

Center for Disabilities Studies Community Needs Assessment: Survey Findings

Authors:

Sue Giancola, PhD

Julee P. Farley, PhD

Reviewed by:

Mary Culnane, MS, MSN

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University of Delaware

Center for Disabilities Studies

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Center for Research in Education and Social Policy
University of Delaware
Pearson Hall, Suite 107
125 Academy Street
Newark, DE 19716
cresp-info@udel.edu
(302) 831-2928

cresp.udel.edu
Twitter: @udcresp

CRESP Leadership Team

Henry May, Director (hmay@udel.edu)
Allison Karpyn, Senior Associate Director (karpyn@udel.edu)
Sue Giancola, Senior Associate Director (giancola@udel.edu)
Jeff Klein, Associate Director (kleinjef@udel.edu)

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CDS COMMUNITY NEEDS ASSESSMENT: SURVEY FINDINGS

EXECUTIVE SUMMARY

A community needs assessment was conducted to inform the strategic planning efforts of the University of Delaware Center for Disabilities Studies. Over 200 individuals responded to the survey. Many respondents had multiple roles within the disability community, such as advocate, family member, and educator. About one-third of respondents were a parent, legal guardian, or family member of a person with a disability and about 20% were a person with a disability. Advocates and educators also comprised about 20% each. Other stakeholder groups represented in responses include service provider staff, state agency staff, elected officials, CDS staff, and CDS community advisory council members. Findings included the following:

- Top **areas of strength**: 1) early intervention services and supports; 2) advocacy; and 3) emergency preparedness and response.
- Top **areas of weakness**: 1) housing accessibility and affordability; 2) mental health; and 3) long-term care and personal assistance.
- Areas of **most improvement** in the last 5 years: 1) advocacy; 2) early intervention services and supports; 3) assistive technology; 4) developmental monitoring and screening; and 5) transition services and support.
- Areas of **least improvement** in the last 5 years: 1) housing accessibility and affordability; 2) mental health; 3) transportation; 4) aging services; and 5) long-term care and personal assistance.
- Recommended **priority areas** for the next 5 years: 1) mental health; 2) housing

What has made an impact?
“Engaging people with disabilities in leadership roles and advocacy positions.”

What has made an impact?
“Employment first efforts and ending the subminimum wage paid to people with disabilities.”

What needs to be done?
“COMMUNICATION!!!! Neither the individuals with intellectual and/or developmental disabilities, their caregivers, or the general public who may face these issues in the future have an easily obtainable, comprehensive overview of the services available to them and how to access these services.”

accessibility and affordability; 3) employment and job training; 4) community integration and accessibility; and 5) healthcare accessibility and inclusivity.

Open-ended comments include recommendations to focus on improving home health care as well as communication. Respondents also asked that people with disabilities be included in decision-making that affects them. The full report (T21-040) provides a detailed accounting of

findings. For more information on the needs assessment, or for assistance with results interpretation, please contact Sue Giancola at giancola@udel.edu.

CDS COMMUNITY NEEDS ASSESSMENT: SURVEY FINDINGS

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CENTER FOR DISABILITY STUDIES

COMMUNITY NEEDS ASSESSMENT:

SURVEY FINDINGS

INTRODUCTION

The Center for Disabilities Studies (CDS), located on the campus of the University of Delaware, works to enhance the lives of individuals with disabilities and their families across the state of Delaware through education, advocacy, service, and research. Every five years, CDS reevaluates and revises the strategic plan that guides the Center's statewide activities.

In order to inform the Center's five-year strategic plan, CDS contracted with the Center for Research in Education and Social Policy (CRESP) to conduct a community needs assessment (CNA). The primary objectives of the needs assessment were to: a) analyze the strengths and weaknesses of current programs and services in the state of Delaware; b) determine programmatic and service area improvements since the last needs assessment, as well as areas of continued concern; and c) identify areas that deserve priority attention in the next five years. The needs assessment was conducted in Fall 2021. This report provides a summary of findings from the CNA.

METHODS

NEEDS ASSESSMENT INSTRUMENT

The community needs assessment instrument was developed in collaboration with CDS in September 2021. The study design and instrument were reviewed and approved by the University of Delaware Institutional Review Board (IRB) in October 2021. The survey instrument was tested by CDS staff for accessibility prior to distribution. The needs assessment instrument can be found in Appendix A.

SURVEY DISTRIBUTION

The assessment was conducted using the Qualtrics electronics survey platform in November 2021; respondents were also provided the option of taking the survey over the phone. Invitations were sent through email to 1,867 individuals who were part of the CDS mailing list. Of these, 21 emails were undeliverable. The Dillman method (Dillman et al., 2014) was used for survey reminders, which included the initial mailing and four follow-ups. At any time, individuals who requested to be removed from future follow-ups were opted-out of the survey. Twenty-five

individuals chose to be opted-out of the survey mailings. One notification of complaint was received, which is when a respondent reports the survey as spam. Thus, the survey included 1,820 eligible respondents. In total, 251 individuals opened the survey sent through email distribution; of these individuals, 243 completed the survey (a response rate of 13.4%). In addition to direct email links, the survey was distributed through partner organizations; 11 responses were recorded from stakeholders who received the link through partner organizations. The final analytic dataset was comprised of 254 survey respondents. However, valid responses by item ranged from 203-235 respondents, depending on the question. Sixteen respondents completed less than half of the survey, while 194 respondents completed all items.

DATA ANALYSES

Closed-ended responses were analyzed using SPSS (IBM SPSS Statistics for Windows, Version 28.0); responses were summarized using frequencies for categorical variables. Open-ended responses were reviewed by the research team, coded, and categorized by themes.

STRUCTURE OF THE CNA REPORT

Findings are detailed in six sections. The first section provides information about the roles and sociodemographic data of the survey respondents. The second section captures which programs and services were rated strongly by the survey respondents and which program and services need to be strengthened. The third section presents a list of programs and services respondents believe had improved over the last five years and those that had not improved. Section four describes the key priority programs and services respondents believe should be the focus for the next five years. Section five provides open-ended responses on areas that have made a positive impact on the lives of those living with disabilities, followed by section six which provides information on those areas that continue to need attention. Following the reporting of findings, conclusions and recommendations for next steps are provided.

FINDINGS

SECTION 1: RESPONDENTS' CHARACTERISTICS

RESPONDENTS' ROLE(S)

Respondents were asked to choose all stakeholder groups to which they belong, i.e., respondents could choose multiple stakeholder groups. Almost one-third of respondents (31.9%) were a parent, legal guardian, or family member of a person with a disability and 19.3% of respondents were a person with a disability. About one-fifth each were advocates and educators (21.3% and 19.7%, respectively). Other stakeholder groups represented in responses include service provider staff,

state agency staff, elected officials, CDS staff, and CDS community advisory council members. See Table 1 for details.

Table 1. Respondents' Roles

Stakeholder	Number of Respondents	Percent of Responses
Individual with a disability	49	19.3%
Parent, legal guardian, or family member of an individual with a disability	81	31.9%
Advocate for an individual with a disability	54	21.3%
Educator	50	19.7%
CDS staff member	30	11.8%
Service provider staff	26	10.2%
State agency staff	23	9.1%
CDS Community Advisory Council member	7	2.8%
Elected official	5	2.0%
Other	21	8.3%

Note: Multiple response variable.

Respondents who chose other included the following descriptions of their involvement with the disability community: employer of people with disabilities; undergraduate or graduate student in the area of disability studies, speech language pathology, or related discipline; or ally for people with disabilities.

RESPONDENTS' SOCIODEMOGRAPHIC CHARACTERISTICS

Most respondents identified as female (80.4%), with 17.4% identifying as male and 1.3% selecting non-binary/third gender. Nearly one-quarter (24.0%) of respondents were ages 18-35 years. About one-third (35.6%) were between 35-54 years old. The largest representation of respondents was the 55-64 age range (23.6%). Individuals ages 65 and over represented 16.7% of all respondents. Over three-quarters were White (83.8%), followed by Black or African American (12.3%). Just over 5% of respondents were of Hispanic, Latino, or Spanish origin. No respondents identified as indigenous/Native American. The majority of respondents were from New Castle County (60.9%), followed by respondents who were not a Delaware resident (23.0%), Sussex County residents (8.9%), and Kent County residents (7.2%). See Tables 2 through 6 for details.

