# 2025 Comprehensive Needs Assessment

Vocational Rehabilitation Needs of Rhode Islanders with Disabilities

State of Rhode Island Department of Human Services Office of Rehabilitation Services In Collaboration with the State Rehabilitation Council



State of Rhode Island State Rehabilitation Council To work with ORS assuring that all Rhode Islanders with disabilities can obtain and keep meaningful and satisfying employment.

February 14, 2025

Joseph Murphy, Associate Director The RI Office of Rehabilitation Services 40 Fountain Street Providence, RI 02903

RE: The 2024 Comprehensive Needs Assessment

Dear Mr. Murphy:

On behalf of the State Rehabilitation Council (SRC), I would like to extend our gratitude to the Office of Rehabilitation Services (ORS) for its ongoing partnership on the Comprehensive Needs Assessment (CNA) for 2024. As you are aware, the Rehabilitation Act of 1973, as amended, requires the ORS, in collaboration with the SRC, to conduct a Statewide CNA every three years. The CNA is crucial for understanding the rehabilitation needs of Rhode Islanders with disabilities, including those with the most significant disabilities, underserved populations, youth, and others engaged in Rhode Island's broader workforce development initiatives. Additionally, our responsibility includes identifying opportunities to enhance and develop Community Rehabilitation Programs (CRPs) throughout the state.

The SRC shares the ORS's view that the CNA should be viewed as a flexible and ever-changing process. It is essential that we acknowledge successful data collection methods and incorporate a wide range of information sources to address vocational rehabilitation needs statewide. This year, we were proud to collaborate closely with the ORS from the start. Together, we ensured that the CNA would accurately reflect the shifting vocational rehabilitation and workforce landscape caused by the pandemic's far-reaching effects, as well as by the rapidly changing skills needed by employers.

A key part of our efforts was the focus on the separate sources that could reflect the experience of ORS services: educators, parents/guardians and students, employers, vendors, and ORS staff. Notably, the use of several virtual focus group gatherings helped to maximize the opportunity to participate for parents, students, and educators. The survey gathered valuable data ranging from demographic information to satisfaction levels with the ORS and feedback on potential areas for improvement. We were particularly pleased with the outcome of this survey, which benefitted from our input in previous years to refine the questions and enhance response rates.

The SRC has reviewed the key conclusions and themes identified in the CNA, and we are excited to continue our work alongside the ORS. Our focus will be on developing strategies to raise awareness of the ORS and its full range of services, increasing outreach to underserved populations, strengthening connections between employers and individuals, and removing barriers that hinder people from obtaining and sustaining competitive, integrated employment. We are also eager to work with the ORS in the coming year on the State Plan that will address the findings from this assessment.

Thank you again for your dedication to improving employment outcomes for individuals with significant disabilities in Rhode Island and for your thorough collaboration with the SRC on the 2024 CNA.

Sincerely,

Melissa D. Brusso Chair, State Rehabilitation Council

Cc: John Valentine, Strategic Planning Supervisor Nancy Baker, SRC Facilitator

## **Table of Contents**

Executive Summary1	
Environmental Scan3	
NIOA Focus Areas7	,
ORS Quality Improvement Data2	22
Acknowledgments2	3

## **Executive Summary**

The Rhode Island Office of Rehabilitation Services (ORS), as the designated state unit responsible for operating the federal-state vocational rehabilitation program in Rhode Island, continually assesses the vocational rehabilitation (VR) needs of people with disabilities. The 2025 Comprehensive Statewide Needs Assessment (CSNA) is a critical step in the ORS strategic planning process for the VR needs of Rhode Islanders with disabilities and is designed to meet the CSNA requirements of 34 CFR 361.29.

This federal regulation, a result of Title I of The Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014, requires ORS to assess the VR needs of:

- 1. The VR Services Needs of Individuals with Disabilities Residing within the State, Including:
  - A. Individuals with the Most Significant Disabilities and their Need for Supported Employment.
  - B. Individuals with Disabilities who are Minorities and Individuals with
    Disabilities who have been unserved or underserved by the VR
    Program.
  - C. Individuals with Disabilities Served Through Other Components of the Workforce Development System; And
  - D. Youth with Disabilities, including students with Disabilities and Their Need for Pre-Employment Services.
    - a. Include an assessment of the needs of individuals with disabilities for transition career services and

1

- b. Pre-Employment Transition Services, and
- c. The extent to which such services are coordinated with transition services provided under IDEA.
- 2. Identify the need to establish, develop, or improve community rehabilitation programs within the state.

