MINNESOTA
COMPREHENSIVE
STATEWIDE NEEDS
ASSESSMENT

VOCATIONAL
REHABILITATION
SERVICES,
DEPARTMENT
OF EMPLOYMENT
AND ECONOMIC
DEVELOPMENT &
MINNESOTA STATE
REHABILITATION
COUNCIL

DECEMBER 2017
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Executive Summary
Heading into 2018, Minnesota finds itself in a relatively strong economic position. As a whole, the state enjoys a near-record-low unemployment rate, a high labor force participation rate, a steady increase in job creation, and healthy private sector economic growth. Most economic signs point toward continued job growth and prosperity for most Minnesotans. As has been shown in past assessments, however, economic opportunity for individuals with significant disabilities continues to lag behind.

Minnesota's Strategic Workforce Plan for 2016-2020, submitted as part of the Minnesota Combined State Plan under the Workforce Innovation and Opportunity Act, notes that "educational and employment disparities continue to exist" for individuals with disabilities and communities of color. Unemployment and poverty rates for these populations continue to increase, while median income has decreased. People with disabilities experience over twice the rate of unemployment as those without a disability. And youth - including those with significant disabilities – are increasingly disconnected from education and the labor market.

This needs assessment supports those findings and, in broad terms, shows that long-term and emerging gaps, disparities, and needs persist in Minnesota. But it also identifies several projects, initiatives, and programs that are proving to be effective in addressing many of these issues. While most of the old challenges continue, indications are that Minnesota's public Vocational Rehabilitation (VR) program (along with partner agencies and organizations) are finding ways to address many of the most significant challenges faced by individuals with disabilities.

Introduction
This needs assessment is a report jointly developed under the direction of Vocational Rehabilitation Services (VRS), a unit of the Minnesota Department of Employment and Economic Development and the Minnesota State Rehabilitation Council. These entities are recognized by the Rehabilitation Services Administration (RSA), United States Department of Education, as the state's vocational rehabilitation agency and council under the federal Rehabilitation Act of 1973, as amended.

The Rehabilitation Act
The Act calls for each state's vocational rehabilitation agency and state rehabilitation council to periodically develop a comprehensive statewide needs assessment. The purpose of the needs assessment is to inform the agency and the council as they develop a new three-year strategic state plan. The needs assessment provides a basis for state plan goals, objectives, and strategies.

The Act does not limit the needs assessment scope, but it specifically asks each state to explore:

- What are the vocational rehabilitation needs of:
- Individuals with most significant disabilities, including their need for supported employment services?
- Minorities, unserved individuals, or underserved individuals?
• Individuals with disabilities served through the statewide workforce investment system?
• What is the need to establish, develop, or improve community rehabilitation programs?

Methodology

Leadership – The needs assessment process was led by a team of VRS staff members and SRC council members. The team essentially followed the model recommendations in The VR Needs Assessment Guide provided by RSA.

Definitions – Two definitions in the Guide provided focus for both the document and the development process:

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

Approach – The needs assessment has been a process of gathering data and informed perspectives from federal, state, and local agencies, private service providers, advocacy and research institutions, organized and individual consumers, and other stakeholders. The data has been gathered over a three-year period and represents a systematic effort to understand better what is being done, and what needs to be done, to meet the employment needs of people with disabilities.

Minnesota Today

Labor Market

The Minnesota economy is generally strong and growing, the overall unemployment rate is low and job vacancies are rising. Jobs are being added in industries like health care and construction; however employment in manufacturing and information technologies has yet to recover the losses experienced during the recession. For a worker to move from one industry to another might require time to seek the right opportunity or accumulate the right skill set through training or education.¹ VR has worked closely with the Labor Market Information staff to identify jobs high in demand and enhance our placement services so that we will be in a better position to maintain our placement rate should another recession occur.

¹ Minnesota Economic Trends, June 2017
A variety of tools by the Minnesota DEED Labor Market Information office are available online here [https://mn.gov/deed/data/data-tools/](https://mn.gov/deed/data/data-tools/), including Occupations in Demand, referenced in the following section, the Employment Outlook tool, Graduate Employment Outcomes, the Match Jobs to Experience tool, and the new Career and Education Explorer. These tools can help job seekers explore their interests that may lead to employment at a living wage.

**Occupations in Demand**

Participants in VR work in a variety of industry sectors upon exit from the program, the most common are: Office and Administrative, Sales and Related Occupations, and Food Preparation and Serving, in that order. Comparing job outcomes with the most recent statewide job vacancy data provides evidence of which occupations are currently in demand and may have greater opportunities for current and future VR job seekers. The categories listed below are the top ten for the current number of statewide vacancies. Over the last three years, VR participants have found employment in many of these occupations in demand. Three industry sectors stand out as having an abundance of opportunities to consider for job placement services: Health Care Practitioners and Technical Occupations, Personal Care and Services, and Business and Financial Operations. VR participants working in these three fields have started with average hourly wages of $21.13, $10.80 and $17.91, respectively, over the last three federal fiscal years.

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![Unemployment Rates in Minnesota and the United States from 2007 to 2017](source: Current Employment Statistics)
State Network

While looking at the needs of working-age people with disabilities, this needs assessment naturally tends to review the responses of VR, the rest of the state workforce investment system, and the community rehabilitation program network. In Minnesota, a much wider continuum of resources and supports are available to people with disabilities who wish to enter competitive employment. These include other state and local public agencies, other private service providers and organized advocates, and consumers. In particular, the Department of Human Services provides an array of essential supports.

Demographics

Demographics of Disability in Minnesota

This Comprehensive Statewide Needs Assessment begins with descriptive statistics regarding demographics and prevalence of non-institutionalized people with disabilities in Minnesota. The most recent data, summarized below, is provided by the Cornell University Employment and Disability Institute (EDI) for the state of Minnesota for 2015.²

Age: The prevalence of disability was:

- 11.1 percent for persons of all ages
- 0.9 percent for persons ages 4 and under
- 5.0 percent for persons ages 5 to 15
- 5.5 percent for persons ages 16 to 20
- 9.0 percent for persons ages 21 to 64
- 22.1 percent for persons ages 65 to 74
- 47.8 percent for persons ages 75+

Disability Type: The types of disabilities that are present in the working-age population in Minnesota help to inform the types of employment services offered and strategies to engage prospective employers.

