all race or ethnicities. A portion of the consumers (14.1%) did not report their race or ethnicity.

Recommendations:

Additional research will be conducted to identify possible service delivery variances and the reasons for unsuccessful case closures for the race or ethnicities determined to be underrepresented in the findings. Results will be presented in the 2021-23 CSA.

Comparison of Rehabilitated Rates by Ethnicity to All DOR Consumers by Race/Ethnicity

The rates for consumers with successful case closures were compared to the rates for all DOR consumers by race or ethnicity for SFY 2019-20. Table 22 shows that most race/ethnicities have successful case closure rates that are similar to the caseload population for all DOR consumers.

Table 21: Comparison of Consumers with Successful Case Closures to All Consumers by Race/Ethnicity for SFY 2019-20

Race/Ethnicity	Consumers with Successful Case Closures	All DOR Consumers *	Difference
African American	14.5%	14.7%	-0.2%
American Indian	0.9%	0.9%	0.0%
Asian	5.8%	5.4%	0.4%
Latinx	37.5%	40.4%	-3.0%
Multi	3.1%	3.7%	-0.6%
Not Reported	0.7%	1.5%	-0.8%
Pacific Islander	0.3%	0.4%	0.0%
White	37.3%	33.1%	4.2%
Totals	100%	100%	

*Includes PE case types

Findings:

White individuals have a 4.2% higher rate of successful case closures when compared to all DOR consumers. Latinx individuals have a 3.0% lower rate of successful case closures when compared to all DOR consumers.

Recommendations:

As recommended in the subsection above for Successful Case Closures by Ethnicity, additional research will be conducted to identify possible service delivery variances and the reasons for unsuccessful case closures for the ethnicities determined to be underrepresented in the findings. Results will be presented in the 2021-23 CSA.

Disabilities by Ethnicity

When comparing disabilities by ethnicity, the category with the highest disability rating for Asians is Intellectual/Developmental. All other ethnicities have the highest rating in the Psychiatric disability category. Latinx consumers represent the highest rating for Learning Disability at 23%. African American and Pacific Islander have high ratings in the Physical Disability category.

Table 22: Disability by Ethnicity

Disability	African American	American Indian	Asian	Hispanic	Multi	Not Reported	Pacific Islander	White
Blind/Visual	6%	5%	8%	5%	5%	4%	9%	6%
Cognitive	6%	6%	6%	6%	8%	5%	7%	8%
Deaf/Hard of Hearing	4%	6%	10%	7%	7%	4%	6%	7%
Intellectual/Developmental	10%	9%	25%	14%	18%	10%	12%	18%
Learning	11%	13%	9%	23%	11%	4%	9%	10%
Not Reported	2%	2%	1%	1%	1%	17%	0%	1%
Physical	24%	20%	15%	16%	17%	21%	26%	19%
Psychiatric	37%	37%	24%	27%	32%	35%	29%	31%
Traumatic Brain Injury	1%	2%	1%	1%	1%	1%	1%	2%

Findings:

Asian consumers were represented with the highest percentage for individuals with an ID/DD and Deaf/Hard of Hearing but represented with the lowest percentages for both Physical and Psychiatric disabilities. African Americans were represented with a low percentage for Deaf/Hard of Hearing disabilities.

Recommendations:

DOR should determine why Asian individuals apply for services at lower rates for physical and psychiatric disabilities when compared to other races. Additionally, DOR should determine why African American individuals apply for services at lower rates for deaf or hard of hearing disabilities when compared to other races. DOR should identify targeted outreach methods to increase awareness of available services.

Cultural competency training for DOR staff may be beneficial for removing any cultural barriers that may prevent unserved and underserved individuals with disabilities from seeking DOR services for the ethnicities and disabilities identified in table 23. Further research will be conducted to analyze what barriers may exist and identify methods to mitigate barriers identified. Results will be presented in the 2021-23 CSA.

Statewide Projections

According to population projections from the California Department of Finance, the state's population is anticipated to reach 42.26 million by 2030. The race/ethnicity rates are projected to decrease slightly for White Non-Hispanic and increase slightly for Asian Non-Hispanic and Hispanic Any Race. See table 24 for the breakdown by ethnicity.

Table 23: Projection of California Race/Ethnicity by Year 2030

Race/Ethnicity	Year 2020	Year 2030
White Non-Hispanic	37%	33%
Black Non-Hispanic	6%	6%
American Indian or Alaska Native Non-Hispanic	1%	1%
Asian Non-Hispanic	15%	17%
Native Hawaiian or Pacific Islander Non-Hispanic	0.3%	0.3%
Multiracial Non-Hispanic	2%	2%
Hispanic Any Race	39%	40%

Source: California Department of Finance

Disability Inclusion and Advisory Committee

The DOR established the Diversity and Inclusion Advisory Committee (DIAC) in 2000-2001 to conduct outreach to unserved and underserved individuals and consumers, and to diversify DOR employee applicant pools to ensure a diverse workforce, therefore meeting the needs of consumers who come from a wide variety of ethnic communities. The Committee meets quarterly to identify outreach and diversity gaps and determine potential solutions for consideration by DOR’s Executive Leadership Team.

The DIAC established a diversity office and identified a need for counselors that had the language skills to cater to diverse populations. The diversity office developed strategies to hire staff members who were multilingual and could be trained to become qualified counselors.

The DIAC developed Cultural Competency Training, a diversity and inclusion training with a focus on disability awareness and cultural competency. The training will give staff an opportunity to develop foundational diversity and inclusion knowledge and demonstrate practical ways to implement inclusive behaviors into their work.

The training was piloted in the DOR San Joaquin District in 2018. It used interactive activities, a multimedia presentation, and experiential learning opportunities to help staff increase their knowledge in the

area of cultural competency, expand their skill base in delivering culturally competent services, and identify behavioral changes that can contribute to a culturally competent work environment. The participants were asked to evaluate the training and serve as a focus group for the development and implementation of future trainings.

The senior management team experienced the training in March 2019 and recommended that it should be rolled out to all District staff.

The DIAC also initiated an engagement under which the San Joaquin district participated in the Project E3: Educate, Empower, Employ Targeted Communities project (Project E3) conducted by the University of Illinois, Urbana-Champaign. The purpose of Project E3 is to provide technical assistance to State VR agencies and their partners, and to address barriers to VR participation and competitive integrated employment of historically underserved groups of individuals with disabilities.

Project E3 activities include knowledge development; targeted community identification by State VR agencies; and intensive, targeted, and universal technical assistance.

The DIAC's goals for the future are:

1. To provide diversity and inclusion training to all field staff.
2. To develop awareness on the population that each district is serving.
3. To develop reports that inform local leadership of their strengths and weaknesses in serving diverse populations.
4. To build a model to serve unserved and underserved populations.
5. To share best practices between districts.

Key Informant Interviews

Overview

As one component of the CSA, telephone interviews were conducted with 13 individuals who represented a wide range of VR and independent living-related programs. The key informants were selected by DOR, in collaboration with the SRC. Key informants included: small to large DOR community partners such as regional

centers, mental health service providers and organizations, the workforce development system, independent living centers, and DOR staff.

Prior to initiating the project, the SRC provided feedback on the survey questions, interview scripts, and potential key informants to interview. Privacy measures were established to anonymize key informants, protect response integrity and to encourage free-flowing dialogue during the interview. Following the early planning phase of the project, a qualitative research method was developed by DOR to ensure accuracy, clarity, and the inclusion of evidence-based research techniques. After the method was developed, each potential key informant received an invitational email from DOR that disclosed the purpose, intent and importance of the federally mandated CSA and requested their support and participation.

Interview Questions and Themes

1. In your experience, what populations of people with disabilities are underserved in California and what do you think they need?

The following groups were expressed by key informants as unserved or underserved:

- Homeless individuals with disabilities.
- Individuals with the dual diagnosis of substance abuse and a behavioral health disability.
- Individuals with behavioral health disabilities.
- Individuals with ID/DD, including those with the most significant disabilities who may need personal care assistance while on the job.
- Non-English-speaking individuals with disabilities.
- Youth ages 16-25, in particular those with dual diagnoses of substance abuse and a behavioral health disability.
- Formerly incarcerated individuals with disabilities, in particular individuals who are African American.
- Justice-involved individuals with behavioral health disabilities.

The following needs of the above individuals were expressed by key informants:

- The unserved and underserved need to be informed about DOR services and how they can access those services.
 - There is a need to increase customized employment to provide more successful opportunities for unserved and underserved individuals with disabilities because job opportunities are limited for this population.
 - DOR may benefit from restructuring its processes to increase efficiency and lessen the amount of time required for consumers to navigate program services.
 - One method of improvement may be to increase cultural competency for DOR staff.
2. In your opinion, are there any groups of people with disabilities in California that are emerging?

The aim of this question was to encourage key informants to clarify which groups of individuals along the VR service continuum may be emergent. The question is intended to be somewhat redundant, to solidify any recurring concepts/themes.

In addition to the unserved and underserved populations expressed in question one, the following groups of individuals with disabilities were expressed as emergent:

- Individuals with disabilities whose housing is displaced, or insecure and individuals with disabilities who are homeless.
- Individuals with behavioral health disabilities.
- Individuals with dual diagnoses of substance abuse and a behavioral health disability.
- Individuals who are neuro-diverse and individuals with autism spectrum-related disabilities.
- Justice-involved individuals with behavioral health disabilities.

3. What issues or barriers have you encountered in your efforts to provide services to the populations mentioned in the previous questions, and what strategies have proven to be effective?