The CSNA is required to be completed every three years. The last CSNA completed for the state of Rhode Island was in 2021. This 2025 assessment utilizes the results of the CSNA to assist with the ongoing process of creating new goals and priorities for the agency as a whole. These goals are in turn used to guide program development and resource utilization across programs and special projects, promoting growth and service delivery. The information from this process is obtained in conjunction with the State Rehabilitation Council (SRC), contributes to the development of the VR state plan, and assists in the collection of documenting the need for federally funded programs, and various intra-agency cooperation.

## **Environmental Scan**

The Environmental Scan is a compilation of local, state, federal and agency data presented to provide context to the conditions in which the ORS VR program services Rhode Islanders with disabilities. The Environmental Scan covers topics including Rhode Island's population, demographics, education, economic conditions, employment, labor market trends, and ORS fulfillment of the Workforce Innovation and Opportunities Act (WIOA) performance measures.

#### Rhode Island Population:

According to the current 2020 United States Census Bureau, Rhode Island (RI) has a population of 1.1 million people, which ranks 44<sup>th</sup> in the nation.

#### Age and Gender:

Rhode Island's population by gender is 50.9% female and 49.1% male, which is consistent with the nationwide averages.

RI has a larger aging population compared with the rest of the country. According to the current United States Census Bureau reports, the median age in RI is 41 years old (compared to 39 years nationwide), with 19% of RI's population being over the age of 65 (compared to 17.5% nationwide). Rhode Island's age population breakdown consists of 14% falling between the ages of 15 - 24 years old, 13.9% falling between the ages of 25 - 34 years old, 12.2% falling between the ages of 35 - 44 years old, 12.6% falling between the ages of 45 - 54 years old, and 14.1% falling between the ages of 55 - 64 years old.

#### Race and Ethnicity:

According to the 2020 United States Census Bureau, Rhode Island's percentage of persons who identify as White alone accounts for 71% of the population. Those persons who identify as Hispanic or Latino of any race accounts for 17% of the population. Those who identify as Black/African American alone accounts for 6% of the population. Those who identify as Asian alone accounts for 4% of the population. Those who identify as two or more races accounts for 3% of the population.

#### **Disability Prevalence:**

The 2022 American Community Survey from the United States Census Bureau, reports that 4.2% of Rhode Islanders are without health care coverage. The survey indicates that 13.2% of Rhode Islanders have a disability, which is consistent with the nationwide average of 13%.

#### SSI and SSDI in Rhode Island:

According to the Social Security Administration's 2022 Annual Statistical Supplement, 27,835 Rhode Islanders (2.5% of the state population) are receiving social security benefits as a result of a disability.

#### Income and Poverty:

The most recent United States Census Bureau, documented that the median household income in RI 2022 was \$81,854, compared to \$74,580 nationally.

#### Education and Employment:

According to the 2022 American Community Survey from the United States Census Bureau, 39.6% of RI's population possesses a bachelor's degree or higher. This figure is higher than the nationwide average of 34.2%.

According to the 2022 United States Department of Labor, the employment rate in RI was 61.2%, which ranks 26<sup>th</sup> in the nation. The employment rate for people with disabilities in RI is 36%, which ranks 30<sup>th</sup> through 33<sup>rd</sup> in the nation.

The RI Department of Labor and Training (DLT) Labor Market Information Division reported, in March 2023, that half of the employers (50.0%) in RI have between one and four employees; however, those businesses employ just 9.1 percent of the workforce. The largest employers (those with 1,000 or more employees) numbered 29 (0.1%) and employed 15.7 percent of Rhode Island's private sector workforce. Smaller employers (those with less than 20 employees) represented 92.4 percent of all employers in the state and employed over one quarter (26.9%) of the workforce. There are 554 (1.3%) employers in the state employing 100 or more workers. Together, these entities employ nearly half (46.1%) of the state's private sector employees. The state's 29 largest employers (1,000 or more employees) are found in Health Care and Social Assistance (6), Private Education (5), Retail Trade (5), Finance and Insurance (4), Management of Companies and Enterprises (3), Transportation and Warehousing (2), Manufacturing (1), Administrative and Waste Management Services (1), Accommodation and Food Services (1) and Utilities (1). RI workers were paid average annual wages above the national average in four economic sectors: Management of Companies and Enterprises, Educational Services, Wholesale Trade and Accommodation and Food Services.