### Prevalence of Disability Types

<table>
<thead>
<tr>
<th>Disability type</th>
<th>Prevalence of disability (all ages)</th>
<th>% of total population</th>
<th>% of working age (16 to 64)</th>
<th>% of 5-15 year olds</th>
<th>% of 16-20 year olds</th>
<th>% of 21-64 year olds</th>
<th>% of 65 to 74 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disability</td>
<td>601,700</td>
<td>11.1%</td>
<td>8.6%</td>
<td>5.0%</td>
<td>5.5%</td>
<td>9.0%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>229,600</td>
<td>4.5%</td>
<td>4.0%</td>
<td>4.1%</td>
<td>4.5%</td>
<td>4.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>275,700</td>
<td>5.4%</td>
<td>3.5%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>3.8%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Independent living</td>
<td>204,700</td>
<td>4.7%</td>
<td>2.9%</td>
<td>NA</td>
<td>2.5%</td>
<td>3.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Hearing</td>
<td>199,800</td>
<td>3.7%</td>
<td>2.0%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>2.1%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Self-care</td>
<td>110,300</td>
<td>2.2%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.0%</td>
<td>1.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Vision</td>
<td>85,000</td>
<td>1.6%</td>
<td>1.2%</td>
<td>0.4%</td>
<td>0.3%</td>
<td>1.3%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Gender: For all ages, 10.8 percent of females and 11.4 percent of males reported a disability.

Race and Ethnicity: The prevalence of disability varies between racial and ethnic groups for working-age people (ages 21 to 64), with the highest rates present in African American and Native American communities.
Working-Age Adults with a Disability by Race

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Disability Rate (age 21 to 64)</th>
<th>Number of Individuals with a disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>8.6%</td>
<td>230,300</td>
</tr>
<tr>
<td>Black/African American</td>
<td>15.8%</td>
<td>27,700</td>
</tr>
<tr>
<td>Native American</td>
<td>17.8%</td>
<td>4,900</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>5.4%</td>
<td>8,800</td>
</tr>
<tr>
<td>Some other race(s)</td>
<td>11.4%</td>
<td>12,900</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>10.4%</td>
<td>28,000</td>
</tr>
</tbody>
</table>

Educational Attainment: Working-age people with disabilities in Minnesota have lower overall educational attainment than people without a disability, which impacts employment opportunities.
Economic Statistics: Overall, people with a disability have poorer economic outcomes than those without. A high rate of people with a disability are not participating in the workforce, and of those that are participating, rates of unemployment are high.

<table>
<thead>
<tr>
<th>Working Age Minnesotans with a Disability (2015)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Employment Rate</td>
<td>49%</td>
</tr>
<tr>
<td>Full Time / Full Year Employment Rate</td>
<td>27%</td>
</tr>
<tr>
<td>Actively Looking for Work (not currently employed)</td>
<td>11%</td>
</tr>
<tr>
<td>Median Annual Household Income</td>
<td>$48,100</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>25%</td>
</tr>
<tr>
<td>Receiving SSI Payments</td>
<td>18%</td>
</tr>
</tbody>
</table>

Veterans Service-Connected Disability: The percentage of working-age civilian veterans with a Service-Connected Disability was 24.6 percent.

Health Insurance Coverage: Most (94.7 percent) working-age people with disabilities had health insurance in 2015.

VR Demographics and Outcomes

Source: Workforce One Information System, Department of Employment and Economic Development, October 2017. Data is in Program Year.
Participants Accepted for Service by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>1,087</td>
<td>15.4%</td>
<td>897</td>
<td>15.2%</td>
<td>994</td>
<td>14.9%</td>
<td>940</td>
<td>14.2%</td>
<td>1,012</td>
<td>14.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>179</td>
<td>2.5%</td>
<td>151</td>
<td>2.6%</td>
<td>166</td>
<td>2.5%</td>
<td>187</td>
<td>2.8%</td>
<td>222</td>
<td>3.1%</td>
</tr>
<tr>
<td>Caucasian Non-Hispanic</td>
<td>5,780</td>
<td>81.7%</td>
<td>4,836</td>
<td>82.0%</td>
<td>5,455</td>
<td>82.0%</td>
<td>5,477</td>
<td>82.5%</td>
<td>5,907</td>
<td>82.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>297</td>
<td>4.2%</td>
<td>288</td>
<td>4.9%</td>
<td>334</td>
<td>5.0%</td>
<td>320</td>
<td>4.8%</td>
<td>346</td>
<td>4.8%</td>
</tr>
<tr>
<td>Native America/Indian</td>
<td>218</td>
<td>3.1%</td>
<td>179</td>
<td>3.0%</td>
<td>208</td>
<td>3.1%</td>
<td>215</td>
<td>3.2%</td>
<td>237</td>
<td>3.3%</td>
</tr>
<tr>
<td>Pacific Islander/Hawaiian</td>
<td>25</td>
<td>0.4%</td>
<td>48</td>
<td>0.8%</td>
<td>29</td>
<td>0.4%</td>
<td>35</td>
<td>0.5%</td>
<td>37</td>
<td>0.5%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7,076</td>
<td></td>
<td>5,898</td>
<td></td>
<td>6,651</td>
<td></td>
<td>6,638</td>
<td></td>
<td>7,176</td>
<td></td>
</tr>
</tbody>
</table>
Participants Accepted for Service by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>3,023</td>
<td>2,546</td>
<td>2,889</td>
<td>2,768</td>
<td>3,076</td>
</tr>
<tr>
<td>Male</td>
<td>4,053</td>
<td>3,352</td>
<td>3,761</td>
<td>3,868</td>
<td>4,100</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7,076</td>
<td>5,898</td>
<td>6,650</td>
<td>6,638</td>
<td>7,176</td>
</tr>
</tbody>
</table>

Participants Accepted for Service by Age

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14-18</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>399</td>
<td>1,252</td>
</tr>
<tr>
<td>19-21</td>
<td>268</td>
<td>990</td>
<td>1,846</td>
<td>1,844</td>
<td>1,591</td>
</tr>
<tr>
<td>22-24</td>
<td>1,875</td>
<td>1,066</td>
<td>672</td>
<td>567</td>
<td>516</td>
</tr>
<tr>
<td>25-34</td>
<td>1,347</td>
<td>993</td>
<td>1,022</td>
<td>975</td>
<td>1,027</td>
</tr>
<tr>
<td>35-44</td>
<td>934</td>
<td>840</td>
<td>872</td>
<td>865</td>
<td>829</td>
</tr>
<tr>
<td>45-54</td>
<td>1,210</td>
<td>976</td>
<td>1,099</td>
<td>997</td>
<td>1,018</td>
</tr>
<tr>
<td>55-64</td>
<td>1,206</td>
<td>858</td>
<td>988</td>
<td>873</td>
<td>840</td>
</tr>
<tr>
<td>65+</td>
<td>236</td>
<td>175</td>
<td>140</td>
<td>118</td>
<td>103</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7,076</td>
<td>5,898</td>
<td>6,650</td>
<td>6,638</td>
<td>7,176</td>
</tr>
</tbody>
</table>

Identified Needs

Autism: Discovery outcomes/customized employment

The number of individuals applying for services with a diagnosis of autism spectrum disorder continues to increase. Autism is the third most common reported diagnosis for individuals enrolled in Minnesota VR. The number of individuals age 24 and under increased by 376 individuals between 2016 and 2017. The number of adults served decreased slightly from 524 to 467. The total number of Minnesotans living with ASD is unknown. The CDC estimates about 1,000 Minnesotans per year are born with autism.