Barriers/issues encountered, and potential strategies expressed by key informants:

- Barrier/Issue: DOR program processes can be time-consuming and present a barrier to service for consumers and potential consumers.
 - Strategy: DOR may benefit from identifying ways to increase efficiency and decrease service barriers.
- Barrier/Issue: Providing services to individuals with multiple disabilities including behavioral health-related disabilities and substance abuse.
 - Strategy: DOR field staff may benefit from comprehensive training and education in behavioral health-related disabilities as well as substance abuse.
 - Strategy: DOR field staff may collaborate with mental health care providers to provide wraparound services for these consumers.
- Barrier/Issue: Lack of job opportunities for individuals with the most significant ID/DD.
 - Strategy: Due to the impending change in regulations involving Home and Community-Based Services programs, Regional Centers can no longer place individuals with the most significant disabilities in non-CIE employment beginning March 2023. Local partnership agreements, as described in the California Competitive Integrated Employment Blueprint, are being created throughout the state to provide opportunities for individuals with ID/DD to participate in CIE. The partnership agreements involve key partners and stakeholders including LEAs, DOR, and regional centers and assist them to sequence funding for supports and services that lead to CIE. One strategy would be to explore DOR's continued role in creating alignment with CIE for consumers with the most significant ID/DD.
 - Strategy: Increase customized employment measures to create more rewarding job opportunities in concert with intensive job development and self-discovery.

4. Are the needs that you have described particularly acute in certain areas, or do they exist across the state?

The consensus among the key informants was that the needs expressed in previous questions exist throughout the state. In

addition, urban areas may experience increased needs due to higher population density, and rural areas may experience increased needs due to being less densely populated areas with fewer service providers.

5. In your experience with DOR or other organizations that provide services to individuals with disabilities, are there any additional steps these organizations can take to improve services?

The following were shared as suggestions to improve services of DOR or other organizations:

- DOR program restructuring to improve efficiency and lessen the time needed for consumers/potential consumers to navigate services.
- DOR may benefit from increasing training and outreach for community partners.
- DOR may benefit from increasing partnerships with other agencies and organizations.

6. Do you see any future trends in terms of service needs for people with disabilities throughout the state?

In addition to the emergent groups of individuals previously expressed in questions #1 and #2, the following future trends were expressed by key informants:

- A future trend is the rapid evolution of technology and how this growth will impact lower-wage jobs that are becoming automated. It may benefit individuals with disabilities who are affected by lower-wage employment for DOR to research ways of successfully adapting to this trend.
- There is a need to use existing technology to increase access to DOR services i.e. tele-counseling, external online submission of DOR's Application for VR Services and other consumer forms. To this end, DOR is developing and rolling out a vendor and consumer portal, VR Connections. The portal will increase efficiency and accuracy by automating tasks that are currently duplicative and often completed manually.
- Lack of permanent residence or secure housing for individuals with disabilities.

Recommendations:

It is recommended that the department continue to support the DIAC and their identified goals, along with the resources needed to meet those goals. Continued cultural competency training and monitoring of results may assist the department with providing services equally to all individuals, including those with diverse values, social, cultural and linguistic needs, as well as the emerging groups identified in the results from the key informant interviews.

It is also recommended the department identify additional outreach methods and increase outreach measures to the unserved and underserved groups identified in this section.

Additionally, it is recommended that the department continue to monitor service timelines to identify where efficiency can be improved and what factors may contribute to delays in service provision.

Section III. Individuals with disabilities served through other components of the statewide workforce development system

The Department of Rehabilitation is one of the core programs of California's workforce development system. The programs work together and rely on each other's strengths and resources to provide services to businesses and job seekers. The workforce system consists of 14 Regional Planning Units (RPU) and 45 Local Workforce Development Boards (LWDBs). Additionally, there are over 200 America Job Centers of California (AJCCs), which were formerly referred to as One-Stop Centers. The AJCCs are one-stop shops for workforce services for those individuals looking to enter the workforce. The AJCCs provide a comprehensive range of no-cost employment and training services for employers and job seekers. Each AJCC is a collaboration of local, state, private, and public entities that provide comprehensive and innovative employment services and resources to meet the needs of the California workforce. The DOR's 14 districts work closely with local AJCCs and LWDBs to provide services to individuals with disabilities.

Additionally, the EDD enhances employment opportunities for individuals with disabilities. Through the AJCCs, the EDD provides access to services, making sure that all job applicants with disabilities receive equal employment opportunities.

The EDD also helps job seekers with disabilities who need additional services become qualified for employment. These services include referrals to job openings or training, career counseling, job search assistance and workshops, testing, and referrals to supportive services in the community.

Overview

This section presents information about individuals with disabilities in the job market, their needs, and their challenges. Through key informant interviews of DOR staff, a survey of AJCC and LWDB staff, and analysis of labor market and demographic data, the DOR has compiled information about the needs of consumers trying to enter the workforce and the challenges they are currently facing in finding

jobs. This section also covers the gaps in services as identified by the key informants and survey respondents.

Themes across the needs of individuals with disabilities served through other components of the statewide workforce development system

The following recurring themes were identified throughout this section for the needs of individuals with disabilities served through other components of the workforce development system. Additional findings and recommendations are provided in each subsection.

- Both AJCC and DOR staff are interested in participating in cross-training to get familiar with how the other entity works, and to find out how they can best collaborate to serve individuals with disabilities. Additionally, both organizations are eager to work together by combining and sharing resources to serve consumers and job seekers.
- AJCC staff need additional training in identifying and serving individuals with disabilities. They would also benefit from receiving regular updates about the resources and partners available for individuals with disabilities.
- A large number of DOR consumers do not have access to technology or do not have technological skills to access online classes, workshops, training, and services. This affects the provision of remote services throughout the workforce development system.
- There is a significant bias among employers against hiring individuals with disabilities. While the DOR is taking steps to conduct outreach to employers across California, each region of the state has its own set of challenges in forming partnerships with local businesses and educating them about working with individuals with disabilities.
- The COVID-19 pandemic has uniquely affected individuals with disabilities both in terms of the high unemployment rate and fewer jobs being available, and AJCCs and other service delivery partners offices being closed/going virtual.

California Job Sector Climate

Targeting the employment needs of DOR consumers can be accomplished by utilizing labor market information data. Generally, wages and unemployment rates differ across several regions of the State due to various economic microclimates in diverse regions with their numerous and unique industries. To illustrate the difference in wages across California regions, the average hourly wage for DOR consumers whose cases have closed successfully was \$18.89 in the San Jose District in SFY 2019-20. In contrast, the average hourly wage was \$15.74 for consumers in the San Joaquin Valley District during the same period.

California Wage Information

Although there are some exceptions, California minimum wage for employers with 26 employees or more was \$12.00 per hour beginning January 1, 2019 and increased to \$13.00 per hour beginning January 1, 2020. The average hourly wage for individuals with disabilities in California for SFY 2018-19 was \$15.38. In SFY 2019-20, the average hourly wage for individuals with disabilities rose to \$16.86. Table 25 includes the hourly wage information for individuals with disabilities by district for the two years:

Table 24: Average Hourly Wage by District

District	Average Hourly Wage SFY 2018-19	Average Hourly Wage SFY 2019-20
Redwood Empire District	\$15.02	\$16.53
Northern Sierra District	\$14.57	\$16.38
San Joaquin Valley District	\$16.30	\$15.74
Greater East Bay District	\$16.38	\$17.84
San Francisco District	\$16.60	\$18.30
San Jose District	\$16.38	\$18.89
Santa Barbara District	\$15.62	\$16.44
Inland Empire District	\$13.63	\$15.22
San Diego District	\$14.11	\$15.82
Van Nuys/Foothill District	\$16.15	\$16.77
Greater Los Angeles District	\$15.10	\$16.64
LA South Bay District	\$13.91	\$16.11
Orange/San Gabriel District	\$14.73	\$16.06
Blind Field Services	\$22.92	\$24.13

Disability and Job Industry

Across the United States, workers with a disability were more likely to be employed in service occupations than those with no disability, 20% compared to 17%. Individuals with disabilities were also more likely to work in production, transportation and material moving occupations, 14% compared to 12%, and less likely to work in management and professional occupations compared to those without a disability, 34% compared to 40%.

DOR caseload data indicates congruence with national data for individuals with disabilities being more likely to work in certain occupations than those without disabilities. DOR consumers whose cases have closed successfully are represented in the following occupational categories for SFY 2019-20:

- 25% employed in Clerical and Administrative Support.
- 18% employed in Production, Construction, Operating, Maintenance and Material Handling.
- 17% employed in Service Occupations.

Table 25: California Employment Rates, General Population vs. Individuals with Any Disability vs. Individuals with Developmental Disabilities

Year	General Population	Individuals with Any Disability*	Individuals with Developmental Disabilities**
2008	77.3%	37.2%	13.4%
2009	74.3%	34.2%	13.4%
2010	72.1%	32.3%	13.1%
2011	72.2%	31.9%	13.0%
2012	73.1%	32.2%	12.4%
2013	73.8%	32.8%	12.5%
2014	74.7%	33.5%	13.1%
2015	75.7%	33.9%	13.6%
2016	76.5%	35.0%	14.2%

*Individuals with any disability: The data is from the 2008-2016 Disability Status Report, California, by Cornell University, based on analysis of the US Census Bureau’s, American Community Survey (ACS). The data reflects non-institutionalized working-age individuals (21-64) with/without disabilities working in California.

**Individuals with developmental disability: The data is from the Employment Development Department (EDD). California EDD data reflects wages reported to EDD for the purpose of Unemployment Insurance reporting, a limitation of the data as some individuals have contract earning that are unreported.

Key Informant Interviews

Overview

Telephone interviews were conducted with 13 individuals who represent DOR staff from diverse geographical areas in the state. The key informants were selected by DOR and included Regional Directors, team managers, and counselors who work directly with DOR consumers, the LWDBs, and the AJCCs.