#### Youth:

"KIDS COUNT" is a project of the Annie E. Casey Foundation to track the well-being of children in the US. By providing high-quality data and trend analysis through its KIDS COUNT data center, the foundation seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children and to raise the visibility of children's issues through a nonpartisan, evidence-based lens. In addition to data from trusted national resources, the KIDS COUNT data center draws from more than 50 KIDS COUNT State Organizations that provide state and local data, as well as providing insights into trends affecting child and family well-being. Their data is utilized for the following statistics:

Between 2022 – 2023, there were 137,452 students enrolled in public schools in RI. Of that number, 1,739 (1.27%) were identified as homeless by public school personnel. Only 27.3% (just over one quarter) of young children experiencing homelessness were enrolled in an early childhood program. The core cities of young children experiencing homelessness in RI are Providence (state capitol), followed by Central Falls, Pawtucket and Woonsocket (all three cities located in the northern part of the state). Additionally, 16.4% of kindergarten through grade 12 students were receiving special education services in RI. A total of 206 youth were incarcerated at the training school during 2023, which was a 43% increase from 144 youths in 2021.

## **WIOA Focus Areas**

**Comprehensive Statewide Needs Assessment (CSNA).** Section 101(a)(15), (17), and (23) of the Rehabilitation Act require VR agencies to provide an assessment of:

- (1) The VR services needs of individuals with disabilities residing within the State, including:
  - (A) Individuals with the most significant disabilities and their need for Supported Employment.
  - (B) Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the VR program.
  - (C) Individuals with disabilities served through other components of the workforce development system.
  - (D) Youth with disabilities, including students with disabilities and their need for pre-employment transition services. Include an assessment of the needs of individuals with disabilities for transition career services and pre-employment transition services, and the extent to which such services are coordinated with transition services provided under IDEA.
- (2) Identify the need to establish, develop, or improve community rehabilitation programs within the State.

## **ORS Staff**

Focus groups were held with each region in the agency. These regional focus groups were utilized to assess the professional needs of staff for the CSNA.

ORS has a total of 7 regions that encompass all of RI. Five of the regions are organized by geographic location of the state. One region is devoted solely to statewide services for individuals who are deaf and hard of hearing and one region is devoted solely to statewide services for individuals who are blind and/or visually impaired (SBVI).

Region staff focus groups were attended by ORS vocational rehabilitation counselors (VRC's), rehabilitation technicians and region supervisors. When discussing the needs of ORS staff, some needs were common across the agency and some needs were specific to each region. All Regional Staff indicated a need to fill eight vacant VRC positions. Most regional staff were covering additional caseload duties as a result of the vacancies. ORS Staff indicated that they need ongoing technical assistance with the utilization of Informed, which is the MIS adopted by ORS in November 2023. Other staff needs outside of these common themes came from the regions below.

The SBVI region vocalized the need to add an additional VRC position, or rehabilitation technician position to their region, as the influx of their referrals remain high and in an upward trend. Additionally, the SBVI region indicated they could also benefit from having more varied access to consultants in order to assist with determining eligibility since the consultant's assessments have differed from one another.

The Providence region stated they have a need for assistance in complying with eligibility timeliness requirements for consumers who are homeless. The region felt that training in this area could be beneficial and that access to the "Therap System" utilized by the department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) could also help VRC's with eligibility timeliness.

The northern region indicated they could benefit from supported employment trainings and best practice refreshers. This is due to the expectation that ORS will be hiring new VR counselor staff over the next several months, and some of the agency procedures and processes have evolved. The northern region is home to many non-English speaking consumers and staff said they have a need to learn how to better serve these consumers.

The Central region indicated adding resources to have consumer testing centers on site at ORS to streamline the VR process for consumers. This could potentially bypass some of the waiting time consumers are experiencing for services due to CRP's currently being short-staffed. The Central region also stated their work equipment is getting old and unreliable, particularly the laptops and WIFI connections. Lastly, this region requested for ORS to sponsor more approved trainings for CRC credits so that staff would not need to take as many trainings for their CRC maintenance during their own personal time.

#### **Transition**

ORS and SRC determined that the best way to capture information about the needs of youth was to host two focus groups via zoom. Many dozens of relevant individuals were invited to attend. The first focus group consisted of fourteen RI Educators who were actively working with transition-aged-youth with disabilities. Geographically, these educators represented all regions across RI. Participants in this group were specifically employed as teachers working with students with developmental disabilities, life skills teachers, transition coordinators, special education advocates, etc. The second focus group consisted of six individuals who were either a student with a disability working with ORS, or a parent/guardian of a student working with ORS. The focus group participants consisted of five parents/ guardians and one student. The respective geographies in which the participants reside/attend school represented all geographic regions across RI.