<table>
<thead>
<tr>
<th>FFY 2016</th>
<th>Primary Disability</th>
<th>Participant</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>2,179</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFY 2017</th>
<th>Primary Disability</th>
<th>Participant</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>2,555</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

Minnesota VR continues to collaborate with the Autism Society of Minnesota, the local autism advocacy organization. Minnesota VR’s Autism Specialist is housed one day a month at the Autism Society of Minnesota, where she meets with individuals and families who have questions about employment or need help connecting with their local VR office. VR participates in the ASD interagency group which is a partnership between the Minnesota departments of Human Services, Health, and Education to share ideas and collaborate on autism issues. This interagency group provides an annual report to the Legislature about progress toward goals developed by the now nonoperational ASD Legislative Taskforce. VR staff provide support and services to staff and students at local ASD specific school programs including Lionsgate, Academy of Whole Learning, and the MAC school. VR staff collaborated with Dakota and
Ramsey counties in the development of a Community Connections Toolkit for individuals and families living with ASD.

To meet the growing need for staff training on ASD, VR recently hired a staff development specialist to work part-time with the Autism Specialist to develop training curriculum about best practices and innovation around working with people who have an ASD diagnosis.

**Deaf and Hard of Hearing**

People who are deaf or hard of hearing remain a low-incidence, high service need population statewide. Current indicators are that there are about 67,500 (American Community Survey Report, 2015) people who are deaf or hard of hearing between the ages of 18-64 living in Minnesota. It is very difficult to get exact numbers, as some do not self-disclose their hearing loss, and others do not identify as either deaf or hard of hearing (DHH). A small number associate with Deaf Culture and use only American Sign Language (ASL) to communicate. There are many more people who identify as hard of hearing and do not use ASL, but rather auditory/oral modes of communication. There are also people who have a different primary disability and their hearing loss is secondary, so they may not be counted as having a hearing loss.

Participants who are eligible for and are actively receiving VR services would benefit greatly from having counselors who are trained in and understand the needs of those who are deaf or hard of hearing (Rehabilitation Counselor for the Deaf/RCD or Rehabilitation Counselor for the Hard of Hearing/RCHH). Unfortunately, there are very few postsecondary training programs with this expertise nationally, so it remains a challenge to recruit and fill positions with these skills.

Another benefit is having a counselor who is fluent in ASL. Currently, VR has about 25 staff, from counselors to administrators to support staff, who are fluent in ASL and serve this population. Currently, this group aims to meet twice annually to receive training, share updates, and consult with each other on issues pertinent to serving people who are deaf or hard of hearing. There are other staff fluent, but do not have a DHH caseload. This leads some people in rural areas to relocate to the Twin Cities just to have a counselor who is fluent in ASL and have access to more resources. Counselors who are fluent in ASL tend to want to work in areas that have more resources as well and that have a larger population of people who are deaf or hard of hearing.

The availability of valid assessment tools to help determine eligibility and to provide career exploration and development are very limited. Valid assessment tools are those that are distributed in a manner that are culturally and linguistically appropriate for the recipient and are able to be analyzed and reflected accurately. According to research from The Gallaudet
Research Institute\cite{3}, and Kutner, M., et.al.\cite{4}, median reading comprehension grade equivalents are significantly lower for students with hearing loss compared with hearing students. Guthmann also reports that an “estimated 40% of children with hearing loss may have additional issues that could impact their education and development,” resulting in potentially invalid scores for some deaf and hard of hearing individuals when written assessments are used\cite{5}. In general, VR counselors tend to use their own tools for assessing eligible participants, along with their knowledge of hearing loss and vocational impact. If the counselor is experienced and trained as an RCD or RCHH, the quality of interpreting the results will make a positive difference in long-term planning.

Once an employment plan is signed and services begin, there are still some gaps in service delivery areas. There are still very few providers (Community Rehabilitation Programs and Limited Use Vendors) that have staff who are trained in working with people who are deaf or hard of hearing, and who are fluent in ASL. The few providers that are available are located mostly in the seven-county Twin Cities Metro area. VR does have an Occupational Communication Specialist Service rate of $400 that is available for providers meeting the sign language proficiency requirement. This rate can be applied to Performance Based Agreements for job placement services. There is also an OCS group that meets every other month to share resources, bring in speakers, and provide support and networking opportunities for each other. Members include VR staff and community partners who provide OCS services for VR and State Services for the Blind (SSB) participants.

There continues to be a high level of need for ongoing employment supports statewide once a participant is placed and stabilized on the job, or even has been working for some time and now needs employment supports. Even with legislative funding for a grant that provides ongoing employment supports for participants who are deaf and hard of hearing, there are gaps in some rural areas. Employers and participants could benefit from some informational marketing about the grant and its services.

Another area of need is providing access to Social Security benefits assessment and planning. VR does not have any benefits planners with ASL skills and trust is often an issue when having to use an ASL interpreter. The benefits planners ask very personal questions around finances, marketing about the grant and its services.

\begin{thebibliography}{9}


\end{thebibliography}
credit ratings, income, debt, and so forth, that would be best done using a direct communication mode, rather than through a third party such as an ASL interpreter. If we can partner with some providers that have professionals on staff with this unique skill set, this may help us provide better benefits planning for participants.

Unique to high school and transition age students is the WIOA mandate to provide Pre-Employment Transition Services (Pre-ETS) statewide to any student with a disability that has a need in any one of the five core service areas. Again, there is a limited number of qualified professionals to provide these services. To add to that complication, students who do not self-disclose a disability, or even those on a 504 plan, can miss the boat in getting these services if school staff are not identifying them and communicating with VR counselors about their school needs. Many deaf students are still behind in career exploration when compared to hearing students. There are limited role models and resources available for students to see career options. O-Net does have career exploration videos that are captioned, but again, depending on the students’ reading level, they may or may not be readily understood. Videos in ASL would be another preferred mode of delivery. The current State Coordinator for Deaf Services (SCD) works closely with the Department of Education’s DHH Coordinator to ensure school personnel and VR personnel are communicating and collaborating to inform students and their families about transition and employment services as well as postsecondary training options.