Table 2. Respondents' Gender Identity

Gender Identity	Number of Respondents	Percent
Female	189	80.4%
Male	41	17.4%
Non-binary/Third gender	3	1.3%
Prefer not to say	2	0.9%

Gender Identity	Number of Respondents	Percent
TOTAL	235	100.0%

Table 3. Respondents' Age

Age Range	Number of Respondents	Percent
18-24 Years	35	15.0%
25-34 Years	21	9.0%
35-44 Years	38	16.3%
45-54 Years	45	19.3%
55-64 Years	55	23.6%
65-74 Years	31	13.3%
75+	8	3.4%
TOTAL	233	100.0%

Note: Percent may not add up to 100 due to rounding.

Table 4. Respondents' Race

Race	Number of Respondents	Percent
White/Caucasian	197	83.8%
Black/African American	29	12.3%
Asian American/AAPI	5	2.1%
Middle Eastern/North African/Arab American	1	0.4%
Mixed Race/Multi-Racial	3	1.3%
Other	3	1.3%
Indigenous/Native American	0	0.0%

Note: Multiple response variable.

Table 5. Number of Respondents of Hispanic/Latino/Spanish Origin

Hispanic, Latino, or Spanish Origin	Number of Respondents	Percent
Yes	13	5.6%
No	221	94.4%
TOTAL	234	100.0%

Table 6. Respondents' County of Residence

County	Number of Respondents	Percent
New Castle County	143	60.9%
Sussex County	21	8.9%
Kent County	17	7.2%
Not a Delaware Resident	54	23.0%
TOTAL	235	100.0%

SECTION 2: STRENGTHS AND WEAKNESSES OF CURRENT PROGRAMS AND SERVICES

RESULTS: ALL RESPONDENTS

Respondents were asked to rate 23 areas as a major strength, somewhat of a strength, somewhat of a weakness, or major weakness. Respondents were given an option to add and rate services and programs not included in the core list. Results presented do not include the “don’t know/no opinion” option; however, the overall results of respondents with the complete answer options including “don’t know/no opinion” are in Appendix B.

⇒ The top five areas rated as major or somewhat of a strength by all respondents include:

1. Early Intervention Services/Supports (71.6% of respondents);
2. Advocacy (71.5% of respondents);
3. Emergency Preparedness and Response (65.7% of respondents);
4. Developmental Monitoring/Screening (65.6% of respondents); and
5. Pre-Professional Training (undergraduate/graduate; 62.0% of respondents).

⇒ The top five areas rated as major or somewhat of a weakness by all respondents include:

1. Housing Accessibility and Affordability (80.6% of respondents);
2. Mental Health (71.4% of respondents);
3. Long-Term Care and Personal Assistance (70.4% of respondents);
4. Childcare/Afterschool Care (68.3% of respondents); and
5. Aging Services (65.9%).

See Table 7 for details.

Table 7. Strengths and Weaknesses of Current Programs and Services

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	Total
Advocacy	<i>n</i>	34	104	41	14	193
	%	17.6%	53.9%	21.2%	7.3%	
Aging Services	<i>n</i>	6	40	58	31	135
	%	4.4%	29.6%	43.0%	23.0%	
Assistive Technology	<i>n</i>	29	76	49	16	170
	%	17.1%	44.7%	28.8%	9.4%	
Childcare/Afterschool Care	<i>n</i>	9	36	50	47	142
	%	6.3%	25.4%	35.2%	33.1%	
Community Integration and Accessibility	<i>n</i>	9	59	75	40	183
	%	4.9%	32.2%	41.0%	21.9%	
Developmental Monitoring/Screening	<i>n</i>	20	79	41	11	151
	%	13.2%	52.3%	27.2%	7.3%	

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	Total
Early Intervention Services/Supports	<i>n</i>	34	82	32	14	162
	%	21.0%	50.6%	19.8%	8.6%	
Emergency Preparedness and Response	<i>n</i>	21	71	33	15	140
	%	15.0%	50.7%	23.6%	10.7%	
Employment/Job Training	<i>n</i>	19	79	54	28	180
	%	12.7%	40.5%	33.5%	13.3%	
Healthcare Accessibility and Inclusivity	<i>n</i>	22	70	58	23	173
	%	10.6%	43.9%	30.0%	15.6%	
Healthcare Coordination	<i>n</i>	12	57	68	26	163
	%	7.4%	35.0%	41.7%	16.0%	
Housing Accessibility and Affordability	<i>n</i>	5	23	52	64	144
	%	3.5%	16.0%	36.1%	44.4%	
Leadership Training	<i>n</i>	13	55	45	20	133
	%	9.8%	41.4%	33.8%	15.0%	
Long-Term Care and Personal Assistance	<i>n</i>	8	32	53	42	135
	%	5.9%	23.7%	39.3%	31.1%	
Mental Health	<i>n</i>	8	40	68	52	168
	%	4.8%	23.8%	40.5%	31.0%	
Oral Health/Dental Care	<i>n</i>	15	48	48	32	143
	%	10.5%	33.6%	33.6%	22.4%	
Post-Secondary Education	<i>n</i>	26	68	42	16	152
	%	17.1%	44.7%	27.6%	10.5%	
Pre-Professional Training (undergraduate/graduate)	<i>n</i>	27	66	44	13	150
	%	18.0%	44.0%	29.3%	8.7%	
Pre-K-12 Education	<i>n</i>	27	67	45	19	158
	%	17.1%	42.4%	28.5%	12.0%	
Self-Advocacy, Self-Determination, and Choice	<i>n</i>	25	74	55	15	169
	%	14.8%	43.8%	32.5%	8.9%	
Sexuality/ Healthy Relationships	<i>n</i>	5	40	54	18	117
	%	4.3%	34.2%	46.2%	15.4%	
Transition Services and Supports	<i>n</i>	14	82	52	30	178
	%	7.9%	46.1%	29.2%	16.9%	
Transportation	<i>n</i>	9	59	57	52	177
	%	5.1%	33.3%	32.2%	29.4%	
Other	<i>n</i>	2	5	10	24	41
	%	4.9%	12.2%	24.4%	58.5%	

Note: Percent may not add up to 100 due to rounding.

Respondents were given an opportunity to list areas they felt were not included in the original list of 23 domains. Many open-ended “other” responses aligned with the findings noted in Table 7. For example, major areas of weaknesses included aspects of housing and mental health. Areas noted as weaknesses in the system that were not previously mentioned included lack of access to recreational activities, inclusive social venues to establish friendships and relationships, and family-to-family support systems. Some respondents commented on the lack of quality and oversight for services delivered. Others commented on issues related to equity such as wage equality. One respondent simply noted that there is an *“ableist mindset.”* Verbatim responses are included below.

Somewhat of a strength:

“Outpatient therapy options.”

“Paratransit.”

Somewhat of a weakness:

“Wage equality for disabled employees.”

“Adapted curriculums.”

“Connectivity among/between service provider agencies and community-at-large.”

“Fund assistance resources.”

“Respite.”

“Social integration in community post 21.”

Major area of weakness:

“Access to appropriate mental health facilities/ providers.”

“Mental health community supports.”

“Access to community wellness program.”

“Lack of wrap around medical services.”

“Private Duty Nursing coverage.”

“Skilled home care nurses and options for pediatric medically fragile children.”

“Delaware needs to have housing for the homeless and young teenagers. There is really no help for people who suffer and struggle with mental problems.”

“Affordable housing.”

“Housing.”

“Affordable transportation.”

“Natural family support.”

“Connecting families with a member with a disability.”

"Lack of access to inclusive social venues to establish friendships and relationships."

"Recreational opportunities."