In the focus group with educators, discussions centered around the needs of students with disabilities, particularly on the topics of students receiving supported employment services, students receiving Pre-ETS services, students who have an IEP, students who have a 504 and student populations who are unserved/ underserved by ORS.

Regarding students who receive supported employment services, educators vocalized a need for family support from parents of students who are exiting school, particularly Spanish-speaking parents. Educators find that parents are often doubtful that their kids can achieve paid employment. Additionally, educators expressed the need to continue and expand summer work programs and work trials. Educators stated that ORS CRP's are currently short-staffed and that students receiving SE services need more readily available access to job coaches.

Regarding students who receive Pre-ETS services, educators reiterated that CRP's are currently short-staffed. Educators stated that some schools are "rigid" when it comes to CRP's, namely utilizing certain CRP's and certain services, rather

than the individual students and parents/guardians making an informed choice on the matter. Educators would like to see ORS present more "transition nights" at the schools. Their belief is the more ORS directly presents about services, the less information will get lost in translation to parents/guardians/students when services are discussed to them from school staff.

Regarding students who have an IEP, educators stated there is a need for more active presentation from ORS counselors at IEP meetings, otherwise ORS counselors can be "pushed to the side" by school staff if they do not assert a more active role during these meetings. Educators expressed the benefits for students when ORS is involved early in the students' lives and to introduce the conversation about paid employment earlier in the VR process with students. Additionally, educators spoke of a need for transportation and travel training services prior to consumers obtaining employment. This would eliminate the time sensitivity to provide those services "last-minute" and avoid potential scenarios of consumers losing their jobs prior to sorting out transportation dynamics.

When discussing students who have 504's, educators stated that some schools believe in a stigma that students with 504's receive accommodations and that students with IEP's receive services. Educators believe there is a need to break through the stigma and that more frequent presentation from ORS about services for students with 504's would be beneficial.

The focus group also devoted time to discussing potentially underserved/ unserved populations. Educators pointed to an increasing number of students with anxiety who have IEP's and 504's and that schools are trying to develop methods to help those students. Educators identified students with 504's to be underserved, again, due to a stigmatized belief in the schools that 504's are for accommodations and not for ORS services. The focus group discussed how kids who have parents in AA, or parents that are in some form of recovery, could benefit from help and/or services. Whether these kids have a disability or meet eligibility requirements for ORS services are yet to be seen. Additionally, the focus group spoke to a steady rise of migrants to RI from all over the world, particularly South America and the Caribbean. This has created a potentially unserved population, presenting barriers in the areas of language, transportation and social integration. The focus group believes stronger marketing efforts by ORS, along with a more diverse array of language communication and services centered around social integration could positively address these needs. In the focus group with students/parents/guardians, discussions centered around the needs of students with disabilities, particularly on the topics of students receiving supported employment services, students receiving Pre-ETS services, students who have an IEP, students who have a 504 and students who are unserved/underserved.

Regarding students who receive supported employment services, the focus group called for more communication from their school guidance counselors about agencies like ORS and services that could be available to students with disabilities. Essentially this points to a need for increased awareness of the ORS mission. The group would like to see more presentations and explanation of ORS services, rather than the schools or ORS simply presenting paperwork to them for their signature. This potentially points to a need for more informed choice for consumers/parents/ guardians. Additionally, the group verbalized an increasing need for more job coaching hours and to increase help with interviewing skills.

Regarding students who receive Pre-ETSs services, the focus group pointed towards a need for students with anxiety who could benefit from more acute onthe-job accommodations. Participants in the group stated that check-in phone calls from ORS counselors would always be helpful and that a high volume of those calls would never be over-burdensome.

When speaking of the needs of students with IEP's, the group stated that mentoring from ORS counselors would be beneficial. Additionally, sometimes help from ORS counselors is needed to fill out applications, understand paperwork, etc. The group also pointed to a rise in students with anxiety who could benefit from the above items.

The focus group also devoted time to discussing potentially underserved/ unserved populations. Students with anxiety were identified. Students who are seen as more severe on the Autism spectrum were identified, as the group stated this population of students are less likely to advocate for themselves during day-to-day affairs and occurrences. Lastly, those who have limited access to transportation were mentioned as a potentially underserved group.