Every high school in Minnesota has a VR counselor assigned to it. Some counselors may be trained in serving participants who are deaf or hard of hearing and are fluent in ASL, but if they are not, the option is always there to consult with the St. Paul DHH Unit, the SCD, or a counselor who does have the training and knowledge to serve this population. There are several counselors who serve the Minnesota State Academy for the Deaf (MSAD) and do a group orientation together in the fall. In the seven-county Metro Twin Cities area, each RCD is assigned responsibility to work with several high schools.

There are two transition grants currently benefitting students who are deaf or hard of hearing that have been made available using state legislative dollars, but both are focused on the seven-county Twin Cities Metro area and serve Metro Deaf School, ISD 916 and VECTOR (ISD 287). It would be imperative for future planning to make these services available statewide.

On a positive note, there is a deaf self-advocacy curriculum available online and in CD format for teachers to use when working with students who are deaf or hard of hearing (www.interpretereducation.org). VR staff received training in this curriculum in 2012 and have been reminded of its availability when working with schools.

Access to work-based learning experience opportunities is also a challenge, given the limited number of ASL interpreters in some areas of the state. Outreach to businesses will be critical to educate them about providing accommodations to students who are deaf or hard of hearing. Of vital importance will be to ensure that groups such as the East Metro Placement Partnership continue to advocate for the hiring and placement of those with disabilities.

Governor Dayton’s Executive Order 1414, to increase the hiring of people with disabilities in state government agencies, has also resulted in some programs, such as the Connect 700
program. This needs to be marketed not only to people looking for work, but within the state agencies themselves, so that more people are aware of its existence and understand its benefits.

Continued barriers for people who are deaf or hard of hearing are social isolation, lack of awareness among providers, limited understanding about hearing loss, mental health counseling opportunities and funding for assistive listening devices, hearing aids and assistive technology. Access to affordable and available high speed internet services continues to be an issue in some areas of the state, so not everyone can benefit from using videophones to reach service providers. Of critical importance is for all service providers working with this population to continue collaborative efforts to provide support services and to communicate with one another. Shared training opportunities for providers are also essential, such as the early spring workshop on serving people who are deaf or hard of hearing and identify with the Muslim faith. These efforts build trust and community, which will aid in successful outcomes.

**New Americans Project**

In the last 40 years, Minnesota has seen an influx of immigrants and refugees. All race groups have grown recently, but between 2010 and 2015, the state added four times as many people of color as non-Hispanic white residents. Populations of color are distributed unevenly across the state, and are more likely to live in metro areas than rural areas. Between 2010 and 2015, the fastest growing racial group in Minnesota was the Asian population, which grew by 22 percent, adding nearly 48,000 people. Second fastest was the black population, which grew by 16 percent, adding 45,000 people, followed by the Hispanic population, which grew by 13 percent, adding 32,000 people. (Asian and black racial groups are that race "alone" and non-Hispanic).

In 2016, the Minnesota State Demographic Center compiled a report on the demographics of Minnesotans, which defines “labor force” as those employed and actively seeking work (unemployed). An annual average of more than 180,000 Minnesotans ages 16-64 were unemployed during the past five years of data. Ojibwe, African-American, Ethiopian, Liberian, and Somali adults showed elevated rates of unemployment, roughly two to three times higher than Asian Indian, Chinese, Filipino, Lao, Vietnamese, and white Minnesotan populations.

Immigrants and refugees experience many barriers to participating in the workforce. Some with severe disabilities may be unable to work or have limited employment options, depending on the nature of their disability. Helping participants find accessible jobs is another challenge. In addition, language is a barrier for many new immigrants and refugees with disabilities. In 2007, VR created the New American Project to help bridge the gap by providing employment assistance to new immigrants and refugees with disabilities. Since its inception, the New Americans Project has served over 140 participants. Under the new performances measures, numeracy and literacy will be emphasized as VR continues its work with new immigrants and refugees with disabilities. VR needs additional resources to support the New Americans Project.
Tribal Governments
Two Minnesota tribal governments receive U.S. Department of Education – American Indian Vocational Rehabilitation Services discretionary grants. The Red Lake Nation Band of Chippewa Indians has been operating a tribal VR program since 2005 and the White Earth Nation Tribal Council has been operating their program since 2008. The combined programs serve approximately 300 clients with Individual Plans for Employment each year.

VR has always recognized the tribal nation’s right to self-determination. In 2004 VR surveyed the state’s tribal councils to determine if any reservation wanted assistance to develop their own VR program. The Red Lake Nation expressed interest, and VR provided a grant writer to assist the tribal council with the application. The grant was funded. In 2007 the White Earth Nation requested our assistance to help replicate the Red Lake model on the White Earth Nation. VR maintains an interagency agreement with the two programs to provide free consultation and other supports as requested by the tribal councils, and the tribal programs are represented on the State Rehabilitation Council. In exchange, the tribal programs have assisted VR in developing diversity training to better serve American Indians who do not live on reservations.

As part of the 2004 survey, the Anishinaabe nations (also known as Chippewa or Ojibwe nations) identified a desire to have a culturally specific Center for Independent Living. That goal has not been achieved. The Anishinaabe people have seven reservations scattered across northern Minnesota. Population density is very low on each of the reservations, and the population base is dispersed in a way that it has not been possible to identify a central location for a center. An existing center has hired American Indian staff and is attempting to meet the need, but there are still several counties in northern Minnesota not served by any center.

Youth
Special Education Students by Disability Type
The information below represents a count of youth, ages 12-21, in Minnesota who are eligible for and receiving special education and related services, based on the Minnesota Department of Education Child Count report, effective December 1, 2015. These students represent the future workforce, and the primary disability type helps to inform employment service needs. Several categories of disability type stand out as growing needs: autism spectrum disorder, severe multiple impairment, and other health disabilities. While the percent change of students with a visual impairment has grown, the increase in the number of students is relatively small.