Prior to conducting the interviews, the DOR Executive Team evaluated and provided feedback on the questions and potential key informants. After questions were finalized, DOR invited the key

informants by email to participate in the interview. The email disclosed the purpose, intent, and importance of the federally mandated CSA.

Method and Analysis

The DOR selected key informants based on convenience and geographical location, with an intent to cover a wide cross-section of the state, and to gather information from both urban and rural areas. Another factor in selecting key informants was to identify respondents at various levels of seniority in order to gather input from employees with different areas of expertise and a wide variety of experiences in working with the workforce development system. Coding, comparison, and memo-writing techniques were used in the analysis of the qualitative data for the ultimate cohesion and consistency of narrative information. Coding and comparison were used to break down the data into much more manageable components for the purpose of labelling. The data being labelled consisted of the initial concepts and themes that made an impression on the researcher. These components were then coded into concepts that were compared among researchers to look for commonalities and then condensed into themes to minimize subjectivity.

Key Informant Interview Questions and Themes

1. What does the VR workforce development system target population look like?
 - Youth and students.
 - Individuals with mental health issues.
 - Individuals living in poverty and from low-income communities.
 - Justice-involved individuals.

2. What issues/barriers do individuals with disabilities face while trying to enter the workforce?
 - Access to transportation.
 - Lack of technological or computer skills.
 - Lack of access to technology.

- Lack of employment readiness skills.
 - Discrimination or employer bias against individuals with disabilities.
 - Lack of education, GED, or high school diploma.
3. What would help improve the partnership between DOR and local workforce development boards to improve employment outcomes for individuals with disabilities?
- Increase cooperation and collaboration between the two entities.
 - Increase resource sharing.
 - Increase shared training and cross-training.
 - Integrating services provided by the two.
 - Improve understanding of how the AJCCs work.
4. What are positive things that are happening between local workforce development boards and DOR?
- Joint projects and events with AJCCs and LWDBs.
 - Mutual desire to work together, combine resources.
 - Regular meetings to address issues or hurdles, share information.
 - Sharing job leads with each other.
 - Relationship with DOR business specialist and AJCC staff.
5. Are individuals with disabilities served through other components, apart from vocational rehabilitation (VR), within the workforce system and how are they served?
- Training in technological/computer skills and other skills.
 - Providing help in education through community colleges.
 - On the job training opportunities and work experience.
6. What are the best practices for referring consumers to other programs? How do we handle the referrals that we receive from other programs? Are there any gaps in the current process?
- Gap: Lack of standardized process for referrals and use of email and paper forms. Lack of tracking and follow up.

- Best practice: Being co-located within an AJCC to make referrals easier.
- Best practice: Using a software for referrals and need for universal form.

7. How does the DOR coordinate with our workforce system partners? Are there challenges in coordinating with them?

- The DOR coordinates with workforce partners through MOU meetings, other regular meetings, and local events.
- The challenges are:
 - communication,
 - outdated or insufficient labor market information, and
 - new hurdles posed by the COVID-19 pandemic, such as lack of coordination due to office closures, changes in the labor market, and hurdles for consumers in taking online classes both in terms of access and learning capabilities.

8. What are the challenges, if any, for the AJCC staff to assess disability-related barriers to employment?

The key informants noted that the main challenges that the AJCC staff faced in assessing disability-related barriers to employment were a lack of training in identifying disabilities and lack of training and knowledge about working with individuals with disabilities.

9. What steps are we (DOR) taking to train frontline staff at the AJCC and/or Local Workforce Development Board? Are we facilitating technical assistance calls with the workforce development board partners?

Key informants highlighted that the DOR provides Windmills Trainings and other trainings to AJCCs and LWDBs. Windmills training is disability awareness training provided to businesses at no cost. It was also discovered that some respondents were unsure about the trainings and/or technical assistance calls that the department offered to the AJCCs and LWDBs.

10. How does your office collaborate with the local AJCC? Can you please describe the relationship between the two entities? Are there any DOR counselors co-located with AJCCs in your district?

The respondents noted that the relationship with local AJCCs was favorable and DOR managers collaborated with them by attending board meetings and other meetings. Several DOR offices have staff co-located within the local AJCC one or more days a week.

11. Please discuss any challenges and opportunities in co-locating DOR counselors in AJCCs.

The main challenge that the department is facing in co-locating counselors within the AJCC is the technological hurdles that staff faces while working there. Additionally, because of space constraints and lack of private office space, DOR staff has difficulty discussing confidential matters with clients while being co-located.

12. Are there any challenges in forming business partnerships in your region? If yes, what are they?

Key informants identified the biggest challenges in forming business partnerships in their areas as a lack of business engagement and counselors not having the bandwidth to form alliances with local businesses.

13. In your opinion, what are the main challenges that the DOR is facing in providing services to consumers or in meeting their needs?

The main challenge in providing services to consumers is the high caseload. Other challenges include bridging the skills gap, and the COVID-19 pandemic. The pandemic has posed additional challenges for consumers in receiving services, attending online classes, and receiving education and training in a virtual setting.

Survey Results – AJCC and LWDB Staff

In September 2020, DOR conducted a survey of AJCC and LWDB staff across California. The survey questions were developed in collaboration with a representative from the California Workforce Development Board and included questions about the staff's experience in providing services to individuals with disabilities, the challenges they faced in doing so, and their opinions about the AJCCs' and LWDBs' partnership with the DOR.

The survey was conducted using Survey Monkey and gathered 143 responses. Of the respondents, 89.5% reported that their office had special accommodation for providing services to individuals with disabilities. Additionally, 75% (108) of the respondents said that asking whether a jobseeker had a disability was a part of the intake process. Thirty-five respondents said they addressed the topic if the jobseeker had a visible disability. A more concerning statistic that emerged was that nearly half of the respondents (44.76%) said they faced hurdles in providing services to individuals with disabilities. Some of the hurdles they mentioned were:

- Lack of training.
- No resources available to provide services to individuals with certain kinds of disabilities.
- High costs of interpreters, lack of accessible materials and equipment for visually impaired or quadriplegic customers.
- Hurdles in clients accessing services virtually due to COVID-19.

When asked to select the main barriers that individuals with disabilities faced in finding jobs, AJCC and LWDB staff's responses were as follows:

Table 26: Barriers to finding jobs

Barriers	Number of responses*
Employer misconceptions about individuals with disabilities	116
Need for reasonable accommodations in the workplace	80
Technological challenges or access to technology	70
Accessibility	67
Lack of education or training	61
Other	20

*Respondents had the ability to choose more than one option in this question.

Some of the other barriers that the respondents highlighted were hurdles in coordination between the DOR and AJCC, lack of access to transportation, and lack of confidence in the jobseeker.

On the question regarding partnerships, more than 70% of the respondents said that they had collaborated with the DOR to provide services to individuals with disabilities. Some respondents highlighted that they had participated in cross-training with DOR while others mentioned collaboration with DOR through the referral process.

When asked to express their opinions about the partnership between DOR and the AJCC and LWDB, 76.92% respondents said that they felt that the entities worked effectively together to provide services to individuals with disabilities. Some respondents mentioned that there were struggles in working together during the COVID-19 pandemic. They also highlighted that the most effective relationships were formed where DOR staff were co-located within the AJCCs.

More than 70% of the respondents suggested that there were areas of improvement in the ways that the DOR and LWDBs or AJCCs worked together. Some of the recommendations for better collaboration were:

- Improve and increase training of staff.
- Increase communication between the entities.
- Provide more resources to DOR staff located within the AJCCs.

Over 50% of the respondents felt that there was an insufficient number of partners to serve individuals with disabilities who visited the LWDBs or AJCCs. Many respondents indicated that they were not sure whether there were partners available to serve individuals with disabilities in their offices.

In keeping with the themes identified in the key informant interviews, nearly 65% of the respondents expressed that there was an insufficient number of employers willing to hire individuals with disabilities in their area. Respondents highlighted that businesses that were open to hiring individuals with disabilities were usually retail and grocery stores.

In response to an open-ended question about training offered by the DOR, many respondents indicated that they had not undergone any such training. Those who did receive training offered by the DOR found it to be very helpful and informative.

Findings:

1. There is a need for regular cross-training between DOR and the local workforce system partners. Such training would be beneficial for all entities in learning what the other partners do and what resources are available to jobseekers with disabilities.
2. There is a need to network with a higher number of businesses in both urban and rural areas. Additionally, there is a need to provide training to employers to educate them about the services available to them and to remove the stigma associated with hiring individuals with disabilities.
3. The skills gap is wide among DOR consumers. Many consumers lack the skills needed in order to be employable in the current market.
4. There is a need to provide technological skills training and access to technology to our consumers.
5. COVID-19 has posed unique challenges for consumers, especially with learning and receiving training remotely.
6. The high unemployment rates due to COVID-19 will pose additional barriers for our consumers. There are fewer jobs and a larger number of people in the job market.
7. Co-locating DOR counselors within the AJCCs has a positive impact on the consumer experience and strengthens the

relationship between the two entities. However, DOR staff faces many challenges – technological and otherwise – when they are working at an AJCC.

Recommendations:

1. It is recommended that the DOR take steps to further clarify its role in conjunction with other workforce partners.
2. It is recommended that active steps are taken for DOR staff at various levels to participate in cross-training with the AJCC staff. The two entities should explore the possibility of organizing joint events to engage community partners and local workforce partners, and to provide information about the resources and services available for individuals with disabilities.
3. It is recommended that DOR co-locate more counselors within the AJCCs. At the same time, there should also be an effort to provide technical assistance to staff members working at an AJCC to enable them to work efficiently and effectively.
4. Technology and virtual services are effective and convenient for many consumers. However, it is recommended that DOR consider the lack of access to technology and technological skills, as well as the limited capability for virtual learning that many of our consumers face.
5. It is recommended that DOR increase outreach to employers and find innovative methods to educate them about hiring individuals with disabilities and the services that exist for them.
6. It is recommended that DOR study in more detail the ways in which the COVID-19 pandemic and the shelter-in-place orders have affected consumers and the hurdles that they have faced in online learning. The study results can help DOR formulate ways to address the challenges and impact.
7. After the pandemic is over, the department should study the labor market and how it has changed. This will help DOR reevaluate the market needs and the skills DOR consumers need in order to be employable in the new economy.
8. It is recommended that the department work toward developing a standardized referral process to facilitate tracking, ensure follow-up, and avoid duplication of services between the AJCC and DOR.