#### **Community Rehabilitation Providers**

In order to identify the need to establish, develop, or improve community rehabilitation programs within the State, ORS conducted a two-step approach. First, a survey was sent to 100 vendors of ORS who provide regular hands-on services to ORS consumers. Second, focus groups were held with each ORS region to obtain direct feedback from ORS staff on what the direct service provision needs are for ORS consumers in each of the respective ORS regions.

The CRP survey consisted of 14 questions and was emailed to 100 CRP's via Survey Monkey. Of the 100 recipients, 20 participated in the survey, which yielded a return rate of 20%.

Survey respondents were providing the following services to ORS consumers: assistive technology, benefits counseling, community-based work experience, driver training, home modifications, job coaching, job development, job placement, job retention, life skills training, orientation/rehabilitation teaching, Pre-ETS, rehabilitation engineering, summer work, vehicle modifications, virtual services, vocational assessment, vocational evaluation, vocational tools/equipment and vocational training.

The funding source of CRP respondents primarily come from Office of Rehabilitation Services (ORS), Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH), Department of Labor and Training (DLT), Medicaid and various grants.

When asked how many people are employed with their agency, 40% stated they had over 50 employees; 35% stated they had 1 - 10 employees; 10% stated they had 11 - 20 employees; 10% stated they had 21 - 30 employees; 5% stated they had 41 - 50 employees; and 0% stated they had 31 - 40 employees. Additionally, 30% of respondents offer internships in their agency.

When asked if their agency provided SE services, 75% responded "yes" and 25% responded "no". Of the 5 agencies that do not provide SE services, 60% responded that they would be willing to provide SE services in the future and 40% responded that they would not be willing to provide SE services in the future. Of those who would be willing to provide SE services in the future, respondents stated that more staff and space, learning how to provide SE services, and training for

their staff would be needed to provide SE services in the future. 58% of respondents indicated they are interested in servicing populations that they don't already service.

Respondents were asked who their disability service populations were: 90% indicated developmental disabilities, 80% indicated cognitive disabilities, 70% indicated behavioral health, 65% indicated physical, 60% indicated communicative, 45% indicated deaf/hard of hearing, 45% indicated orthopedic/neurological, 40% indicated blind/visually impaired and 20% indicated respiratory.

When asked which age populations they are servicing, 80% indicated they service the 14 - 24 age range; 90% indicated they service the 25 - 34 age range; 90% indicated they service the 35 - 44 age range; 85% indicated they service the 45 - 54 age range; 80% indicated they service the 55 - 64 age range; and 45% indicated they service the ages 65 and up.

Respondents indicated they would like to receive training to provide the following populations with services from their agency: veterans; deaf and hard of hearing; high school; Pre-ETS; developmental disabilities and "all" populations.

When asked what trainings would be beneficial to their agency to advance their professional development, respondents indicated the following: job coaching; job development; employer networking; vocational skills; case management; association of community rehabilitation educators (ACRE); customized employment, youth populations; assistive technology; implications of criminal backgrounds; mental health/psychiatric diagnoses and neurodiversity.

Respondents were asked which populations they considered to be unserved and/or underserved in the community. The following responses were given in order of abundance:

- Intellectual Developmental Disabilities (IDD)
- Individuals with Autism and/or developmental disabilities due to lack of referral options, difficulty to gain access to resources when older, or when diagnosed later in life
- Individuals with hidden disabilities
- Individuals with undiagnosed, or "mild" disabilities as they don't receive a diagnosis via school systems and subsequently cannot qualify for the appropriate services in adulthood

- Individuals who are homeless
- Individuals who are veterans
- Individuals with learning disabilities
- Individuals with dual diagnosis (combination of behavioral health and substance abuse)
- Individuals with separate funding sources for services

CRP's were asked what their agency would need to establish, develop, or improve service delivery to individuals with disabilities. The most common responses were increased training, larger physical space, referrals from a wider range of ORS counselors rather than a select few, more referrals from ORS, more funding, more partnerships from non-profit agencies, vehicles for their agency, better explanation of CRP services from ORS counselors.

## **ORS Staff**

Focus groups were held with each region in the agency. ORS has a total of 7 regions that encompass all of RI. Five of the regions are organized by geographic location of the state. One region is devoted solely to statewide services for individuals who are deaf and hard of hearing. One region is devoted solely to statewide services for individuals who are blind and/or visually impaired (SBVI).

Region staff focus groups were attended by ORS vocational rehabilitation counselors (VRC's) and region supervisors. When discussing the needs of consumer services from community rehabilitation providers in their specific areas, some needs were common across the agency, while other needs were specific to each region.