<table>
<thead>
<tr>
<th>Primary disability</th>
<th>December 2010</th>
<th>December 2015</th>
<th>Percent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific learning disabilities</td>
<td>19,081</td>
<td>19,116</td>
<td>0.2%</td>
</tr>
<tr>
<td>Emotional behavioral disorders</td>
<td>10,249</td>
<td>9,092</td>
<td>-11.3%</td>
</tr>
<tr>
<td>Autism spectrum disorder</td>
<td>6,515</td>
<td>8,729</td>
<td>34.0%</td>
</tr>
</tbody>
</table>
### Primary disability | December 2010 | December 2015 | Percent change
--- | --- | --- | ---
Developmental cognitive disabilities: mild – moderate | 4,142 | 3,674 | -11.3%
Developmental cognitive disabilities: severe – profound | 1,436 | 1,399 | -2.6%
Speech/language impaired | 2,573 | 2,381 | -7.5%
Deaf – Hard of Hearing | 1,068 | 1,036 | -3.0%
Physically impaired | 828 | 738 | -10.9%
Severely multiply impaired | 711 | 910 | 28.0%
Traumatic brain injury | 288 | 280 | -2.8%
Visually impaired | 154 | 201 | 30.5%
Deaf-blind | 36 | 36 | 0.0%
Other Health Disabilities | 10,867 | 12,387 | 14.0%
Total | 57,948 | 59,979 | 3.5%

**Pre-employment Transition Services**

Because WIOA requires all VR programs to spend 15 percent of their federal allocation on Pre-Employment Transition Services (Pre-ETS), Minnesota VR has implemented a plan to provide Pre-ETS to students who are eligible for VR services and to those who are “potentially eligible”. There were 49,335 students with Individualized Education Programs (IEPs), and 504 plans (an underreported number because districts are not required to submit this data), within the ages of 14-21, reported statewide in Minnesota during the 2016-17 school year.

**Pre-ETS for Students Eligible for VR Services**

Minnesota VR ensures that there is a counselor assigned to provide outreach and services to every high school in the state. In program year 2016, Minnesota VR served 2,843 students in high school. Shortly after WIOA was signed, staff who serve transition-aged youth were trained on Pre-ETS and the need to provide these services to students with disabilities. Minnesota VR finalized Pre-ETS policy and guidance in June 2017 and provided a comprehensive one-day training to all VR staff on this new information. In a nutshell, VR staff assess the need for the five Pre-ETS activities for all students with a disability, grade 9 through age 21, who are enrolled in an education program that yields a recognized credential. The Pre-ETS are then delivered in a variety of ways: through the VR counselor, through internal placement staff, through the school, or through community partners (e.g. centers for independent living, community rehabilitation programs, WIOA Title I Youth programs, and other community-based organizations). As needed for individual students, VR staff authorize funds with partners that
have a Professional Technical Contract with the Minnesota VR program to provide Pre-ETS. Minnesota VR anticipates that as more potentially eligible students are served (see below), the numbers of students interested in applying for VR services will increase in the coming years.

Pre-ETS for Students Potentially Eligible for VR Services
Planning for Pre-ETS for students potentially eligible for VR services has involved a collaboration between Minnesota VR and the Minnesota Department of Education. Minnesota’s “World’s Best Workforce” legislation (§ 120B.11) requires all Minnesota school districts to set goals to ensure that, among other things, all students are ready for career and college. One means to this end is a mandate that all students, starting in grade 9, have a “Personal Learning Plan (PLP)”. The PLP must include academic scheduling, career exploration, 21st Century Skills, community partnerships, college access, all forms of postsecondary training, and experiential learning opportunities. Because this infrastructure is already in place, Minnesota VR seeks to align Pre-ETS efforts with what school districts are already doing. The following chart shows how Pre-ETS and PLP language lines up:

<table>
<thead>
<tr>
<th>Pre-ETS Language</th>
<th>PLP Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job exploration counseling</td>
<td>Career Exploration</td>
</tr>
<tr>
<td>Work based learning</td>
<td>Experiential learning opportunities</td>
</tr>
<tr>
<td>Counseling on postsecondary education options</td>
<td>College access and all forms of postsecondary training</td>
</tr>
<tr>
<td>Workplace readiness training</td>
<td>Career and employment related skills</td>
</tr>
<tr>
<td>Self-advocacy instruction</td>
<td>Career and employment related skills</td>
</tr>
<tr>
<td>Collaboration with education and business</td>
<td>Community partnerships</td>
</tr>
</tbody>
</table>

More specifically, Minnesota VR issued a request for proposals for community agencies to apply for funds to deliver Pre-ETS to potentially eligible students. Nine contracts that go from July 1, 2017 through June 30, 2018 have been executed. A total 1,079 students with disabilities will be served. These contracts cover a great geographic portion of the state, but there are gaps. In particular, there are not currently Pre-ETS contractors in the northwest corner of the state, nor in five of the seven Twin Cities metropolitan counties. In FFY17, Minnesota VR will be working with the Minnesota Department of Education to gather a group of committed school districts in these areas to pilot alternative Pre-ETS service delivery methods that can eventually be implemented in all areas where there is not an identified Pre-ETS contractor.

Extended Employment and 511 Subminimum Wage Outreach Activities
Long-term supports are traditionally funded by three funding sources in Minnesota: the state-funded Extended Employment program, Medicaid waiver dollars, and County Supported Employment Services dollars.

Previous Comprehensive Statewide Needs Assessments have consistently identified a high level of need for long-term supports. Training to increase the skill level of VR counselors in identifying long-term support needs during the development of the Individual Employment Plan, including identifying service options/vendors for the participant is a consistent need. While virtually all VR participants would benefit from some type of long-term supports, research and community input identified certain populations as noticeably underserved:
individuals with mental illness, traumatic brain injury, autism spectrum disorders, deaf and hard of hearing, and intellectual or developmental disabilities

The Workforce Innovation and Opportunity Act (WIOA), Section 511, which puts limits on the use of subminimum wage, was implemented on July 23, 2016, and has dramatically increased the referrals to competitive, integrated employment. Individuals with the most significant disabilities who have typically been served in non-integrated, subminimum wage employment are now pursuing competitive, integrated employment in the community. This has resulted in a higher demand for job placement and long-term support services. Minnesota’s service delivery system is not equipped to provide the level of support needed to help individuals with the most significant disabilities, who have traditionally been in sheltered workshops, to find and maintain employment. Training for direct service staff, including customized employment skills, will be necessary to provide individualized support services to help individuals with significant disabilities obtain and maintain employment. The availability of qualified professionals to provide job coaching and long-term supports to individuals is also a critical area that is not currently sufficient. Minnesota lacks the funding, staff, and resources to fill this growing need.