Section IV. Youth with disabilities, and students with disabilities, including their need for transition services

For the purposes of this section, a student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program. The student is not younger than 16 years of age and is not older than 21 years of age, unless the maximum age for secondary education is higher in the state. California has set the maximum age at 22 years of age for secondary education and DOR adopted this upper limit in the Spring of 2020 in order to align with secondary education for the provision of pre-employment transition services (pre-ETS).

For this section, a youth with a disability is an individual with a disability who is not younger than 14 years of age or older than 24 years of age.

Overview

This section presents information regarding disability and ethnicity statistics for students and youth with disabilities who are eligible for or receiving DOR services. Potential gaps in services by disability and ethnicity are identified by analyzing DOR VR data for students and youth with disabilities and comparing it with California Department of Education (CDE) student data.

Additionally, data from pre-employment transition services (Pre-ETS), referred to as Student Services, is also presented and analyzed. Surveys were conducted to evaluate the Student Services program. Local education agency (LEA) staff, DOR staff, and students with disabilities who received Student Services participated in the surveys, and results and recommendations are presented.

Finally, DOR youth cases are analyzed by disability and ethnicity type compared to all DOR cases. The number of at-risk homeless and foster students in the California education system is evaluated and risk factors are identified, as well as recommendations to help better serve these youth.

Themes across Needs of Students and Youth with Disabilities

The following recurring themes were identified throughout this section for the needs of students and youth with disabilities. Additional findings and recommendations are provided in each subsection.

- DOR should continue to focus on the Latinx community as a potentially underserved group and identify their specific needs.
- Lack of available business partners is a barrier for students and their ability to gain work experience.
- DOR and LEAs should continue to build collaborative relationships for the provision of Student Services.
- DOR and CDE should continue to identify and provide specific supports and services for at-risk youth with disabilities.

Rehabilitation Needs, Including the Need for Pre-Employment Transition Services or Other Transition Services, of Students and Youth with Disabilities

The DOR collaborates with the CDE to determine the number of students with disabilities. The DOR is collaborating with the workforce development system to determine the number of dislocated youths no longer in the educational system.

Students with Disabilities

CDE - Special Education Enrollment by Disability

Disability categories and age ranges differ for DOR and CDE. CDE provides special education services to students with disabilities from infancy to 22 years old, whereas the age range utilized by DOR for providing services to students was 16 to 21 years old in SFY 2018-19. Noting this difference, for the 2018-19 school year, CDE special education enrollment of 255,053 students ages 14 to 22 indicates Specific Learning Disabilities had the highest disability rate followed in descending order by Other Health Impairment, Autism, Intellectual, Emotional Disturbance, Speech/Language, Orthopedic, Hard of Hearing, Multiple Disability, Visual, Deaf, and Traumatic Brain Injury.

Table 27: CDE Enrollment by Disability December 2018

Disability Type	Special Education Enrollment	Percentage of CDE Special Education Enrollment
Specific Learning Disability	129,211	50.7%
Other Health Impairment	39,504	15.5%
Autism	32,778	12.9%
Intellectual	20,215	7.9%
Emotional Disturbance	14,396	5.6%
Speech/Language	6,512	2.6%
Orthopedic	3,713	1.5%
Hard of Hearing	2,669	1.2%
Multiple Disability	2,943	1.0%
Visual	1,248	0.5%
Deaf	1,074	0.4%
Traumatic Brain Injury	778	0.3%
Deaf-Blindness	12	0.005%
Totals	255,053	100%

Source: CDE Dataquest Special Education Enrollment Ages 14-22 December 2018

DOR Services by Disability Ages 16 to 21

For SFY 2018-19, students with disabilities comprised 27% of total individuals served by DOR (includes VR consumers and Student Services). Individuals designated as a ‘Student with a Disability’ and within the 16 to 21 age range accounted for 37% of all new applications for VR and Student Services.

While students may receive DOR Student Services, disability data is only collected if the student has a VR case. Table 29 reports disability type data for student and youth VR consumers ages 16 to 21. The data indicates that Learning Disabilities accounted for the highest disability rate, followed in descending order by Intellectual/Development Disabilities, Psychiatric, Cognitive, Physical, Deaf/Hard of Hearing, Blind/Visual, and Traumatic Brain Injury. A small percentage (1.5%) did not identify their disability type by the time this data was analyzed. Table 29 contains percentages of DOR disability types for ages 16 to 21.

Table 28: DOR Disability Types and Percentages Ages 16 to 21

Disability Type	DOR VR Consumers Ages 16-21	Percent of DOR Consumers Ages 16-21
Learning Disabilities	11,110	44.4 %
Intellectual/Developmental	4,730	18.9%
Psychiatric	2,659	10.8%
Cognitive	2,544	10.2%
Physical	1,348	5.4%
Deaf/Hard of Hearing	1,255	5.0%
Blind/Visual	795	3.2%
Not Reported	387	1.5%
Traumatic Brain Injury	134	0.5%
Totals	24,998	100%

Source: June 30, 2019 DOR Caseload Dashboard – includes students and youth with disabilities.

Findings:

The categorization of disability types does not align between CDE and DOR, but some comparisons can be made. The rates for individuals ages 16 to 21 receiving services from DOR are higher than CDE for Deaf/Hard of Hearing, Blind/Visual, and Traumatic Brain Injury. CDE has a higher rate for Specific Learning Disability compared to DOR’s corresponding category of Learning Disabilities, and DOR has a higher rate for Intellectual disabilities. DOR also has an additional category for Cognitive disabilities. When comparing and combining Learning, Intellectual, Autism, and Cognitive disabilities between CDE and DOR, the results are very closely matched.

DOR Services and CDE Enrollment Comparison for Students with Disabilities by Race/Ethnicity

DOR and CDE student representation generally align for race/ethnicity. However, since age ranges and definitions of disability type for students with disabilities differ between the two agencies, any direct comparisons will only be estimates. The age range of CDE students with disabilities (14 to 22 years old) is wider than that used by DOR (16 to 21 years old for this period). Noting these differences, it is still useful to compare DOR and CDE data to identify potentially underserved student populations.

Through analysis of the DOR services data and CDE representation for students with disabilities by race/ethnicity, it was found that Latinx students with disabilities were represented in higher proportions for CDE than DOR. Students who identified as White were represented in lower proportions at CDE than DOR.

Student race/ethnicity groups who had similar representation for CDE and DOR identified as: Native American or American Indian, Asian, Pacific Islander, and Multi-ethnic, and African American. Table 30 illustrates this:

Table 29: CDE and DOR Ethnicity Comparison SFY 2018-19

Race/Ethnic Group	CDE	DOR
Native American or American Indian	0.9%	0.9%
Asian	5.5%	5.4%
Pacific Islander	0.4%	0.4%
Multi-ethnic	3.4%	3.7%
African American	9.4%	9.4%
Latinx	56.6%	50.6%
White	23.8%	26.4%
Not Reported	0	3.3
Total	100.0%	100.0%

Source: CDE Dataquest Special Education Enrollment Ages 14-22 December 2018 and June 30, 2019 DOR Caseload Dashboard VR and PE cases Ages 16-21

Findings:

Potentially underrepresented students with disabilities at DOR may include Latinx students.

Recommendations:

It is recommended that DOR increase outreach efforts to students and their parents or guardians through the provision of Student Services, with a special focus on Latinx students with disabilities as a potentially underserved group. DOR may consider communicating with VR staff who serve as cultural liaisons in either a formal or informal capacity to gather more insight on the specific needs of underserved ethnicities and to increase outreach to this population of students with disabilities.

DOR Student Services

In 2018, DOR made a significant change to its service delivery structure by redirecting 210 VR field staff to work directly with eligible and potentially eligible (PE) students with disabilities. The 210 staff members make up 105 DOR Student Services teams consisting of one Qualified Rehabilitation Professional (QRP) and one Service Coordinator. On July 1, 2019, 70 of the 107 Transitional Partnership Program (TPP) contracts transitioned to a new DOR Student Services design. On July 1, 2020, the remaining TPP staff transitioned to the DOR Student Services. The teams focus on providing Student Services to students with disabilities ages 16 to 22 (the DOR adopted 22 as the upper age limit for provision of Student Services in Spring 2020) located at nearly 500 sites throughout the state. The DOR teams provide, or arrange for the provision of, the five Student Services which include:

- Job Exploration Counseling (JEC).
- Postsecondary Education Counseling (PSE).
- Workplace Readiness Training (WRT).
- Instruction in Self-Advocacy.
- Work-Based Learning Experiences (WBLE).

The DOR and CDE have signed an interagency agreement which outlines the statewide framework for collaboration for the provision of Student Services. Additionally, several LEAs and DOR districts have prepared local MOUs to further clarify the collaborative efforts in those areas.

The 2019-20 school year was uniquely affected by the COVID-19 pandemic and its impact on the provision of Student Services is yet to be determined. Many school campuses were closed prior to the end of the school year due to the implementation of the shelter-in-place order that came into effect late March 2020. The impact of COVID-19 on the provision of Student Services will be assessed at a later date.