"Post 21 services for people with moderate cognitive impairments with more complex physical needs is horrible and borderline discriminatory."

"Pre grade 12 employment support."

"Lack of positive behavioral supports."

"Adult behavior support services."

"Corporation Disability Awareness programs."

"Day program that is not just warehousing."

"Deinstitutionalization."

"Job development."

"Parking awareness."

"Technology training."

"No oversight of services."

"Quality of DSP services: poorly trained, high turnover...rooted in low wages. DSP's are vital to quality of life for many. Need a certification program to improve outcomes for both DSP's and those they serve."

"Few laws to protect the intellectual disabled."

Other:

"Understanding your benefits and waivers."

RESULTS: RESPONDENTS WITH A DISABILITY

Responses from persons with a disability (PWD) had considerable overlap with those of all respondents. Three of the top strength areas were identical, albeit ranked differently. However, two areas were new: *Assistive Technology* and *Post-Secondary Education* were the first and third highest rated strength areas for respondents with a disability (they were rated as the seventh and sixth top strengths by all respondents, respectively). Areas rated as weaknesses that were unique to respondents with a disability were *Sexuality/Healthy Relationships* and *Community Integration and Accessibility* (rated as the eighth and sixth top weaknesses by all respondents, respectively). Top areas that were unique to respondents with a disability are *italicized* in the lists below.

⇒ The top five areas PWD rated as major or somewhat of a strength include:

1. *Assistive Technology* (70.3%);
2. Early Intervention Services/Supports (69.0%);
3. *Post-Secondary Education* (69.0%);
4. Advocacy (64.1%); and
5. Emergency Preparedness and Response (63.3%).

⇒ The top five areas PWD rated as major or somewhat of a weakness include:

1. Housing Accessibility and Affordability (69.2%);
2. Long-Term Care and Personal Assistance (67.9%);
3. *Sexuality/Health Relationships* (66.7%);
4. Mental Health (65.6%); and
5. *Community Integration and Accessibility* (63.6%).

See Table 8 for details.

Table 8. Strengths and Weaknesses of Current Programs and Services for Respondents with a Disability

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	Total
Advocacy	<i>n</i>	11	14	10	4	39
	%	28.2%	35.9%	25.6%	10.3%	
Aging Services	<i>n</i>	4	9	11	3	27
	%	14.8%	33.3%	40.7%	11.1%	
Assistive Technology	<i>n</i>	13	13	6	5	37
	%	35.1%	35.1%	16.2%	13.5%	
Childcare/Afterschool Care	<i>n</i>	6	4	6	7	23
	%	26.1%	17.4%	26.1%	30.4%	
Community Integration and Accessibility	<i>n</i>	6	6	13	8	33
	%	18.2%	18.2%	39.4%	24.2%	
Developmental Monitoring/Screening	<i>n</i>	9	8	8	4	29
	%	31.0%	27.6%	27.6%	13.8%	
Early Intervention Services/Supports	<i>n</i>	9	11	6	3	29
	%	31.0%	37.9%	20.7%	10.3%	
Emergency Preparedness and Response	<i>n</i>	8	11	7	4	30
	%	26.7%	36.7%	23.3%	13.3%	
Employment/Job Training	<i>n</i>	7	13	12	6	38
	%	18.4%	34.2%	31.6%	15.8%	
Healthcare Accessibility and Inclusivity	<i>n</i>	5	11	10	7	33
	%	15.2%	33.3%	30.3%	21.2%	
Healthcare Coordination	<i>n</i>	5	9	9	6	29
	%	17.2%	31.0%	31.0%	20.7%	
Housing Accessibility and Affordability	<i>n</i>	5	3	7	11	26
	%	19.2%	11.5%	26.9%	42.3%	
Leadership Training	<i>n</i>	6	6	9	5	26
	%	23.1%	23.1%	34.6%	19.2%	
Long-Term Care and Personal Assistance	<i>n</i>	5	4	8	10	28
	%	17.9%	14.3%	32.1%	35.7%	

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	Total
Mental Health	<i>n</i>	4	7	12	9	32
	%	12.5%	21.9%	37.5%	28.1%	
Oral Health/Dental Care	<i>n</i>	7	6	9	8	30
	%	23.2%	20.0%	30.0%	26.7%	
Post-Secondary Education	<i>n</i>	8	12	5	4	29
	%	27.6%	41.4%	17.2%	13.8%	
Pre-Professional Training (undergraduate/graduate)	<i>n</i>	6	10	9	3	28
	%	21.4%	35.7%	32.1%	10.7%	
Pre-K-12 Education	<i>n</i>	7	8	8	5	28
	%	25.0%	28.6%	28.6%	17.9%	
Self-Advocacy, Self-Determination, and Choice	<i>n</i>	9	12	10	4	35
	%	25.7%	34.3%	28.6%	11.4%	
Sexuality/ Healthy Relationships	<i>n</i>	2	5	11	3	21
	%	9.5%	23.8%	52.4%	14.3%	
Transition Services and Supports	<i>n</i>	7	10	9	8	34
	%	20.6%	29.4%	26.5%	23.5%	
Transportation	<i>n</i>	7	12	6	13	38
	%	18.4%	31.6%	15.8%	34.2%	
Other	<i>n</i>	1	1	2	6	10
	%	10.0%	10.0%	20.0%	60.0%	

Note: Percent may not add up to 100 due to rounding.

RESULTS: FAMILY MEMBERS OF A PERSON WITH A DISABILITY

Responses from family members of a person with a disability also had considerable overlap with all respondents and with responses from PWD. However, *Assistive Technology* was rated as one of the top five areas of strength by family members of a person with a disability (this area was rated as the seventh top strength by all respondents); a top area rated as a weakness that was unique to family members of a PWD was *Sexuality/Healthy Relationships* (rated as the eighth top weakness by all respondents). Top areas that were unique to family members of a person with a disability are *italicized* in the lists below.

⇒ The top five areas family members of a PWD rated as major or somewhat of a strength include:

1. Early Intervention Services/Supports (78.7%);
2. Advocacy (60.6%);
3. Developmental Monitoring/Screening (58.3%);
4. *Assistive Technology* (56.7%); and

5. Emergency Preparedness and Response (54.9%).

⇒ The top five areas family members of a PWD rated as major or somewhat of a weakness include:

1. Housing Accessibility and Affordability (82.7%);
2. Long-Term Care and Personal Assistance (80.0%);
3. *Sexuality/Health Relationships* (79.6%);
4. Mental Health (78.3%); and
5. Childcare/Afterschool Care (77.4%).

See Table 9 for details.

Table 9. Strengths and Weaknesses of Current Programs and Services for Family Members of a Person with a Disability

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	Total
Advocacy	<i>n</i>	6	37	21	7	71
	%	8.5%	52.1%	29.6%	9.9%	
Aging Services	<i>n</i>	0	13	27	13	53
	%	0.0%	24.5%	50.9%	24.5%	
Assistive Technology	<i>n</i>	6	28	19	7	60
	%	10.0%	46.7%	31.7%	11.7%	
Childcare/Afterschool Care	<i>n</i>	1	11	18	23	53
	%	1.9%	20.8%	34.0%	43.4%	
Community Integration and Accessibility	<i>n</i>	1	20	23	24	68
	%	1.5%	29.4%	33.8%	35.3%	
Developmental Monitoring/Screening	<i>n</i>	8	27	21	4	60
	%	13.3%	45.0%	35.0%	6.7%	
Early Intervention Services/Supports	<i>n</i>	14	34	8	5	61
	%	23.0%	55.7%	13.1%	8.2%	
Emergency Preparedness and Response	<i>n</i>	5	23	15	8	51
	%	9.8%	45.1%	29.4%	15.7%	
Employment/Job Training	<i>n</i>	3	29	22	15	69
	%	4.3%	42.0%	31.9%	21.7%	
Healthcare Accessibility and Inclusivity	<i>n</i>	9	23	28	6	66
	%	13.6%	34.8%	42.4%	9.1%	
Healthcare Coordination	<i>n</i>	4	20	27	10	61
	%	6.6%	45.0%	35.0%	6.7%	
Housing Accessibility and Affordability	<i>n</i>	0	9	17	26	52
	%	0.0%	17.3%	32.7%	50.0%	
Leadership Training	<i>n</i>	4	16	21	9	50
	%	8.0%	32.0%	42.0%	18.0%	