WIOA requirements are unfunded, which has required Minnesota’s Vocational Rehabilitation program to use existing funds to provide the requirements. This ultimately leaves less funding for services like job coaching, etc. Minnesota has the highest number of individuals in subminimum wage employment in the United States. WIOA, Section 511 has required that for all adults over age 25 working in subminimum wage, Vocational Rehabilitation must provide Career Counseling, Information, and Referral (CCI&R) services to help individuals think about their work options, including work that is competitive and integrated. In the first year, 11,803 adults went through the CCI&R process and had individualized conversations about their work preferences and options. Of the 11,803 adults, 1,990 (17 percent) individuals said they wanted to explore competitive, integrated options. This has created confusion about who pays for these services, who will or is able to provide these services, and what employers will hire individuals with significant disabilities who need supports. The service delivery system for individuals with disabilities has multiple problems that need to be addressed: supports and services that are available, funding options, impact on benefits, transportation, capacity of providers, and availability of long term supports. Employer engagement and education is also identified as a need. The youth requirements under WIOA, Section 511 require that youth age 24 and under cannot enter into subminimum wage employment without accessing VR services first. This is meant to allow youth the opportunity to consider, explore, and experience competitive integrated employment. This has caused many youth to apply for VR services which has put strain on the funding for services as VR is mandated to set aside 15 percent of the annual federal allocation for Pre-Employment Transition Services to serve youth.

There is also a need for identifying ongoing independent living service funding to ensure ongoing support services. County budget reductions coupled with a decline in the number of waiver slots poses significant challenges to providing joint VR/DHS/County funding for services for long-term support.
Greater Minnesota’s low population density means there are fewer and more dispersed organizations offering long-term support services. Participants and providers both recognize the need for a richer mix of long-term support and supported employment services outside of the metropolitan area. Issues that continue to be studied: 1) Are Extended Employment pay-for-performance rates high enough to draw providers to underserved rural areas? 2) For providers, are they able to utilize all of their funds and is there a need for additional providers to serve gap areas of the state or is there a need for better coordination between county, waiver, and Extended Employment funds? 3) If providers use all of their funds and still have capacity, how does funding address this overproduction issue?

Extended Employment has a limited number of organizations that can provide support services in Minnesota. There are 27 providers offering Extended Employment services at this time, and while they cover a large part of the state, there are currently areas with no Extended Employment services. Even if there is a provider, they may have limited capacity in their ability to serve large geographical territories as the cost of driving long distances to serve one person become cost prohibitive for providers serving remote areas with small numbers of individuals as current requirements require providers to meet with individuals in person (face-to-face) twice per month at minimum.

There has been a focus on training VR field staff on what the Extended Employment program is, requirements of services, and how to refer individuals. Helping field staff understand what Extended Employment is will broaden their understanding of the available support services in Minnesota.

The Extended Employment program is moving away from funding center-based employment and capping the amount of community employment funds providers may receive in order to shift the majority of funds to supported employment in an effort to support the most people with significant disabilities who are obtaining competitive, integrated employment.

**Potential and Emerging Needs**

As VR focuses on moving people from segregated sub-minimum wage jobs to competitive integrated employment with supports there has been an increasing need for new strategies for providing benefits planning services. Traditionally, Minnesota has relied on WIPA funded certified Community Work Incentives Coordinators (CWICs) to provide this service. This typically is a one-time service. People in segregated sub-minimum employment typically need a long-term benefits coach to help plan how to effectively use the increased income. The person needs to make informed decisions – do they want improved housing, an ABLE Account to start a retirement plan, more funds for community activities like bowling or movies?

People with significant disabilities also need a communications process to share their success stories with employers and the general public. Minnesota has successfully made the paradigm shift from people with significant disabilities living in institutions to living in their community of choice. The state now must make the paradigm shift from segregated employment to competitive integrated employment.
Customized Employment training is currently being provided in Minnesota with a limited amount of dollars. Customized Employment is a different approach to the job search and placement process that particularly will benefit individuals who are viewed as the most challenging to place in competitive, integrated employment because of their significant disabilities and that their only experience has been in a non-integrated, sheltered work environment. Customized Employment allows for deeper exploration of a person’s interests, skills, and abilities by following a Discovery process, customized plan for employment (including developing a visual resume), and systematic instruction/job coaching to help an individual learn and maintain their employment. There is a huge need for service providers to be trained in different strategies for moving people out of non-integrated employment settings to competitive, integrated work settings.

The Continuum of Employment Supports for People with Disabilities
Minnesota has been an Employment First state since the 1990s. Service providers must consider competitive integrated employment before segregated employment or public assistance.

Long term supports are traditionally funded by three funding sources: the state-funded Extended Employment program, Medicaid waiver dollars, and County Supported Employment Services (SES) dollars. SSA Ticket to Work dollars are available, but at this point no provider is using Ticket to Work as the sole source of funding.

An Employment Practices Review Panel has been developed to identify promising practices as well as cross-agency barriers to increasing opportunities for competitive integrated employment. The scope of the panel is to support the implementation of the Olmstead Plan, WIOA, and the Home Community Based Services (HCBS) rule. The panel has representation from the Departments of Education, Employment and Economic Development, and Human Services.

Several cross-agency barriers have been identified:

- Develop a Memorandum of Understanding (MOU) between DHS and VR. The MOU will have a broad focus on services, policies and funding. It is a cross-agency effort to effort to align and coordinate the service delivery system for individuals with disabilities in Minnesota.

- DHS is proposing the creation of new employment services: exploration, development and support services. DHS hopes to have all individuals transitioned to the new employment services by June 30th, 2019.

- Short term Job Coaching rates: VR pays an hourly negotiated rate for coaching. It ranges from $35 to $100 per hour. Medicaid waivers pay on average $7.13 per 15 minute unit, or $28.52 an hour. SES pays $30.84 per hour. Providers prefer working with VR since they always receive a higher rate, creating financial issues for the agency.

- Long term support rates: Waiver services and SES pays the same rate as short term coaching. Extended Employment program funding is performance based. The provider
receives $4.49 (SFY18) for every hour that the person works successfully in competitive integrated employment. Due to the different reimbursement rates between DHS and DEED, providers may have an incentive to move full time employees to the Extended Employment program and part time employees with high support needs to waiver services. DHS and DEED continue to work together to align and support services, including reimbursement rates.

Informing Participants about Earned Income impact on benefits

Benefit and Financial Planning Services

Vocational Rehabilitation Services has been participating in a RSA funded research project conducted by the Institute for Community Inclusion (ICI) at the University of Massachusetts to determine best practices for helping SSDI beneficiaries achieve a level of employment consistent with substantial gainful activity (SGA). In partnership with Mathematica Policy Research, the ICI developed a proposed model intervention based upon secondary data analysis of RSA 911 reports, literature review, Delphi panel meetings and intensive case studies with 8 state VR agencies. The model intervention was then implemented in the Kentucky and Minnesota VR agencies.