The deaf and hard of hearing region, which is a statewide region, mentioned a need for interpreters that will provide services statewide for ORS consumers.

The services for the blind and visually impaired (SBVI) region, which is also a statewide region, gave many areas of feedback centering around consumers with the most significant disabilities. For instance, consumers who are blind and have significant impairment of I/DD, usually need PCA during their work assessment. There are no CRP's that will work with a consumer in this situation. Most of the transition-aged youth referrals to SBVI are noted as significantly impaired and there is a lack of CRP's to work with them. Historically, there is difficulty finding CRP's to provide SE services to youth who are the most significantly disabled. The SBVI region stated there is a need for Spanish-speaking interpreters as well. Additionally, it has been difficult for the SBVI region to find job development services for their consumers in the southern part of the state, which mirrors commentary from the staff of the South County region.

The southern region of RI discussed transportation-related needs. Specifically, lack of public transportation routes. The southern part of the state is large and vast, compared to the geography of the rest of the state. This creates a barrier to some consumers and oftentimes, CRP's do not have the resources or capacity to provide transportation to consumers in this region. The southern region focus group stated there is a need for more CRP's to provide services to individuals with behavioral health concerns. Some of the community-based behavioral health clinical services are in place; however, those existing CRP's do not provide vocational services. Additionally, consumers in the southern region need CRP's who provide "top to bottom" and "start to finish" services for supported employment, as some of the higher-capacity CRP's in the state do not provide services in the southern region.

The East Bay region of RI spoke to several needs in the Eastern part of the state. Like the southern region, there is a lack of available public transportation in the islands on the southeastern part of the state. This geographical area in the state also appears to be the most scarce in terms of quantity of CRP's to keep up with the number of consumers and service needs. One of the higher-capacity statewide CRP's is no longer providing services to parts of the East Bay region. Since Covid, many retail stores have closed in this part of the state, which have historically provided sites for vocational evaluations and work experiences for ORS consumers. CRP's across this region are low staffed. There are few service providers for behavioral health in this region. The focus group stated there is a need for more driver training services and non-SE adult job development and placement services.

The Providence region spoke to a need for more services for their Spanishspeaking consumers, as there is a high population in the region. The region mentioned a need for more behavioral health services. Additionally, they identified a need for SE services for adults with autism/Asperger's who do not meet the criteria for BHDDH services. Like the Providence region, the northern region highlighted a need for behavioral health services, SE services for adults who do not meet the criteria for BHDDH services, along with a need for Spanish-speaking CRP's to provide direct employment services.

The central region also spoke to a need for Spanish-speaking CRP's. The region touched upon how the CRP's in this part of the state are currently overwhelmed with referrals for their current staffing capacity. Like the East Bay region, a wider array of work setting tryout locations is needed. The region stated there is a need for more SE youth services and the exploration of how to access long-term SE supports for consumers who do not have BHDDH services. The CRP's who provide driving evaluations and vehicle modifications are backed up with referrals, creating a waiting list for consumers in need of these services.

#### **Employers**

A ten-question survey was distributed to various employers throughout the local RI business community. The survey was designed to gain information on how ORS could strengthen the connection between the business community and individuals with disabilities. The survey was completed by seventeen employers.

Respondents were asked how many people were employed with their company: 47% employ over 100 people; 23.5% employ 51 - 99 people; 23.5% employ 25 people or less; and 6% employ 26 - 50 people.

Data was collected regarding the type of industry and business conducted by these companies. Respondents were allowed to indicate more than one field. Per the survey, 41% indicated social/human services; 29% indicated health care; 18% indicated Information Technology; 12% indicated business/financial; 12% indicated communication; 12% indicated education; 12% indicated hospitality; 12% indicated retail; 6% indicated building/construction/extraction; 6% indicated repair/ installation/ cleaning/maintenance; and 6% indicated sales and marketing. No respondents indicated the fields of production or protective service.

When asked to the best of their knowledge if their company employs people with physical or behavioral health disabilities, 100% of respondents indicated yes. Additionally, 76.5% of respondents indicated their company actively recruits people with disabilities.

Respondents were asked what information would be helpful to recruit people with disabilities. Some answers were centered around marketing and communication, while other responses were specific and included: understanding laws about discrimination and employer requirements for said employees; verification of high productivity; concerns as to whether the applicant could work independently, or do they need job coaching; does the applicant take medication, or have allergies that would make it unsafe to perform job tasks; the need for thorough background checks; information about tax and work assistance programs; identification of connection points for company recruiters; training for hiring managers and supervisory personnel; a better understanding of the talent pool, the types of qualification, and areas of specialization that people with disabilities would have.