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	Total
Long-Term Care and Personal Assistance	<i>n</i>	2	9	22	22	55
	%	3.6%	16.4%	40.0%	40.0%	
Mental Health	<i>n</i>	1	12	26	21	60
	%	1.7%	20.0%	43.3%	35.0%	
Oral Health/Dental Care	<i>n</i>	5	23	19	11	58
	%	8.6%	39.7%	32.8%	19.0%	
Post-Secondary Education	<i>n</i>	7	16	18	8	49
	%	14.3%	32.7%	36.7%	16.3%	
Pre-Professional Training (undergraduate/graduate)	<i>n</i>	6	20	19	6	51
	%	11.8%	39.2%	37.3%	11.8%	
Pre-K-12 Education	<i>n</i>	6	26	19	8	59
	%	10.2%	44.1%	32.2%	13.6%	
Self-Advocacy, Self-Determination, and Choice	<i>n</i>	3	28	26	6	63
	%	4.8%	44.4%	41.3%	9.5%	
Sexuality/ Healthy Relationships	<i>n</i>	2	7	27	8	44
	%	4.5%	15.9%	61.4%	18.2%	
Transition Services and Supports	<i>n</i>	2	27	25	16	70
	%	2.9%	38.6%	35.7%	22.9%	
Transportation	<i>n</i>	1	20	25	20	66
	%	1.5%	30.3%	37.9%	30.3%	
Other	<i>n</i>	0	0	25	20	20
	%	0.0%	0.0%	20.0%	80.0%	

Note: Percent may not add up to 100 due to rounding.

RESULTS: BLACK RESPONDENTS

When analyzing results from only Black respondents, three new areas emerged as top strengths. These include 1) *Self-Advocacy, Self-Determination, and Choice*, 2) *Healthcare Coordination*, and 3) *Transportation*. These areas were rated ninth, 15th, and 17th by all respondents, respectively. In addition, Black respondents identified two weakness areas that were not included in the top five by all respondents: *Sexuality/Healthy Relationships* and *Leadership Training* (rated as eighth and 11th by all respondents, respectively). Top areas that were unique to Black respondents are *italicized* in the lists below.

⇒ The top five areas Black respondents rated as major or somewhat of a strength:

1. Advocacy (72.0%);
2. Early Intervention Services/Supports (61.9%);
3. *Self-Advocacy, Self-Determination, and Choice* (54.6%);

4. *Healthcare Coordination* (52.4%); and
5. *Transportation* (52.4%).

⇒ The top five areas Black respondents rated as major or somewhat of a weakness:

1. *Sexuality/Healthy Relationships* (86.7%);
2. *Leadership Training* (82.4%);
3. *Housing Accessibility and Affordability* (77.8%);
4. *Childcare/Afterschool Care* (77.3%); and
5. *Aging Services* (73.7%).

Because the number of Black respondents is less than 30, a table showing responses by item is not provided to guard against deductive disclosure and maintain confidentiality.

SUMMARY OF STRENGTHS AND WEAKNESSES OF CURRENT PROGRAMS AND SERVICES

Table 10 shows a summary of areas of strength and weakness by respondent group. Note that the following color coding is used to draw attention to commonalities and differences among respondent groups:

- Blue and *: Common strengths across all groups
- Brown and #: Common weaknesses across all groups
- Purple and +: Unique to one respondent group
- Red and ^: Unique to respondents with a disability

Table 10. Comparison of Strengths and Weaknesses of Current Programs and Services by Respondent Group

Strengths - All Respondents	Strengths - Respondents with a Disability	Strengths - Family Member of a Person with a Disability	Strengths - Black Respondents
Early Intervention* Services/Supports Advocacy* Emergency Preparedness and Response Developmental Monitoring/Screening Pre-Professional Training+	Assistive Technology Early Intervention Services/Supports* Post-Secondary Education^ Advocacy* Emergency Preparedness and Response	Early Intervention Services/Supports* Advocacy* Developmental Monitoring/Screening Assistive Technology Emergency Preparedness and Response	Advocacy* Early Intervention Services/Supports* Self-Advocacy, Self-Determination, and Choice+ Healthcare Coordination+ Transportation+

Weaknesses - All Respondents	Weaknesses - Respondents with a Disability	Weaknesses - Family Member of a Person with a Disability	Weaknesses - Black Respondents
Housing Accessibility and Affordability [#]	Housing Accessibility and Affordability [#]	Housing Accessibility and Affordability [#]	Sexuality/Healthy Relationships
Mental Health	Long-Term Care and Personal Assistance	Long-Term Care and Personal Assistance	Leadership Training ⁺
Long-Term Care and Personal Assistance	Sexuality/Health Relationships	Sexuality/Health Relationships	Housing Accessibility and Affordability [#]
Childcare/Afterschool Care	Mental Health	Mental Health	Childcare/Afterschool Care
Aging Services	Community Integration and Accessibility [^]	Childcare/Afterschool Care	Aging Services

SECTION 3: PROGRAMS AND SERVICES THAT HAVE IMPROVED (OR NOT) OVER THE LAST FIVE YEARS

RESULTS: ALL RESPONDENTS

Of the 23 domains listed in the previous section, respondents selected up to five that were the most improved and up to five that were the least improved over the last five years.

⇒ The five **most improved** domains were:

1. Advocacy (73 respondents);
2. Early Intervention Services/Supports (73 respondents);
3. Assistive Technology (66 respondents);
4. Developmental Monitoring/Screening (49 respondents); and
5. Transition Services and Supports (49 respondents).

⇒ The five **least improved** domains were:

1. Housing Accessibility and Affordability (77 respondents);
2. Mental Health (62 respondents);
3. Transportation (57 respondents);
4. Aging Services (53 respondents); and
5. Long-Term Care and Personal Assistance (50 respondents).

See Table 11 for details.

Table 11. Programs and Services that Have Improved Over the Last 5 Years

Domains of Life	Most Improved	Least Improved	Priority
Advocacy	73	23	45
Aging Services	13	53	46
Assistive Technology	66	30	38
Childcare/Afterschool Care	15	42	39
Community Integration and Accessibility	40	45	57
Developmental Monitoring/Screening	49	16	24
Early Intervention Services/Supports	73	24	49
Emergency Preparedness and Response	35	22	13
Employment/Job Training	46	42	64
Healthcare Accessibility and Inclusivity	37	41	54
Healthcare Coordination	21	35	22
Housing Accessibility and Affordability	8	77	70
Leadership Training	24	16	16
Long-Term Care and Personal Assistance	8	50	48
Mental Health	31	62	80
Oral Health/Dental Care	35	23	8
Post-Secondary Education	34	10	15
Pre-Professional Training (undergraduate/graduate)	22	13	22
Pre-K-12 Education	35	25	43
Self-Advocacy, Self-Determination, and Choice	38	14	38
Sexuality/Healthy Relationships	10	26	17
Transition Services and Supports	49	33	50
Transportation	19	57	42
Other	*	6	8

Note: “*” denotes cell size is less than or equal to 5.

Respondents included the following comments as ***other most improved*** areas:

“Activities and programs offered in the community pre-COVID.”

“Autism initiatives.”

“I have seen no improvement in the last 5 years.”

Respondents included the following comments as ***other least improved*** areas:

“Accessible parking and bathrooms in the community.”

“Adult day care.”

“Housing.”

“Laws protecting intellectually disabled people.”

“Private duty nursing coverage.”

RESULTS: RESPONDENTS WITH A DISABILITY

The five most improved areas as rated by respondents with a disability were the same as those for all respondents, with the addition of a sixth area that was tied for fifth: *Self-Advocacy, Self-Determination, and Choice*. Two of the areas some PWD saw as most improved, other PWD also saw as least improved; these were *Advocacy* and *Early Intervention Services/Supports*. PWD also rated *Healthcare Accessibility and Inclusivity* as a top weakness area. Top areas that were unique to respondents with a disability are *italicized* in the lists below. See Table 12 for details.