Student Services Programs

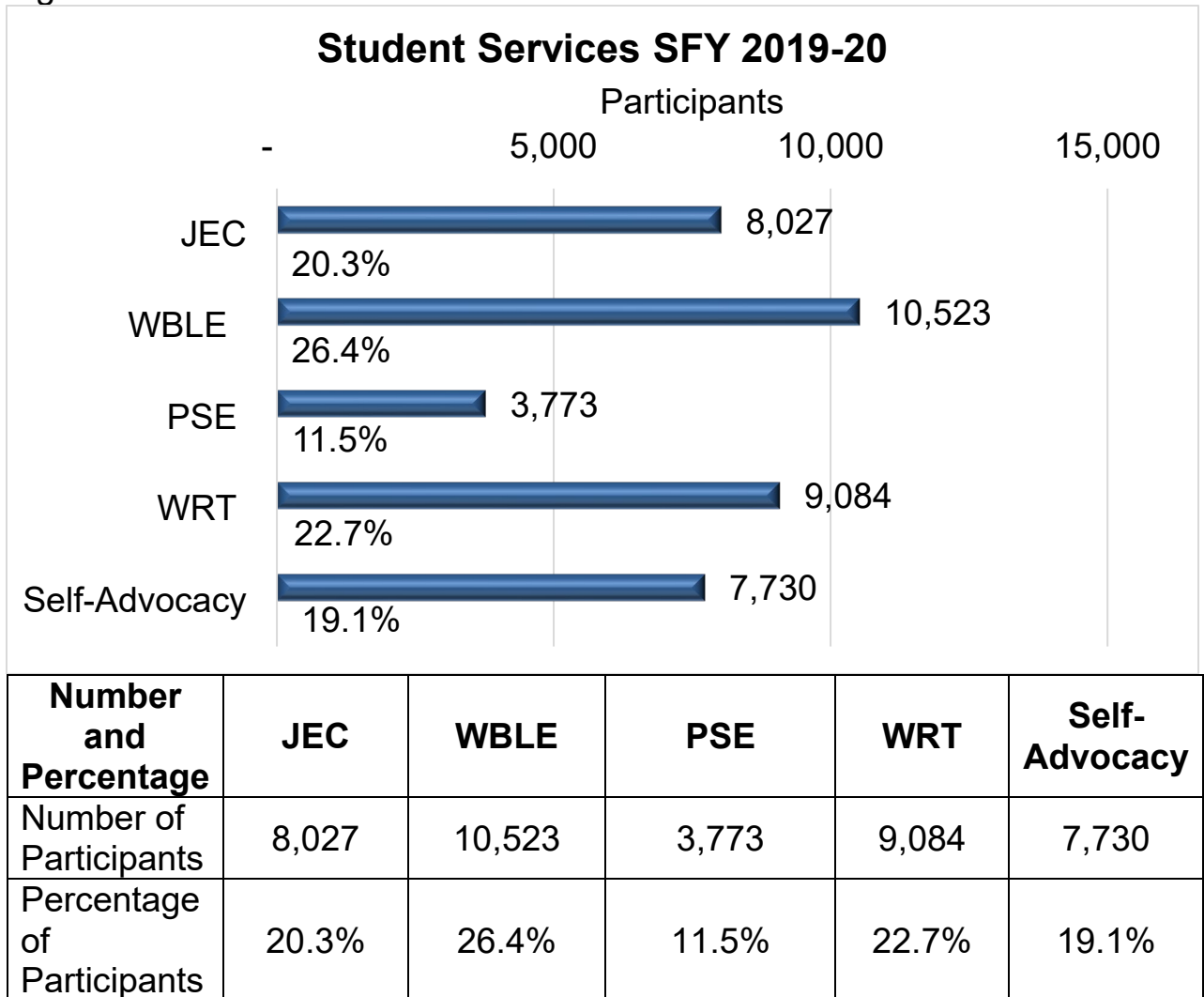
In SFY 2019-20, DOR provided 39,137 Student Services to 14,733 students with disabilities.

The following illustrates the number of students with disabilities that received the five Student Services:

- Work-Based Learning Experiences: 10,523 students, which accounted for 26.4% of all services provided.
- Workplace readiness training: 9,084 students, which accounted for 22.7% of all services provided.
- Job-exploration counseling: 8,027 students, accounting for 20.3% of all services provided.
- Instruction in Self-Advocacy: 7,730 students, accounting for 19.1% of all services provided.
- Postsecondary education counseling: 3,773 students, accounting for 11.5% of all services provided.

As DOR continues to establish partnerships with more LEAs, these numbers will likely increase over time.

Figure 24: Student Services SFY 2019-20

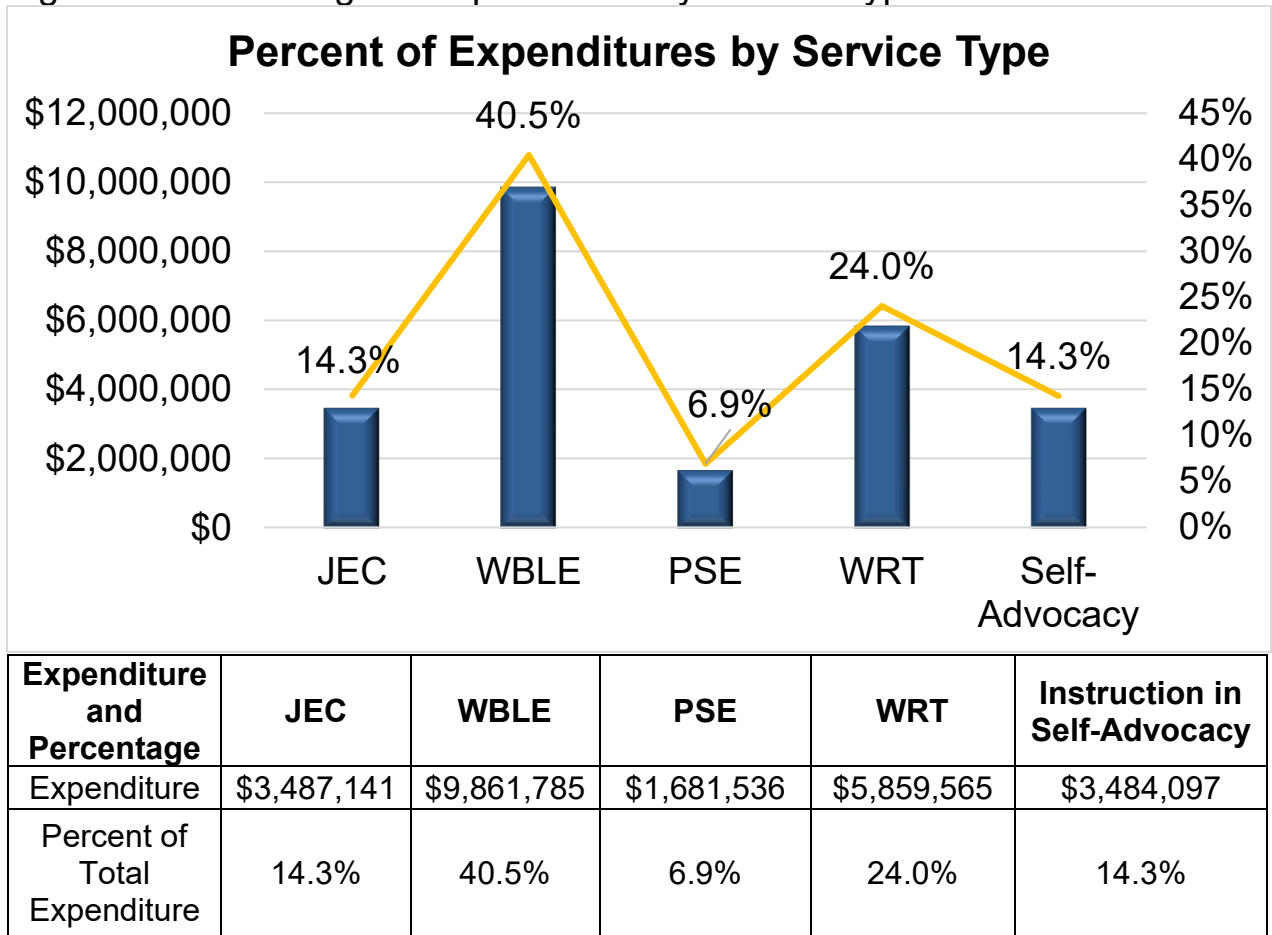


Student Services Case Expenditures

The amount of expenditures in each Student Services category for SFY 2019-20 was:

- Work-Based Learning Experiences: 40.5% of the Student Services expenditures at \$9,861,536.
- Workplace readiness training: 24% of the Student Services expenditures at \$5,859,565.
- Job exploration counseling and Instruction in Self-Advocacy: each account for 14.3% of Student Services expenditures at \$3,487,141 and \$3,484,097, respectively.
- Postsecondary exploration: 6.9% of the Student Services expenditures at \$1,681,536.

Figure 25: Percentage of Expenditures by Service Type



Student Services Surveys for LEA and DOR Staff

In September 2019, DOR conducted a survey of LEA and DOR staff throughout California to gather information about the Student Services program and identify strategies to improve and expand the program ensuring more students with disabilities transition to work or postsecondary education.

Some of the common themes from the survey results were:

LEA Staff Survey Themes

- Insufficient DOR staff in some areas of the state to cover all sites and meet with all students with disabilities who are interested in services.
- Inconsistency in the availability and provision of Student Services statewide.

- Lack of collaboration between LEA and DOR staff in some areas in the state.
- Need for additional partners to provide WBLE. Existing partners include Foundation for California Community Colleges (FCCC) and various community rehabilitation programs.
- Need for streamlined application process for Student Services and support to complete the form. Make the Student Services Plan Request form available on the internet.