All 17 respondents indicated their company would be willing to provide accommodations to employers with disabilities. Furthermore, respondents were asked what type of accommodations their company has provided to people with disabilities. The most re-occurring responses were longer training times, allowing more time/days to work from home, and assistive technology such as software, screen readers, headphones, standing desks and accessible doors. Other responses included job carving, translation tools/resources, extra shift breaks, accessible parking and other office modifications.

Respondents were asked what concerns, if any, would they have with hiring people with disabilities. Over half of the respondents indicated they would have no concerns. Other responses included identifying more resources used to keep people with disabilities trained and/or employed; the dangers of the job; and the inability to provide physical modifications to the workplace environment.

Survey results yielded that 70.5% of respondents were aware of tax credits available for hiring people with disabilities. Additionally, 88% of respondents indicated they were aware of the Office of Rehabilitation Services.

## **ORS** Consumers

ORS mails out monthly consumer satisfaction surveys to individuals with open cases with ORS, specifically those who have an IPE, are job ready, are employed and/or those with stable employment. ORS does not mail out surveys to consumers who had their cases closed. This practice enables ORS to increase the number of individuals who receive surveys, providing ORS with more quantified data. Also, this practice provides the opportunity to reach out to consumers who may have had less frequent communication with ORS, thus creating another outreach attempt to encourage re-engagement and prevent more cases from being closed. Survey questions also reflect modern WIOA data-driven best practices for service provision. The consumer survey practice involves mailing out monthly surveys based on the first letter of the consumers last names (i.e., April = letters "A" and "B"), thus ensuring no consumer receives a survey more than once per year.

Between April 2021 through June 2024, the ORS monthly consumer satisfaction survey was mailed to 4,803 ORS consumers. The pool of consumers consisted of individuals who were either working through the help of ORS, were receiving some type of training funded by ORS, or were in post-employment plan development. Additionally, 291 surveys were returned "undeliverable' to ORS, while 672 individuals responded to the survey. A response rate of 14% was achieved. The data showed the following:

- 75% of respondents indicated ORS matched their stated goals
- 77% of respondents indicated ORS matched their stated interests
- Supported employment, job placement, job development and job coaching, respectively, were the services that respondents indicated as the most important to them
- 70% of respondents indicated they feel better prepared to enter employment working with ORS
- 73% of respondents indicated their ORS counselor typically responds to their outreach attempts within 2 days (45% within 1 day and 28% within 1 2 days)
- 76% of respondents indicated they receive services in a timely manner
- 70% Of the respondents who indicated they receive SSI and/or SSDI, indicated that benefits counseling services were available to them
- 75% of respondents indicated they would recommend ORS services to a relative or friend

Supported employment was identified as the most important service to consumers. Other services directly related to employment (such as job placement, job development and job coaching) were of great importance, followed respectively by the provision of training and counseling and guidance. Education was ranked of much lower importance than it was in the 2021 CSNA.

Respondents were asked what ORS could do to improve services. Aside from frequently stating for ORS not to change anything, other responses included offering

more employment-related services, providing services in a timelier fashion and more frequent communication from their ORS counselors.

When asked how ORS has changed their life, the top responses included preparing consumers for employment, helping consumers obtain employment and helping consumers obtain self-confidence.

The 14 – 24 age group were the largest number of respondents. They were also the largest number respondents in the 2017 and 2021 CSNA. Consumers aged 25 - 34 were the second largest group of respondents, followed by consumers aged 55 - 64.

Per disability, the largest number of respondents indicated having behavioral health issues, followed by cognitive, developmental and physical disabilities, respectively.

Since the 2017 CSNA and the 2021 CSNA, response rates rose among individuals who identify as minorities. Data showed that 65% identified as White/Caucasian; 16% identified as Black/African American; 10% identified as Hispanic/Latino; 5% identified as American Indian/Alaskan Native; 3% identified as Asian; and 1% identified as Pacific Islander.

#### **Unserved/Underserved Populations**

Feedback data was collected from ORS staff, transition focus groups and community rehabilitation providers to identify unserved/underserved populations in RI. The following summarizes the respective data obtained on the topic.