⇒ The five **most improved areas** over the past five years for respondents with a disability were:

1. Advocacy (17 respondents);
2. Assistive Technology (14 respondents);
3. Early Intervention Services/Supports (11 respondents);
4. Developmental Monitoring/Screening (8 respondents);
5. Transition Services and Supports (8 respondents); and
6. *Self-Advocacy, Self-Determination, and Choice* (8 respondents).

⇒ The five **least improved** areas over the past five years for respondents with a disability were:

1. Housing Accessibility and Affordability (12 respondents);
2. Mental Health (11 respondents);
3. *Advocacy* (10 respondents);
4. *Early Intervention Services/Supports* (9 respondents);
5. *Healthcare Accessibility and Inclusivity* (9 respondents); and
6. Transportation (9 respondents).

Table 12. Programs and Services that Have Improved Over the Last 5 Years for Respondents with a Disability

Domains of Life	Most Improved	Least Improved	Priority
Advocacy	17	10	14
Aging Services	*	*	*
Assistive Technology	14	6	11
Childcare/Afterschool Care	*	*	*
Community Integration and Accessibility	*	*	9
Developmental Monitoring/Screening	8	*	*
Early Intervention Services/Supports	11	9	*
Emergency Preparedness and Response	*	*	*
Employment/Job Training	7	8	11

Domains of Life	Most Improved	Least Improved	Priority
Healthcare Accessibility and Inclusivity	*	9	13
Healthcare Coordination	*	8	*
Housing Accessibility and Affordability	*	12	10
Leadership Training	*	*	*
Long-Term Care and Personal Assistance	*	*	6
Mental Health	*	11	14
Oral Health/Dental Care	7	*	*
Post-Secondary Education	*	*	*
Pre-Professional Training (undergraduate/graduate)	*	*	*
Pre-K-12 Education	*	*	*
Self-Advocacy, Self-Determination, and Choice	8	*	8
Sexuality/Healthy Relationships	*	*	6
Transition Services and Supports	8	*	6
Transportation	*	9	8
Other	*	*	*

Note: “*” denotes cell size is less than or equal to 5.

RESULTS: FAMILY MEMBERS OF PERSONS WITH A DISABILITY

Family members of a person with a disability rated the top four areas the same as all respondents, albeit in a different order. However, their fifth most improved area was *Oral/Dental Care*. Similarly, four of the five least improved area were the same as for all respondents. Family members of PWD rated *Employment/Job Training* as their fifth least improved areas. Top areas that were unique to family members of a person with a disability are *italicized* in the lists below. See Table 13 for details.

⇒ The five **most improved areas** over the past five years for family members of a person with a disability were:

1. Early Intervention Services/Supports (27 respondents);
2. Assistive Technology (25 respondents);
3. Advocacy (21 respondents);
4. Developmental Monitoring/Screening (21 respondents); and
5. *Oral/Dental Care* (21 respondents).

⇒ The five **least improved** areas over the past five years for family members of a person with a disability were:

1. Housing Accessibility and Affordability (30 respondents);
2. Mental Health (24 respondents);

3. Aging Services (22 respondents);
4. Long-Term Care and Personal Assistance (22 respondents); and
5. *Employment/Job Training* (21 respondents).

Table 13. Programs and Services that Have Improved Over the Last 5 Years for Family Members of a Person with a Disability

Domains of Life	Most Improved	Least Improved	Priority
Advocacy	21	10	15
Aging Services	7	22	20
Assistive Technology	25	20	11
Childcare/Afterschool Care	9	17	14
Community Integration and Accessibility	14	18	20
Developmental Monitoring/Screening	21	*	*
Early Intervention Services/Supports	27	7	16
Emergency Preparedness and Response	12	9	7
Employment/Job Training	20	21	31
Healthcare Accessibility and Inclusivity	20	16	25
Healthcare Coordination	10	14	9
Housing Accessibility and Affordability	*	30	30
Leadership Training	6	*	6
Long-Term Care and Personal Assistance	*	22	24
Mental Health	6	24	29
Oral Health/Dental Care	21	*	*
Post-Secondary Education	12	9	7
Pre-Professional Training (undergraduate/graduate)	7	*	*
Pre-K-12 Education	10	10	14
Self-Advocacy, Self-Determination, and Choice	10	*	9
Sexuality/Healthy Relationships	*	11	*
Transition Services and Supports	14	12	21
Transportation	9	20	15
Other	*	*	*

Note: “*” denotes cell size is less than or equal to 5.

RESULTS: BLACK RESPONDENTS

Black respondents included *Employment/Job Training* and *Healthcare Accessibility and Inclusivity* in the top five most improved areas. *Childcare/Afterschool Care* and *Community*

Integration and Inclusivity were included in the top five least improved areas. Top areas that were unique to Black respondents are *italicized* in the lists below. See Table 14 for details.

⇒ The five **most improved areas** over the past five years for Black respondents were:

1. Assistive Technology (11 respondents);
2. Advocacy (8 respondents);
3. Early Intervention Services/Supports (7 respondents);
4. *Employment/Job Training* (6 respondents); and
5. *Healthcare Accessibility and Inclusivity* (6 respondents).

⇒ The five **least improved** areas over the past five years for Black respondents were:

1. Housing Accessibility and Affordability (9 respondents);
2. *Childcare/Afterschool Care* (9 respondents);
3. Transportation (8 respondents);
4. Mental Health (7 respondents); and
5. *Community Integration and Accessibility* (7 respondents).

Table 14. Programs and Services that Have Improved Over the Last 5 Years for Black Respondents

Domains of Life	Most Improved	Least Improved	Priority
Advocacy	8	*	9
Aging Services	*	6	9
Assistive Technology	11	*	6
Childcare/Afterschool Care	*	9	9
Community Integration and Accessibility	*	7	6
Developmental Monitoring/Screening	*	*	*
Early Intervention Services/Supports	7	*	9
Emergency Preparedness and Response	4	*	*
Employment/Job Training	6	*	7
Healthcare Accessibility and Inclusivity	6	*	*
Healthcare Coordination	*	*	*
Housing Accessibility and Affordability	*	9	9
Leadership Training	*	*	*
Long-Term Care and Personal Assistance	*	*	*
Mental Health	*	7	8
Oral Health/Dental Care	*	*	*
Post-Secondary Education	*	*	*

Domains of Life	Most Improved	Least Improved	Priority
Pre-Professional Training (undergraduate/graduate)	*	*	*
Pre-K-12 Education	*	*	*
Self-Advocacy, Self-Determination, and Choice	*	*	*
Sexuality/Healthy Relationships	*	*	*
Transition Services and Supports	*	*	9
Transportation	*	8	*
Other	*	*	*

Note: “*” denotes cell size is less than or equal to 5.