The model intervention has three components:

- A team approach to improve pacing of services and maintain participant engagement. Goals included presumed eligibility being completed within 2 days; a team consisting of the counselor, benefits coach and a job developer meeting with the person within 7 days of application; and the Employment Plan being developed within 30 days.
- Financial education and benefits planning with a focus on economic household self-sufficiency. As a part of plan development, the person participated in benefits planning to understand the impact income will have on SSDI and public assistance and the income needed for the household to become self-sufficient. The participant then used this information to help establish both a vocational goal and income goal.
- A placement plan was developed as part of the initial Employment Plan even if the person would not be entering job placement services immediately. The job developer helped determine if the proposed vocational goal existed in the local economy and the average starting wage. This information was then used by the benefits coach to determine the impact working part time or full time would have on the person’s available income.

The initial results are very promising. The focus on improving the pacing of services increased the chance of obtaining an IPE within 30 days, and also increased the chance of keeping the person engaged in services until finding competitive integrated employment. The initial data did not show significant increases in the likelihood of closing with employment, but it was noted that people who received benefits planning services delayed employment to pursue additional training or post-secondary education.
VR will continue to provide training on how to improve the pace of services. Many counselors continue to be hesitant to begin services before a very comprehensive Assessment of VR Needs is completed and every detail is included in the initial IPE. The focus of counselor training is to assist staff to make the paradigm shift to a flexible assessment and IPE model. Most participants appreciated the improved pace of services, but a small number of people with anxiety-related disabilities did request additional time in order to review the information with their mental health service provider.

RSA demonstration grant funding ended on September 30, 2017. VR plans to continue benefits planning and financial coaching utilizing a state appropriation and SSA cost reimbursement funding.

**Participant/Employer Satisfaction**

**Employer Relations/Effectiveness Serving Employers**

VRS piloted a Business Satisfaction Survey to determine the effectiveness of our partnerships with business. The pilot survey was small (19 businesses who had partnered with VRS in 2016 and 2017), but the results were very positive. All respondents were either very satisfied (38%) or satisfied (63%) with the qualifications of VRS referred job candidates. Businesses were asked to identify the two most critical VRS services that led to the decision to hire a VRS candidate. All respondents indicated their relationship with an Employment Specialist as one of the critical services. Thirty-eight percent of respondents selected follow-up services as critical and another 38 percent selected job coaching as critical. One business felt job tryouts was critical, while another felt access to job seekers with disabilities was critical.
Businesses were then asked to rate the importance of various services VRS provides. All of the respondents rated disability related consultation and internships as very important. Relationship with the VRS employment specialist, follow-up services, job coaching, on-the-job training and job try-outs were rated as either very important or important. Interestingly, 75 percent of the respondents indicated the Work Opportunity Tax Credit was not important. The survey indicates that businesses are very interested in partnering with VRS to help us achieve our goals for competitive integrated employment.

Participant Satisfaction Survey 2017

In 2017, DEED administered a randomized statewide participant satisfaction survey of VR customers who had completed an individualized employment plan as part of their program activities. In total 343 interviews were conducted, yielding a 55 percent response rate and statistically significant results.

The overall results found that VR customers feel high levels of comfort, satisfaction, and support in their current work with VR counselors and staff. Customers identified the most helpful services received, including:

- Help in finding or searching for a job
- Communicating and meeting with VR counselor or staff
- Assistance in planning or coordinating services
- Assistance with goal setting
- Help with education

Customers did note some areas where VR counselors and staff services could be improved, especially around communication. Some customers needed more communication and timely follow-up from counselors.

This represents the first time since 2011 that VR engaged in a wide-scale survey to measure baseline participant satisfaction.

Focus Groups 2017

In addition to the Participant Satisfaction Survey, DEED also contracted with Orman Guidance, a consumer insights firm in Minneapolis, who used a mixed-methods approach to a participant satisfaction study with the objective of exploring the quality, timeliness, and effectiveness of Vocational Rehabilitation Services.

In total, 42 customers shared their experiences across six focus groups and yielded the following key discoveries:

- Counselor-participant relationship is key for success and satisfaction.
- Satisfaction with services are tied to a customer’s increased quality of life and sense of personal independence.
- Barriers exist for customers to disengage from VR.
- Customers have fears – and need guidance on – losing key benefits, like SSDI.
- VR customers have a desire to be valued in the economy.
Success comes in the form of education and employment.

The researchers also used customers’ insights to investigate the quality, timeliness, and effectiveness of VR. Based on customers’ stories and feedback, the following recommendations were suggested:

- Modify processes for engaging the participant and creating a plan.
- Create and gather benefit program materials for effective information-sharing.
- Challenge and improve communication strategies.
- Review and improve protocols for counselor training and professionalism.
- Explore costs and benefits to transition to the digital 21st century.
- Expand community and services partnership network.
- Review and challenge counselor orientation and training processes.
- Provider greater support for counselors.

Community Rehab Providers Advisory Committee

Community Rehabilitation Program (CRP) Advisory Committee and VRS Policy Team

Minnesota has been participating in a strategic dialogue with our CRP partners and VRS Policy Team to determine how best to transform the VRS agency and our community partners in response to WIOA, Minnesota’s Olmstead Plan, Minnesota’s Employment First policy, and person centered thinking and planning.

VRS Policy Team has developed policy and guidance and has provided staff training to help people get connected in their community, give them real work experiences, and provide the supports needed to obtain and maintain competitive integrated employment. The initial focus has been on integrated job evaluations, paid internships, job tryouts and on-the-job work experience. There is also a continued emphasis on Individual Placement and Supports (IPS) model for people with serious mental health disabilities) and Project Search and Customized Employment (CE). CE is intended to develop and discover the person’s talents, interests and abilities for individuals with the most significant disabilities, and to develop new relationships with businesses that focuses on their need for systematic job development. VRS has received grant funding from the Workforce Innovation Technical Assistance Center and the Youth Technical Assistance Center to fund intensive CE training and capacity building for placement professionals.

Initial outcomes have been very promising. Several people have moved from segregated sub-minimum wage jobs to competitive integrated employment at wages that is ending the person’s dependence on public assistance.

VR Federal Performance

Targeted case review / priority of service assessment

In 2013 MN VR closed priority for services category 2 and 3. Since then there has been a 10% increase in priority for service category 1. To understand why there was a significance increase,
MN conducted a random sampling of 345 case review from June to September 2017. The key findings for the increase were a result of multiple attributes:

- The average score of serious functional limitation is 4.
- The top three serious functional limitations identified during the case review were self-direction, interpersonal skills, and work tolerance.
- 33% of the case reviews were identified as missing documentation to support the limitation.
- 9% of the case reviews were misplaced in the wrong priority for service category.