DOR Staff Survey Themes

- Additional Student Services staff needed throughout the state, including Business Specialists for WBLE job development.
- Need for development of statewide curriculum for the five Student Services to promote consistency when providing the services.
- Need for development of local MOUs between DOR and LEAs in more areas of the state to further clarify the collaborative efforts and allow DOR Student Services staff to be present on campuses.
- Need for additional WBLE programs.
- Need for additional counselor cultural competency training in areas such as mental health, addiction, foster systems, and comorbidity.
- Inability to fund transportation, clothing, and job coaching for the students in WBLE programs.

Summary

There were similar themes in the responses from the LEA survey and the DOR Staff survey.

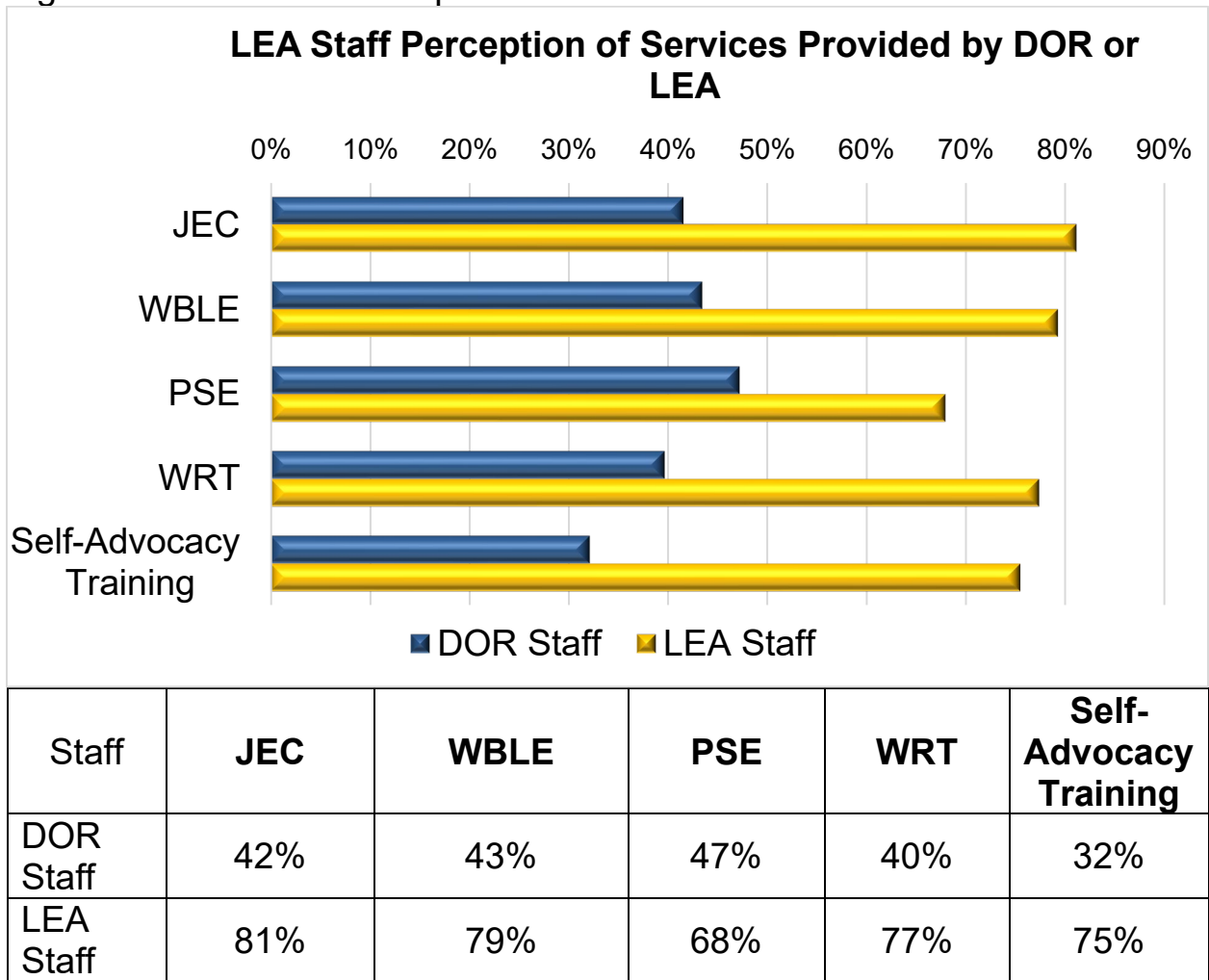
The following themes were common to both survey responses:

- Need for additional DOR staff for the provision of Student Services.
- Need for consistency in provision of Student Services.
- Need for increased collaboration between DOR and LEAs.
- Need for more work-based learning experiences opportunities.

LEA Staff Perception of Student Services Provision

As part of the LEA survey, LEA staff were asked which Student Services were provided by DOR staff or LEA staff at their school site. The statewide responses indicated that the LEA staff perception was that they provided services at nearly twice the rate of DOR Student Services staff. Responses indicate the LEAs’ perception of the provision of Student Services and may not accurately reflect who was providing the Student Services.

Figure 26: LEA Staff Perception of Service Provision



Overall LEA/DOR Staff Survey Findings

The DOR Student Services program is still being implemented across the state. Themes from the survey results identified areas for possible improvement:

- The need for additional DOR staff was identified.

- The need for more local MOUs to be developed for additional Student Services provision.
- The need for DOR staff to continue to develop and expand curriculum for the provision of consistent services throughout the state.
- Need for additional business relationships to be developed for WBLE opportunities.
- Need for streamlined application process and support for forms completion.
- Need for additional counselor cultural competency training in areas such as mental health, addiction, foster systems, and comorbidity.
- Desire to fund transportation, clothing, and job coaching for the students in WBLE programs.

Recommendations:

Continuing efforts toward the development of additional local MOUs to increase collaboration between LEA staff and DOR staff should be pursued. Additionally, evaluation of the need for staff training in the areas of cultural competency and curriculum development may also be conducted. Training in cultural competency may include topics in areas such as mental health, addiction, foster systems, and comorbidity. It is recommended that DOR consider sending out communication and provide training to staff regarding the availability of forms on the DOR website and the use of electronic signature for form submission.

DOR staff may need to increase collaborative efforts with local workforce development boards to develop additional relationships with local businesses who are willing to work with students to provide Work-Based Learning Experiences.

Further research will be conducted to analyze 2020-21 program data and evaluate the progress resulting from the transition of the TPP staff to Student Services. These results will be presented in the 2021-23 CSA.

Student Services Survey for Students

Ninety-four students with disabilities completed a survey administered by DOR about their use of the Student Services program.

The students were asked to rate the usefulness of the five Student Services they received. There were five rating categories for the students to choose from: Not at All Useful, Mostly Not Useful, Somewhat Useful, Mostly Useful, and Very Useful. For data analysis purposes, the responses for Mostly Useful and Very Useful were combined and totaled. The students were also asked additional questions regarding topics such as:

- What was your favorite activity in Student Services?
- What services did you receive?
- What are your plans after high school?
- Do you need help with training or looking for work?
- Do you know who your DOR person is?

The results of the survey for usefulness of the Student Services were:

- The students rated both Workplace Readiness Training and Job Exploration Counseling each at 86%. However, when asked to rate their favorite activity only 13% of the respondents selected WRT or JEC.
- WBLE received a usefulness rating of 83%. WBLE was listed with the highest rating for favorite activities at 39%.
- The students rated Self-Advocacy Training at 78%.
- PSE received the lowest usefulness rating at 70%. Only 6% listed it as a favorite Student Service. These results are surprisingly low considering 71% of the respondents indicated that they plan to attend college after completing High School. Additionally, 12 out of 15 students that did not provide a rating for PSE indicated that they intended to go to college or were currently taking college classes.
- Over 70% responded that they would need help looking for work, and 91% of the respondents indicated that they knew who their DOR representative was.

Findings:

The students provided positive feedback on the surveys. Overall, they found the Student Services mostly useful and very useful. The

favorite activity was WBLE and the students stated they enjoyed earning money. Almost all the students knew who their DOR counselor was and knew how to ask for help. Many of the students indicated that they were planning on attending college after high school and some were already taking college classes, however counseling for PSE had the lowest number of participants and appears to be an underutilized service at the time this survey was conducted.

Recommendations:

DOR Student Services staff should offer PSE services to all Student Services participants and encourage participation. Many of the students that completed the survey indicated they plan on attending postsecondary education, but most did not participate in the PSE.

Additional research will be conducted for inclusion in the 2021-23 CSA to analyze participation rates as the Student Services program evolves.

Youth with Disabilities

Youth with disabilities are those who are 14 to 24 years old and may or may not be enrolled in school due to various circumstances. This section will analyze the disability and ethnicity types of students and youth with disabilities.

DOR Youth by Disability Type Ages 14 to 24

The analysis of rates for disability types for DOR youth with disabilities indicate Learning Disabilities was the highest proportion, followed in descending order by Intellectual, Psychiatric, Cognitive, Physical, Deaf, Blind/Visual, and Traumatic Brain Injury. Nearly two percent had not reported a disability at the time this data was analyzed.

ACS and CDE data do not align for the age group of 14 to 24, and with no other relevant comparable data available, DOR youth cases were compared to DOR VR cases for all ages by disability. The data indicates that Psychiatric and Physical disabilities are represented at higher rates for DOR cases for all ages. Learning Disabilities and Intellectual Disabilities are at higher rates for Youth cases. Table 31

contains percentages of DOR youth cases for ages 14 to 24 and DOR cases for all ages by disability types.