SUMMARY OF PROGRAMS AND SERVICES THAT HAVE IMPROVED OVER THE LAST 5 YEARS

Table 15 shows a summary of areas of programs and services that have improved over the last five years by respondent group. Note that the following color coding is used to draw attention to commonalities and differences among respondent groups:

- Blue and *: Common strengths across all groups
- Brown and #: Common weaknesses across all groups
- Purple and +: Unique to one respondent group
- Red and ^: Unique to respondents with a disability

Table 15. Comparison of Most and Least Improved Programs and Services Over the Last 5 Years by Respondent Group

Most Improved - Overall Respondents	Most Improved - Respondents with a Disability	Most Improved - Family Member of a Person with a Disability	Most Improved - Black Respondents
Advocacy* Early Intervention Services/Supports* Assistive Technology* Developmental Monitoring/Screening Transition Services and Supports	Advocacy* Assistive Technology* Early Intervention Services/Supports* Developmental Monitoring/Screening Self-Advocacy, Self-Determination, and Choice^ Transition Services and Supports	Early Intervention Services/Supports* Assistive Technology* Advocacy* Developmental Monitoring/Screening Oral/Dental Care+	Assistive Technology* Advocacy* Early Intervention Services/Supports* Employment/Job Training+ Healthcare Accessibility and Inclusivity+

Least Improved - Overall Respondents	Least Improved - Respondents with a Disability	Least Improved - Family Member of a Person with a Disability	Least Improved - Black Respondents
Housing Accessibility and Affordability [#]	Housing Accessibility and Affordability [#]	Housing Accessibility and Affordability [#]	Housing Accessibility and Affordability [#]
Mental Health [#]	Mental Health [#]	Mental Health [#]	Childcare/Afterschool Care ⁺
Transportation	Advocacy [^]	Aging Services	Transportation
Aging Services	Early Intervention Services/Supports [^]	Long-Term Care and Personal Assistance	Mental Health [#]
Long-Term Care and Personal Assistance	Healthcare Accessibility and Inclusivity [^]	Employment/Job Training ⁺	Community Integration and Accessibility ⁺
	Transportation		

SECTION 4: RECOMMENDED PRIORITY AREAS FOR THE NEXT FIVE YEARS

PRIORITY AREAS: ALL RESPONDENTS

Respondents were also asked to select up to five domains they believe should be priority areas of focus for the next five years. The five top **priority focus areas** were:

1. Mental Health (80 respondents);
2. Housing Accessibility and Affordability (70 respondents);
3. Employment/Job Training (64 respondents);
4. Community Integration and Accessibility (57 respondents); and
5. Healthcare Accessibility and Inclusivity (54 respondents).

Respondents included the following comments as **other priority areas**:

"Accessible parking and bathrooms in community."

"Assistance for people with disabilities that the state does not provide."

"Business preparation, training, and ownership for disabled."

"Improvement of adult day programs; housing; laws."

"Physical and recreational opportunities, as a disabilities center seriously interested in something other than developmental disabilities."

"Private duty nursing coverage."

Areas recommended for priority attention aligned with the findings in the previous sections related to program and service area weaknesses. See Table 16 for details.

Table 16. Summary of Priority Areas

Most Improved¹ Early Intervention Services/Supports Advocacy Assistive Technology	Least Improved² Housing Accessibility and Affordability Mental Health Transportation
Priorities Mental Health Housing Accessibility and Affordability Employment/Job Training Community Integration and Accessibility Healthcare Accessibility and Inclusivity	

¹ Each of these areas were designated by respondents as **most improved** over the last five years, followed by Developmental Monitoring/Screening and Transition Services and Supports.

² Each of these areas were designated by respondents as **least improved** over the last five years, followed by Aging Services and Long-Term Care and Personal Assistance.

PRIORITY AREAS: RESPONDENTS WITH A DISABILITY

The five top **priority focus areas** for the next five years for respondents with a disability were:

1. Mental Health (14 respondents);
2. *Advocacy* (14 respondents);
3. Healthcare Accessibility and Inclusivity (13 respondents);
4. Employment/Job Training (11 Respondents); and
5. *Assistive Technology* (11 Respondents).

The priorities for respondents with a disability were largely similar to the overall respondent group with the unique priorities being Advocacy and Assistive Technology (*italicized* in the list above). See a summary of the most and least improved areas, as well as priorities for respondents with a disability in Table 17.

Table 17. Summary of Priority Areas for Respondents with a Disability

Most Improved¹ Advocacy Assistive Technology Early Intervention Services/Supports	Least Improved² Housing Accessibility and Affordability Mental Health Advocacy
Priorities Mental Health Advocacy Healthcare Accessibility and Inclusivity Employment/Job Training Assistive Technology	

¹ Each of these areas were designated by respondents as **most improved** over the last five years, followed by Self-Advocacy, Self-Determination, and Choice and Transition Services and Supports.

² Each of these areas were designated by respondents as **least improved** over the last five years, followed by Early Intervention Services/Supports, Healthcare Accessibility and Inclusivity, and Transportation.

PRIORITY AREAS: RESPONDENTS WHO ARE FAMILY MEMBERS OF PERSONS WITH A DISABILITY

The five top **priority focus areas** for the next five years for family members of a person with a disability were:

1. Employment/Job Training (31 Respondents);
2. Housing Accessibility and Affordability (30 respondents);
3. Mental Health (29 respondents);
4. Healthcare Accessibility and Inclusivity (25 respondents); and
5. *Long-Term Care and Personal Assistance* (25 respondents).

The priorities for family members of a person with a disability were largely similar to the overall respondent group with the only unique priority being Long-Term Care and Personal Assistance (*italicized* in the list above). See a summary of the most and least improved areas, as well as priorities for family members of a person with a disability in Table 18.

Table 18. Summary of Priority Areas for Family Members of a Person with a Disability

Most Improved¹	Least Improved²
Early Intervention Services/Supports	Housing Accessibility and Affordability
Assistive Technology	Mental Health
Advocacy (tied)	Aging Services (tied)
Developmental Monitoring/Screening (tied)	Long-Term Care and Personal Assistance (tied)
Oral Health/Dental Care (tied)	
Priorities	
Employment/Job Training	
Housing Accessibility and Affordability	
Mental Health	
Healthcare Accessibility and Inclusivity	
Long-Term Care and Personal Assistance	

¹ Each of these areas were designated by respondents as **most improved** over the last five years.

² Each of these areas were designated by respondents as **least improved** over the last five years, followed by Employment/Job Training.

PRIORITY AREAS: BLACK RESPONDENTS

The six top **priority focus areas** for the next five years for Black respondents were:

1. Advocacy (9 respondents);
2. *Aging Services* (9 respondents);

- 3. *Childcare/Afterschool Care* (9 respondents);
- 4. *Early Intervention Services/Supports* (9 respondents);
- 5. Housing Accessibility and Affordability (9 respondents); and
- 6. *Transition Services and Supports* (9 respondents).

The priorities of Black respondents were largely unique from the overall respondent group. Although the priority focus areas of Housing Accessibility and Affordability and Advocacy were shared with other respondents, Black respondents uniquely prioritized Aging Services, Childcare/Afterschool Care, Early Intervention Services/Supports, and Transition Services and Supports (*italicized* in the list above). See a summary of the most and least improved areas, as well as priorities for Black respondents in Table 19.

Table 19. Summary Priority Areas for Black Respondents

<p>Most Improved¹</p> <p>Assistive Technology</p> <p>Advocacy</p> <p>Early Intervention Services/Supports</p>	<p>Least Improved²</p> <p>Housing Accessibility and Affordability</p> <p>Childcare/Afterschool Care</p> <p>Transportation</p>
<p>Priorities</p> <p>Advocacy</p> <p>Aging services</p> <p>Childcare/Afterschool Care</p> <p>Early Intervention Services/Supports</p> <p>Housing Accessibility and Affordability</p> <p>Transition Services and Supports</p>	

¹ Each of these areas were designated by respondents as **most improved** over the last five years, followed by Employment/Job Training and Healthcare Accessibility and Inclusivity.

² Each of these areas were designated by respondents as **least improved** over the last five years, followed by Mental Health and Employment/Job Training.