## **ORS Staff**

The SBVI region of ORS identified individuals who are blind/visually impaired and have an additional diagnosis of Severe Intellectual Disabilities are an underserved population in their program. The region stated that these individuals are not only the most significantly impaired, but they also frequently require a PCA with them during work assessments. Furthermore, many CRP's do not have the knowledge and ability to provide the necessary accommodations needed to provide work assessments. The Providence region identified adults with legal/criminal backgrounds and individuals who are homeless as being both unserved and underserved. Furthermore, the region stated those who are homeless with legal/criminal backgrounds are the most unserved/underserved populations they serve.

The northern region identified an increase in individuals with physical disabilities who are seeking services, particularly, older adults and senior citizens. This region stated that senior citizens with disabilities are experiencing difficulty with obtaining employment and far too often are not being hired for jobs.

The central region also identified individuals with legal/criminal backgrounds and vocalized the difficulties they experience when trying to obtain employment, even with "second chance employers." The region also identified, a difficulty for CRP's to find work sites for assessments for those with physical disabilities. The region felt that people with physical disabilities could also benefit from having more assistive technology vendors in this part of the state. Additionally, the central region also identified those who identify as Asian with disabilities are less likely to seek out services.

The east bay region identified the adult populations with behavioral health concerns and autism/Asperger's. Individuals in this region could benefit from more behavioral health services, therapists, social skills training, assessments, etc. Additionally, there is a high population of Portuguese-speaking individuals with disabilities in this region, and having agency documents in the Portuguese language could better serve this community.

The southern region stated there are students in this part of the state with physical disabilities who are not clients of ORS, nor are they getting referred to ORS by their schools. The region further added that they believe there is still a number of students with 504's whose schools are not referring them to ORS for services.

#### <u>Transition</u>

Educators pointed to an increasing number of students with anxiety who have IEP's and 504's and that schools are trying to develop methods to help those students. Educators identified students with 504's to be underserved, due to a stigmatized belief in the schools that 504's are for accommodations and not for ORS services. The focus group discussed how kids who have parents in AA, or parents that are in some form of recovery, could benefit from help and/or services. Whether these kids have a disability or meet eligibility requirements for ORS services are yet to be seen. Additionally, the focus group spoke to a steady rise of migrants to RI from all over the world, particularly South America and the Caribbean. This has created a potentially unserved population, presenting barriers in the areas of language, transportation and social integration. The focus group believes stronger marketing efforts by ORS, along with a more diverse array of language communication and services centered around social integration could positively address these needs.

Students and parents/guardians pointed to students with anxiety sand students who are identified as more severe on the autism spectrum.; These populations of students are reportedly, less likely to advocate for themselves during day-to-day affairs and occurrences. Lastly, those who have limited access to transportation were mentioned as a potentially underserved group.

## **Community Rehabilitation Providers**

Per survey, CRP's identified a number of potentially unserved/underserved populations across the state of RI:

- Intellectual Developmental Disabilities (IDD)
- Individuals with Autism and/or developmental disabilities due to lack of referral options, difficulty to gain access to resources when older, or when diagnosed later in life
- Individuals with "hidden" disabilities
- Individuals with undiagnosed, or "mild" disabilities as they don't receive a diagnosis via school systems and subsequently cannot qualify for the appropriate services in adulthood
- Individuals who are homeless
- Individuals who are veterans
- Individuals with learning disabilities
- Individuals with dual diagnosis (combination of behavioral health and substance abuse)

Individuals with separate funding sources for services

## **ORS Quality Improvement Data**

## **ORS ETA-9169 for PY2023:**

- Total participants served: 2036
- Quarter 2 employment number: 323
- Quarter 2 employment rate: 49.7
- Quarter 4 employment number: 288
- Quarter 4 employment rate: 44.4
- Credential rate: 32.1
- Measurable skills gains rate: 28.8
- Total age 16-24 served: 974
- Total participants served American Indian/Alaskan Native: 52
- Total participants served Asian: 39
- Total participants served Black/African American: 348
- Total participants served Hispanic/Latino: 352
- Total participants served Native Hawaiian/Pacific Islander: 15
- Total participants served White/Caucasian: 1,584
- Total participants served More than one race: 89
- Total participants served English language learners: 817
- Total participants served Ex-offenders: 141
- Total participants served Homeless individuals/runaway youth: 101
- Total participants served Long-term unemployed: 76
- Total participants served Low-income individuals: 1,405
- Total participants served Migrant and seasonal farmworkers: 1
- Total participants served Youth in foster care or aged out of system: 18

## **Acknowledgments**

ORS and the SRC would like to thank all community stakeholders who provided feedback and input for the 2025 CNA, including ORS staff, members of the SRC, employers, CRP's, and ORS consumers.