Table 30: DOR Disability Types and Percentages for Youth Ages 14 to 24 and DOR cases All Ages Comparison

Disability Types	Percent of DOR Youth Cases Ages 14 to 24	Percent of DOR Cases for All Ages
Learning Disabilities	37.7%	17.6%
Intellectual/Developmental	22.5%	14.7%
Psychiatric	12.3%	27.8%
Cognitive	9.7%	7.3%
Physical	6.2%	17.5%
Deaf/Hard of Hearing	5.7%	6.1%
Blind/Visual	3.6%	5.4%
Not Reported	1.6%	2.3%
Traumatic Brain Injury	0.6%	1.2%

Source: June 30, 2019 DOR Caseload Dashboard – includes students and youth with disabilities.

A possible reason for the higher rate for psychiatric disabilities for all ages may be attributed to some mental health disorders having an average onset during the early to mid-20 age range. The average age at onset for major depression is in the mid-20s, while for bipolar disorder it is during the early 20s age range.³

Physical disabilities are also represented at a higher rate for DOR cases for all ages as compared to the youth cases. The 2018 5-Year ACS Disability Demographic data for California showed that ambulatory disabilities rates increase as ages progressed:

- 0.6 percent for Under 18 years of age
- 1.1 percent for ages 18-34
- 5.4 percent for ages 35-64

The US Census Bureau defines an Ambulatory Disability as having serious difficulty walking or climbing stairs. While this definition does not completely align with all causes of physical disability for the DOR

³ John Hopkins Medicine, Mental Health Disorder Statistics. Retrieved from <https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics>

cases, it represents that the incident of physical disabilities increases with age.

In the article “Development of physical disability in older adults” published on the US National Library of Medicine National Institutes of Health website, it was concluded that the development of (physical) disability is a complex process involving biological and disease condition. In other words, as people age the risk factors for developing a physical disability increase. The data reflects this increase in the number of consumers with a physical disability.

The rates for Learning Disabilities and Intellectual/Developmental Disabilities cases are higher for DOR youth cases when compared to all DOR cases. This difference may be due in part because of the increase in the percentage of youth identified with autism-spectrum diagnoses. According to the Center for Disease Control it is estimated that the rate of autism increased from 1 in 150 in year 2000 to 1 in 54 in year 2016.

Findings:

- Learning Disabilities, Intellectual/Developmental Disabilities, and Cognitive Disabilities are represented at higher percentages for youth cases when compared to DOR cases for all ages.
- Psychiatric and Physical Disabilities are represented at lower percentages for youth cases when compared to DOR cases for all ages.

Recommendations:

The DOR may benefit from mapping data to the ACS data to aid analysis and help us identify whether we are underserving some disability types. Future research will be conducted for inclusion in the 2021-23 CSA to validate the reasons provided for the differences in rates of services provided for youth with disabilities for ages 14 to 24 with psychiatric, physical, and learning disabilities when compared to all DOR consumers.

DOR Youth by Ethnicity Ages 14 to 24

Analysis of the DOR services data for youth with disabilities by ethnicity found that Latinx youth were represented in the highest

proportion, followed with a wide margin by White, African American, Asian, Multiple, American Indian, and Pacific Islander. Three percent did not report their ethnicity.

DOR youth cases were compared to DOR cases for all ages by ethnicity. The most notable change is the 11% lower rate for Latinx cases for all ages compared to Latinx youth cases ages 14 to 24. The rates for Multi-ethnic and for those that did not report also had slightly lower rates for all ages compared to the rates for youth. The rates were higher in the all-ages category for White and African American, and the rates stayed equal for American Indian, Asian, and Pacific Islander. Table 32 contains percentages of DOR youth cases for ages 14 to 24 and DOR cases for all ages by ethnicity types.

Table 31: DOR Ethnicity Types and Percentages for Youth Ages 14 to 24 and DOR cases All Ages Comparison

Ethnicity	Percent of Youth Cases Ages 14 to 24	Percent of DOR Cases for All Ages*
African American	10%	15%
American Indian	1%	1%
Asian	5%	5%
Latinx	50%	39%
Multi-ethnic	4%	3%
Not Reported	3%	2%
Pacific Islander	0.4%	0.4%
White	28%	34%

Source: June 30, 2019 DOR Caseload Dashboard – includes students and youth with disabilities.

*Includes PE case types

Findings:

The rate of services for individuals of Latinx ethnicity is much higher when looking at the subset of youth services ages 14 to 24 (50%) than when looking at Latinx individuals of all ages (39%) receiving DOR services. This change is significant when compared to the other ethnic groups.

Recommendations:

Additional analysis may be conducted to determine what factors may contribute to individuals who identify as Latinx seeking DOR services

at lower rates at ages greater than 24. Results will be included in the 2021-23 CSA.

At-Risk Students and Youth

Foster and homeless students and youth are considered at-risk for transitioning successfully into adulthood. These students and youth often fall into the category of unserved and underserved. This population of students with disabilities may benefit from receiving DOR Student Services or VR services.

Foster Students and Youth

Students and youth in foster care represent one of the most vulnerable and academically at-risk populations. Many have been abused, neglected, or abandoned. They are more likely to experience learning and behavioral problems. Nationally, within two to four years of leaving the foster care and public school systems, 51% of foster youth and students are unemployed, 25% are homeless, and nearly 20% are incarcerated, according to Berliner & Lezin, 'Building a Research Agenda to Improve Education Outcomes for Children and Youth in Foster Care: What the Experts Say' 2012⁴.

According to CDE, the 2018-19 school year graduation rate for all students was approximately 86%, with an additional 1% as non-graduate completers. In the same period, the graduation rate was approximately 60% for foster children, with an additional 2% as non-graduate completers. Meanwhile, for foster children with disabilities the graduation rate was approximately 50%, with an additional 5% as non-graduate completers, and 43% were dropouts and non-completers.

Assembly Bill 2083 (Chapter 815, Statutes of 2018) requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. As a partner in the system of care for children and youth, DOR is committed to collaborating with state,

⁴ Berliner, B., & Lezin, N. (2012). Building a Research Agenda to Improve Education Outcomes for Children and Youth in Foster Care: What the Experts Say. Retrieved from <https://www.wested.org/resources/building-a-research-agenda-to-improve-education-outcomes-for-children-and-youth-in-foster-care-what-the-experts-say/>

county, and local partners, investing in staff development resources to embrace trauma-informed care, and continuing the conversation to shape the policies and practices for youth with disabilities involved in the foster care system.

Homeless Students and Youth

Homeless students and youth represent another at-risk group. The McKinney-Vento definition of “homeless children and youth” are individuals who lack a fixed, regular, and adequate nighttime residence (42 U.S.C 11434(a)(2)). The National Center on Family Homelessness reported that children who were homeless, as compared to other children, had three times the rate of emotional and behavioral problems, were four times more likely to show delayed development, and had twice the rate of learning disabilities (NCFH, 2008). The CDE Dashboard showed the 2019 homeless student graduation rate at 77.8%. However, the four-year adjusted cohort graduation rate for homeless students was 70%, and for homeless students with disabilities the graduation rate was only 57%. These numbers indicate the high dropout rates before the homeless students reach their graduation year.

Table 32: Foster and Homeless Students Grades 9 to 12 SFY 2019-20

Disability Status and Percent	All Students	Foster Students	Homeless Students
No Disability	1,963,189	10,949	57,047
With Disability	236,352	3,686	8,341
Percent with Disability	12%	34%	15%

Source: CDE DataQuest

Findings:

Disabilities are more prevalent in high school students who are in the foster system (34%) and experiencing homelessness (15%) when compared to the general student population (12%). They also have a higher rate of dropping out from high school, especially if they do not make it to their final year of school.

At-risk students may benefit from additional supports and services to help them transition to postsecondary education or competitive integrated employment (CIE). There may be a need for better outreach to youth and students with disabilities who suffer from homelessness or are in foster care to help them have higher rates of success in education and transition to postsecondary education or CIE opportunities. DOR staff may benefit from having cultural competency training for interacting with these unserved and underserved populations.

Recommendations:

DOR should consider data collection for foster and homeless students participating in Student Services activities. Currently these data collection fields are not available in the PE case type. By collecting this information, the DOR counselor would have an opportunity to inform the students of the supports and services available to them through DOR. Foster youth can be informed about the system of care developed by California Health and Human Services. By recording this data, the department would have awareness of how many foster and homeless students are provided with Student Services and information about DOR services.

Section V. Assessing the need to establish, develop, or improve community rehabilitation programs within the State

Community Rehabilitation Programs (CRPs) facilitate the provision of VR services to individuals with disabilities in support of their goal of employment, independence, and equality. CRPs may be independent for-profit or not-for-profit agencies, hospitals, or medical rehabilitation centers and facilitate the delivery of VR services such as:

- Assessment Services:
 - Situational Assessment (SA)
 - Vocational Assessment (VA)
- Comprehensive Vocational Evaluation (CVE)
- Employment Services (ES)
- Supported Employment services (SE)
- Support Services
- Job coaching (JC)
- Short Term Supports (STS)
- Customized Employment (CE)
- Student Services Paid Work Experience

Overview

This section presents information regarding CRPs that are vendors with DOR and provide VR services to DOR consumers and work-based learning experiences to students.

Statistics are presented for the number of consumers that received CRP services during SFY 2015-16 through 2019-20. In addition, data for the number of students receiving services through CRPs for the Work-Based Learning Experience (WBLE) program during SFY 2017-18 through 2019-20 are also presented.

This section also covers the rate increases for CRP services that became effective July 2019 and January 2020, and the need for CRPs in rural locations.

Finally, results from a survey of DOR SE staff are presented. The questions are centered around the provision of services to DOR consumers provided by CRPs, and the observed changes that CRPs

have implemented due to the Home and Community-Based Services (HCBS) Final Rule.