SUMMARY OF RECOMMENDED PRIORITY AREAS FOR THE NEXT 5 YEARS

Table 20 shows a summary of recommended priority areas for the next five years by respondent group. Note that the following color coding is used to draw attention to commonalities and differences among respondent groups:

- Purple and +: Unique to one respondent group
- Red and ^: Unique to respondents with a disability

Table 20. Comparison of Priority Areas by Respondent Group

Overall Respondents	Respondents with a Disability	Family Member of a Person with a Disability	Black Respondents
Mental Health	Mental Health	Employment/Job Training	Advocacy
Housing Accessibility and Affordability	Advocacy [^]	Housing Accessibility and Affordability	Aging services ⁺
Employment/Job Training	Healthcare Accessibility and Inclusivity	Mental Health	Childcare/Afterschool Care ⁺
Community Integration and Accessibility ⁺	Employment/Job Training	Healthcare Accessibility and Inclusivity	Early Intervention Services/Supports ⁺
Healthcare Accessibility and Inclusivity	Assistive Technology [^]	Long-Term Care and Personal Assistance ⁺	Housing Accessibility and Affordability
			Transition Services and Supports ⁺

Figure 1 summarizes responses across all priority areas for respondents with disabilities, family members of a person with a disability, and Black respondents. The left (vertical) axis shows the rank of the priority area, with 23 being the highest ranked area and 1 being the lowest ranked area. The black diagonal line indicates the ranking for all respondents, which also corresponds to order of the priority areas along the bottom of the graph. That is, all respondents ranked Mental Health as the top priority area (#23), Housing Accessibility and Affordability as the second priority area (#22), etc. Emergency Preparedness and Response and Oral Health/Dental Care were rated as the bottom two priority areas (#2 and #1), respectively.

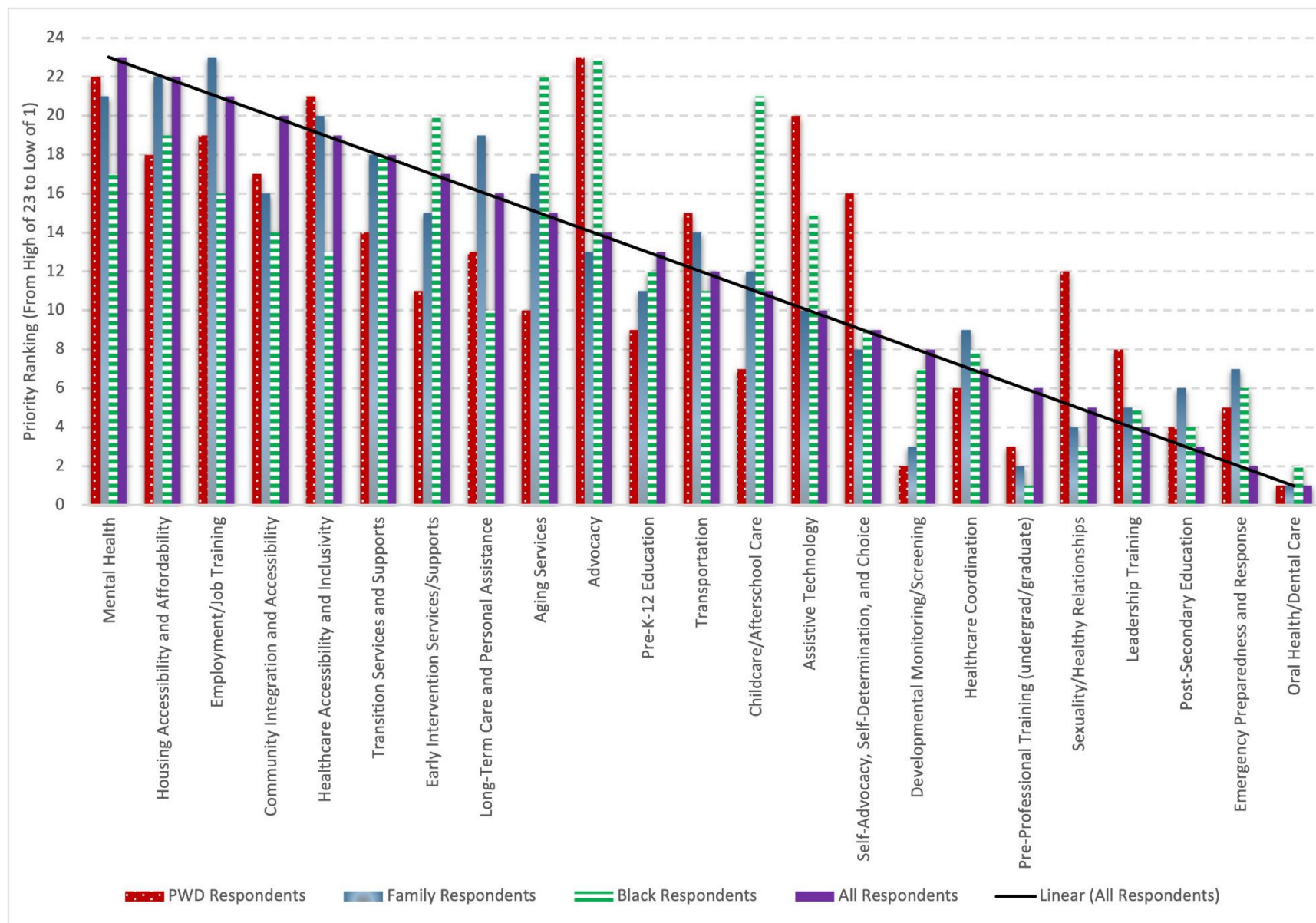
Respondent groups are denoted as follows on the graph:

- All respondents: purple, solid bar; black diagonal line (trend line)
- Respondents with disability: red, dotted bar
- Family members of a person with a disability: green bar with horizontal lines
- Black respondents: blue bar with gradation/shading from the top down

Below are two examples of how the graph might be used:

- For the area of Advocacy, the graph shows that it is in the middle in terms of priority ranking for all respondents. Yet, for respondents with a disability and Black respondents, it is one of the top priority areas.
- For the area of Childcare/Afterschool Care, family member of persons with a disability rated it similarly to all respondents. However, PWD rated it much lower, while Black respondents rated the area as one if the top priorities.

Figure 1. Priority Areas by Respondent Group



SECTION 5: RESPONDENTS' REFLECTIONS OF PROGRAMS, SERVICES, AND POLICIES THAT HAVE HAD A POSITIVE IMPACT

Respondents were given the opportunity to provide feedback about what Delaware is doing (or has done) that is making the biggest impact for people living with intellectual and/or developmental disabilities. Open-ended responses from one hundred and thirty (n=130) individuals were reviewed and categorized by themes. Prominent themes are described below and illustrated through selected exemplar quotes.

Open-ended responses aligned with the program and service strengths found through the survey items. Several areas not previously mentioned that also contribute to positive impacts in the lives of those with disabilities include legislative statutes; K-12 and post-secondary opportunities in the state; and the collaboration and cooperation across partnerships and networks.

ADVOCACY AND AWARENESS

Many respondents said that they believed advocacy, self-advocacy, awareness, and inclusion have made the biggest impact for people living with intellectual and/or developmental disabilities.

"Advocacy efforts."

"Awareness and inclusion."

"Advocacy support."

"Advocacy to give parents a voice."

"Engaging people with disabilities into leadership roles and advocacy positions."

"Inclusivity."

"Providing various educational and self-advocacy opportunities."

"Supporting and promoting select people with disabilities into leadership roles in order to promote strong models of self-advocacy."

"The inclusion in the society for people with developmental disabilities is the biggest impact to me."

"Creating more awareness of people with disabilities, so that people better understand that PWD are full members of our communities and deserving of equal rights."

"It is great that there is a lot of conversation about how we can support people with disabilities."

AVAILABILITY OF RESOURCES AND SERVICES

Respondents also commented that they felt the resources and services offered in Delaware have made the biggest impact for individuals with intellectual and/or developmental disabilities.

"Commitment to providing services for the population...the wealth of agencies available to the population."

"Delaware makes services and resources available to families and professionals."

Respondents mentioned appreciation for mental health services, parent-led organizations that support families, transition fairs, autism services, early intervention programs, and job training programs.

ASSISTIVE TECHNOLOGIES

Multiple respondents commented on how Delaware is a leader in assistive technologies:

"Continued leader in assistive technologies."

"Opportunities for technology."

"The use of assistive technology."

LEGISLATION

Respondents noted that legislative efforts and initiatives, such as Medicaid expansion, House Bill 122, and Employment First have had a positive impact for people living with intellectual and/or development disabilities.

"Legislation ending sub minimum wage payments will have a huge impact."

"Recent expansion of Medicaid to cover adult dental also a big step forward though providers who accept are limited."

"The services and supports provided by the Medicaid Program."