MN VR is redesigning a statewide manageable system of measuring quality casework and its reflection of the provision of services to the people we are serving. In addition, MN VR is providing on-going training to counselors on quality and aligning with WIOA.

**VR program data by year**
Source: Vocational Rehabilitation Services, Workforce One Database System, October 2017

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Applicants</td>
<td>7,826</td>
<td>7,315</td>
<td>7,312</td>
<td>7,650</td>
<td>7,823</td>
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<td>Accepted for Services (Plan Development)</td>
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<td>5,898</td>
<td>6,650</td>
<td>6,638</td>
<td>7,176</td>
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<tr>
<td>New Plans</td>
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<td>4,508</td>
<td>5,336</td>
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<td>Exited</td>
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<td>6,978</td>
<td>7,377</td>
<td>6,802</td>
<td>6,689</td>
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<td>Participants Served</td>
<td>19,726</td>
<td>18,766</td>
<td>18,452</td>
<td>18,156</td>
<td>18,542</td>
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## Primary Disability at the Time of Acceptance

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>All Other Impairments</td>
<td>71</td>
<td>34</td>
<td>51</td>
<td>35</td>
<td>38</td>
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<tr>
<td>Autism</td>
<td>566</td>
<td>582</td>
<td>692</td>
<td>787</td>
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<tr>
<td>Chemical Dependency</td>
<td>104</td>
<td>82</td>
<td>56</td>
<td>61</td>
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<tr>
<td>Deaf/Hearing Loss</td>
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<td>220</td>
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<td>Developmental Disabilities</td>
<td>479</td>
<td>461</td>
<td>562</td>
<td>704</td>
<td>1,105</td>
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<td>Learning Disabilities</td>
<td>1,364</td>
<td>1,030</td>
<td>1,200</td>
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<td>973</td>
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<tr>
<td>Orthopedic/Neurological Disorders</td>
<td>550</td>
<td>383</td>
<td>405</td>
<td>423</td>
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<tr>
<td>Other Mental Impairments</td>
<td>184</td>
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<tr>
<td>Other Physical Impairments</td>
<td>647</td>
<td>393</td>
<td>482</td>
<td>397</td>
<td>371</td>
</tr>
<tr>
<td>Serious Mental Illness</td>
<td>2,536</td>
<td>2,394</td>
<td>2,585</td>
<td>2,586</td>
<td>2,640</td>
</tr>
<tr>
<td>Traumatic Brain Injury/Stroke</td>
<td>293</td>
<td>244</td>
<td>249</td>
<td>229</td>
<td>290</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7,076</td>
<td>5,898</td>
<td>6,650</td>
<td>6,638</td>
<td>7,176</td>
</tr>
</tbody>
</table>

## Priority of Service Category at Time of Acceptance

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>4,763</td>
<td>5,284</td>
<td>5,900</td>
<td>6,638</td>
<td>7,175</td>
</tr>
<tr>
<td>2</td>
<td>1,590</td>
<td>402</td>
<td>546</td>
<td>0</td>
<td>1</td>
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<tr>
<td>3</td>
<td>723</td>
<td>212</td>
<td>204</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>7,076</td>
<td>5,898</td>
<td>6,650</td>
<td>6,638</td>
<td>7,176</td>
</tr>
</tbody>
</table>

## Types of Serious Functional Limitations of PFS 1 at Time of Acceptance

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>1,915</td>
<td>40.2%</td>
<td>2,128</td>
<td>40.3%</td>
<td>2,436</td>
<td>41.3%</td>
<td>2,857</td>
<td>43.0%</td>
<td>3,318</td>
<td>46.2%</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>3,451</td>
<td>72.5%</td>
<td>3,888</td>
<td>73.6%</td>
<td>4,272</td>
<td>72.4%</td>
<td>4,775</td>
<td>71.9%</td>
<td>5,377</td>
<td>74.9%</td>
</tr>
<tr>
<td>Mobility</td>
<td>461</td>
<td>9.7%</td>
<td>548</td>
<td>10.4%</td>
<td>666</td>
<td>11.3%</td>
<td>810</td>
<td>12.2%</td>
<td>1,007</td>
<td>14.0%</td>
</tr>
<tr>
<td>Self Care</td>
<td>1,906</td>
<td>40.0%</td>
<td>2,018</td>
<td>38.2%</td>
<td>2,358</td>
<td>40.0%</td>
<td>2,727</td>
<td>41.1%</td>
<td>3,550</td>
<td>49.5%</td>
</tr>
<tr>
<td>Self Direction</td>
<td>4,086</td>
<td>85.8%</td>
<td>4,560</td>
<td>86.3%</td>
<td>5,131</td>
<td>87.0%</td>
<td>5,817</td>
<td>87.6%</td>
<td>6,464</td>
<td>90.1%</td>
</tr>
<tr>
<td>Work Skills</td>
<td>2,814</td>
<td>59.1%</td>
<td>3,022</td>
<td>57.2%</td>
<td>3,387</td>
<td>57.4%</td>
<td>3,943</td>
<td>59.4%</td>
<td>4,425</td>
<td>61.7%</td>
</tr>
<tr>
<td>Work Tolerance</td>
<td>2,975</td>
<td>62.5%</td>
<td>3,340</td>
<td>63.2%</td>
<td>3,759</td>
<td>63.7%</td>
<td>4,173</td>
<td>62.9%</td>
<td>4,627</td>
<td>64.5%</td>
</tr>
<tr>
<td>Unduplicated Totals</td>
<td>4,763</td>
<td>5,284</td>
<td>5,900</td>
<td>6,638</td>
<td>7,175</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Average Number of Serious Functional Limitations

Summary
This Comprehensive Statewide Needs Assessment identifies several long-term and emerging needs, nearly all of which have surfaced in previous needs assessments. The gaps, disparities, and needs are neither new nor novel, and the Minnesota State Rehabilitation Council and Vocational Rehabilitation Services believe that steps are being taken to meet the challenges efficiently and successfully. The evidence in this assessment suggests that Minnesota is on the right track.

One additional note. This assessment does not contain much information about the identified needs of two populations that are specifically called out in the Workforce Innovation and Opportunity Act: students who require pre-employment transition services, and populations who are affected by WIOA Section 511 restricting the use of subminimum wage employment. Because the WIOA requirements for serving these populations is new, we have not been able to collect sufficient data to make any meaningful assessment of the gaps, disparities, and needs. A scan of the available academic research and literature on these topics suggests that there has not yet been sufficient time for meaningful evaluation and analysis to be completed. We anticipate including much more detailed data and a deeper literature review in future versions of this report.