Themes across assessing the need to establish, develop or improve CRPs in California.

The following themes were identified throughout this section for the need to establish, develop, or improve CRPs within the State. Additional findings and recommendations will be provided in each subsection.

- The number of VR consumers that receive CRP services has declined in the past five years.
- Feedback from the Supported Employment Survey suggests that there is a need to expand CRPs, services, and staff to better meet the needs of current and potential VR consumers, especially in rural areas and individuals with MSD.

Statistics

Statewide Community Rehabilitation Program Availability

Although the number of CRPs and CRP locations/facilities may vary throughout the year, recent data collected for SFY 2019-20 indicates there were approximately 313 CRPs which provided VR services to DOR consumers at 337 locations throughout the state. Approximately 44% of the sites were located in Northern California and 56% in Southern California. Additionally, there were 26 CRP sites throughout the state that provided services for the blind or visually impaired consumers, and 21 CRPs that provide services to deaf or hard of hearing DOR consumers. However, 32.8% of mostly rural counties in California are without CRP locations and VR services.

Consumers Receiving CRP Services

The number of VR consumers that received CRP services has steadily declined over the past five years. The number of consumers receiving one or more CRP services was 17,483 in SFY 2015-16 and dropped to 14,669 in SFY 2019-20. Additionally, the number of total VR consumers has decreased each year since SFY 2016-17. However, the percentage of VR consumers accessing CRP services remains consistent with a low of 16.58% in SFY 2016-17, and a high

of 17.88% in SFY 2018-19. The most recent data for SFY 2019-20 indicated that 17.41% of VR consumers accessed CRP services.

Table 33: Number of Consumers Receiving CRP Services

Consumers	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20
Consumers Receiving CRP Services	17,483	16,651	16,633	16,322	14,669
Total VR Consumers	98,332	100,442	99,845	91,304	84,249
% of VR Consumers Accessing CRP Fee-For-Service	17.78%	16.58%	16.66%	17.88%	17.41%

Findings:

While there has been a steady decrease in the number of consumers receiving CRP services in the past five years, the largest difference was between SFYs 2018-19 and 2019-20, with a reduction of 1,653 consumers.

California’s Coronavirus (COVID-19) responses have likely affected CRP services and SFY 2019-20 data, but the extent of this impact is not yet known. Many sites were closed due to the implementation of the stay-at-home orders and have therefore, begun offering remote services as of late March 2020. However, 1.9% (9) of vendor facilities spanning four DOR Districts have permanently closed. Additionally, COVID-19 has currently led to vendor layoffs/furloughs of CRP staff (17%) and participants (12%). Preliminary data from CRP status and service logs indicate that 32% of vendors have observed a decrease in case referrals.

The full extent of the COVID-19 pandemic’s impact on the provision of CRP services will be assessed at a later date.

Recommendations:

Preliminary analysis indicated that approximately 41% of DOR VR consumers with a successful case closure were provided with CRP

services. Additional research may be conducted to analyze why the number of consumers accessing CRP services has been declining. Results will be presented in the 2021-23 CSA.

CRP Provided WBLE

In July 2017, CRPs began facilitating the pre-employment transition services paid WBLE program.

Paid WBLE is a time limited work-based learning experience that offers students with disabilities (SWDs) who have little to no work history the opportunity to explore competitive integrated work environments. The work experience placement is not intended to result in permanent employment. More information about WBLE can be found in Section IV.

A CRP approved by DOR to provide the paid work experience serves as the employer of record and is responsible for developing and monitoring the work experience opportunity with a business. A CRP is required to have a list of available work experience opportunities to meet certification requirements. The CRP is also responsible for ensuring that the SWD is provided local minimum wage; worker’s compensation and other required insurance; and other required fees associated with the SWD’s job classification while participating in the DOR student services paid work experience service.

The WBLE program was implemented in SFY 2017-18. The number of students participating in WBLE through CRPs the first year was 164 and increased to 1,491 in SFY 2019-20.

Table 34: Students receiving CRP Provided Work-Based Learning Experiences

Consumers	FY 17/18	FY 18/19	FY 19/20
Total Consumers	164	1,174	1,491

Rates for CRPs

Effective July 1, 2019, a 10% rate increase was applied to 42 fee-for-service VR services provided by CRPs. Additionally, six services that included wage components under SA and Work Adjustment, received an additional \$4 per hour to compensate for the increase in the minimum wage.

Effective January 1, 2020, the rates for SE Job Coaching and STS increased to align with rate increases implemented by the Department of Developmental Services (DDS), as mandated by Senate Bill 81 (Statutes of 2019). The following DOR services were included in this increase:

- Individual SE Job Coaching.
- Group SE Job Coaching.
- Short Term Supports.

Locations of CRPs

In a survey of DOR SE staff, nearly 50% (39 out of 82) respondents identified the lack of CRPs in rural areas to be a barrier to employment for individuals with MSD. CRPs tend to be in or around cities that have a higher population density.

There are 19 counties in California that do not have CRPs available for providing services to DOR consumers. Most of those counties are in rural areas of the state. There are seven counties with only one or two CRPs available to provide DOR services. The county with the most CRP services available is Los Angeles, followed by San Bernardino.

The survey also identified transportation to be a top barrier, especially for individuals with MSD living in rural areas. Due to the lack of CRP services available in rural areas, DOR staff providing services to consumers in rural areas have developed partnerships with other local agencies and businesses to provide services and supports when possible.

Findings:

Survey results suggest there is a need for DOR to help more consumers access the services provided by the CRPs, especially in rural areas. Transportation can be a barrier for consumers in

accessing CRP services, especially when they need to travel long distances and when public transportation is not an option.

Recommendations:

It is recommended that the department continue to work with CRPs for the provision of quality services provided either in person or remotely, especially in rural areas of the state. It is also recommended that research is conducted to identify methods for the provision of remote services by existing approved CRPs for those services that lend themselves to being provided remotely.

For areas with few or no CRPs locally, it is also recommended that DOR develop strong local working relationships with local AJCCs, Local Education Agencies, regional centers, and other employment development services.

Survey Results – CRP Services

A survey of DOR SE staff conducted in July 2020 included questions regarding CRP services that are needed in their areas. The results indicate the need for:

- More CRPs and CRP staff to handle the volume of consumers needing services.
- CRP services for consumers located in rural areas of the state.
- CRPs to offer a greater variety of services, especially for individuals with MSD.
- CRPs with bilingual staff to serve California’s diverse population of individuals with disabilities.
- Additional training for CRP staff, especially for working with individuals with MSD.

Due to the upcoming implementation of the HCBS Final Rule, by March 2023 individuals receiving long-term services and supports through HCBS programs must have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

Under the current structure, some individuals with MSD make an informed decision to work at sheltered workshops run by CRPs and

businesses who hold special wage certificates (14(c) certificates). With the HCBS Final Rule implementation this will no longer be an option for a large number of consumers. Those that will no longer be able to work in a non-integrated setting will potentially seek DOR VR services for job placement.

See Section I of the CSA for more information regarding requirements for consumers who choose to work in subminimum wage employment.

In the survey, SE staff were asked if they were aware of CRPs making the necessary changes that will bring them into compliance with the HCBS Final Rule. The results indicated the observed positive changes some CRPs have already made toward coming into compliance with providing CIE settings were:

- An increase in wages from sub-minimum wage to at least minimum wage.
- Elimination of some sub-minimum wage sites.
- An increase in CRPs offering customized employment services.
- An increase in community integration programs.
- An increased focus on competitive integrated employment.

More information regarding the survey can be found in Section I.

Findings:

There is a need for the approved CRPs to have more capacity to meet the service needs of DOR consumers.

Recommendations:

It is recommended that the department continues to work with CRPs for the provision of quality services to California's diverse population, especially those located in rural areas of the state.

Additional research will be conducted to analyze the needs of CRPs for the provision of services to DOR consumers. Results will be presented in the 2021-23 CSA.

Acronyms

ACS – American Community Survey
AJCC – America Jobs Centers California
BFS – Blind Field Services
CCIR – Career Counseling and Information and Referral
CE – Customized Employment
CFR – Code of Federal Regulations
CIE – Competitive Integrated Employment
CMS – Centers for Medicare and Medicaid Services
CRP – Community Resource Programs
CSA – Comprehensive Statewide Assessment
CSS – Consumer Satisfaction Survey
DDS – Department of Developmental Services
DIAC – Diversity and Inclusion Advisory Committee
DOR – Department of Rehabilitation
EDD – Employment Development Department
ES – Employment Services
FCCC – Foundation for California Community Colleges
HCBS – Home and Community-Based Services
ID/DD – Intellectual Disabilities and Developmental Disabilities
JC – Job Coaching
JEC – Job Exploration Counseling
LEA – Local Educational Agencies
LMI – Labor Market Information
LPA – Local Partnership Agreements
LWDB – Local Workforce Development Board
MOU – Memorandum of Understanding
MSD – Most Significant Disabilities
PE – Potentially Eligible
Pre-ETS – Pre-employment Transition Services
PSE – Postsecondary Education Counseling
PVSA – Personal, Vocational and Social Adjustment
QRP – Qualified Rehabilitation Professional
RPU – Regional Planning Unites
SA – Situational Assessment
SE – Supported Employment
SFY – State Fiscal Year
SMW – Subminimum Wage
SRC – California’s State Rehabilitation Council

SSDI – Social Security Disability Insurance
SSI – Supplemental Security Income
STS – Short Term Supports
SWD – Students with Disabilities
TBI – Traumatic Brain Injury
TPP – Transitional Partnership Program
VA – Vocational Assessment
VR – Vocational Rehabilitation
WIOA – Workforce Innovation and Opportunity Act
WBLE – Work-Based Learning Experience
WRT – Workplace Readiness Training