"Employment first efforts and ending the subminimum wage paid to people with disabilities."

"Expansion of lifespan waiver to provide better and more community supports."

"Recently passed house bill 122."

K-12 AND POST-SECONDARY EDUCATION

Several respondents commented on K-12 education and recent efforts at improving services for students and inclusion practices in K-12 settings as well as post-secondary opportunities.

"Delaware is making an effort to improve inclusion practices in public schools."

"Improvement in education services for K-12."

"K-12 programs."

"Inclusive K-12 education."

"Through my student teaching placements, I have seen a great amount of inclusion within the elementary schools which has benefitted many of the students."

"Creating inclusive education K-12 + UD opportunities."

Respondents mentioned post-secondary education as well as career services as impactful:

“Access to post-secondary education for students with ID.”

“Undergraduate programs for those individuals with disabilities.”

“Employment inclusion transition with support and employer opportunities.”

“Post-secondary education, job training, and assistance with job placement.”

“Vocational training.”

“Post-secondary education programs have been very helpful to help individuals with disabilities transition to future careers while gaining independence and self-advocacy skills.”

Finally, several respondents commented that the University of Delaware and the Center for Disabilities Studies had a positive impact:

“The work of Spectrum Scholars at UD is also great for college age youth.”

“The Center for Disabilities Studies as a resource for the community.”

“Programs at UD that are not part of CDS.”

“University of Delaware’s programming.”

“The Positive Behavior Support project is very vital in helping students struggling with intellectual, developmental, and emotional disabilities.”

“The CLSC program.”

The following quote captures the sentiment of many respondents:

“The Delaware organizations that serve people with intellectual and/or developmental disabilities (such as CDS) are staffed with quality people who are doing the best they can to advocate for more assistance.”

NETWORKS AND PARTNERSHIPS

Other respondents commented on how helpful networks and partnerships across public and private sectors, and communities have promoted improved communication. Respondents were appreciative that networks and partnerships have reached out to and included the voices of people living with disabilities. Several respondents highlighted the work in the education arena.

“Partnering with a variety of agencies that understand people with disabilities.”

“Listening more to individuals with disability.”

“Extending the table to people with disabilities.”

“DOE is bringing together educators, state agencies, and providers to build a better communication between stakeholders.”

“Bringing together state agencies, educators community members and other transition stakeholders to discuss transition-related topics/policies/procedures on a monthly basis.”

SECTION 6: SUGGESTIONS FOR IMPROVING PROGRAMS AND SERVICES – OPEN ENDED RESPONSES

While respondents were positive about the progress that Delaware has made, they also shared that there is much more to be done. One hundred and nineteen (n=119) respondents provided comments and suggestions about what might be done to improve the lives of people living with intellectual and/or developmental disabilities.

Open-ended responses aligned with the program and service weaknesses and priorities identified Table 9. In addition, several areas not previously mentioned that respondents believe should be improved included program and services for transition age youth and young adults greater than 21 years of age and addressing barriers to health care.

INCREASE ACCESS TO MENTAL HEALTH SERVICES

Respondents recognized a need to improve services for Delawareans with disabilities who have co-occurring mental health needs, including youth, adolescents, and adults:

“Increased access to mental health services, including both therapy and medication management.”

“More mental health supports for dual diagnosed populations - especially adolescents.”

“More professionals and options to work with individuals with IDD and mental health issues.”

“Provide better services for younger individuals and their families, especially those with co-occurring mental illness and ID/DD.”

“Provide services for individuals with IDD and co-occurring mental health difficulties.”

“Improve mental health and behavioral services for adults with intellectual disabilities.”

ADDRESS HOUSING ACCESSIBILITY AND AFFORDABILITY

Many respondents said that housing was an important area where improvements could make life better for people with disabilities in Delaware:

“Better housing.”

“Improve the housing situation for adults with disabilities.”

“Increase affordable housing opportunities.”

“Appropriate housing for people with high functioning disabilities.”

“Better lifelong care options, including better housing options other than group home settings.”

"For adults living in group home settings: More group homes available and affordable for adults with disabilities; better trained staff who genuinely care about the residents who they serve in group home settings; higher pay and better benefits for highly-trained, loyal staff who serve the residents living in group homes; better opportunities for social and community sponsored activities while living in group homes, including opportunities for educational travel for people with disabilities."

"Housing availability for high functioning adults with disabilities."

"More accessible and affordable housing."

"Better day programs and housing options."

"Assure that people with disabilities live fully integrated in the community. This includes moving out of institutions as well as avoiding going into institutions or other congregate living."

"Opportunities [that] lead to a greater chance to live independently, access to affordable housing and residential options."

IMPROVE ACCESS TO TRANSPORTATION

A clear theme in responses was the need for improved transportation, with a focus on access and reliability:

"Access to reliable transportation."

"Better transportation services needed (more availability and dependability)."

"Focus on accessible transportation to open up additional work, education, social opportunities for PWD."

"Better transportation system."

"Making more resources available, such as reliable transportation."

"Transportation effectiveness and timeliness."

"Better access to transportation in Sussex."

ADDRESS BARRIERS IN HOME HEALTH CARE

Improved homecare opportunities and ensuring that family caregivers receive support was another suggestion among respondents:

"Better home health options."

"Address the severe shortage of private duty nursing coverage for medically complex individuals so that they can remain in their homes with their families. Family caregivers are providing hundreds of hours of care and are completely exhausted."

"Delaware needs to do a better job of assisting families trying to find personal care attendants for home assistance. Different agencies have different requirements for their attendants & unskilled assistance with one agency is not the same as others. It can be confusing."

"Improvement in family support for adults living at home."

"We need choices of homecare services; we need programs that support home care regardless of age. We need to compensate caregivers who give skilled care. We never talk about trauma and what families with medical complexity face throughout the lifetime. Families are shamed when trying to get help. So many just stop asking for the things they need."

"Permit reimbursement for family members to provide home health aides when professional home health aides are unavailable."

Similarly, respondents recommended funding for direct service professionals as a means to improve both home healthcare and services for people with disabilities:

"Funding that allows direct support professionals a living wage. This would increase the availability of those services which allows individuals with disabilities more access to the community."

"Fully fund the McNesby Act so DSP's are paid a wage reflective of the huge impact they have on the lives of those they serve and index to inflation so we don't fall into such a deep funding hole again. Also, as I think of government agencies tasked with serving our community (DDDS, DVR, etc.) there are many layers of internal administrative structure before the organization chart even hits the recipient of those services; with money flowing out at each level of that organization, it leaves little for the front line...the DSP wage in point. Streamline those organizational structures so they operate efficiently and, most importantly, with high expectations."

"Pay workers in the field more to attract higher quality workers."

INCREASE SERVICES AND SUPPORTS FOR YOUNG ADULTS OVER 21 YEARS OF AGE

Respondents commented on the need for more services for those age 21 and over, including increased access to supported employment opportunities as well as increased availability of adult day services for those who are not able to work:

"Better post 21 opportunities."

"The students are not prepared for post 21 life."

"Improve options for adults who cannot work in supported employment. Day programs are lacking."

"Improve job training and supports."

"Opportunities for paid employment"

"Have adult day programs open from 7am-6pm for working parents/caregivers like regular childcare services for 3-12 year olds. Adult day programs with hours from 8am-2:30pm are not helpful without a safe place for people with intellectual and/or developmental disabilities to go afterwards when parents do not leave work until 5pm."

"Speech language pathology services for adult services (21+ years old). There is no communication support provided by the state for people past the age of 21."

IMPROVE EDUCATION AND TRANSITION SERVICES FOR CHILDREN AND YOUTH

Respondents noted services for children and youth could be improved, such as person-centered planning in K-12, after-school programs, and effective transition programs.

"Using more person-centered planning approaches and more deliberate building of self-advocacy skills in K-12."

"Promote self-determination and self-advocacy starting at a very young age and throughout school."

"After school care and more educational supports."

"Incorporate transition planning into overall academic planning at the K-12 level. Incorporate self-advocacy, self-determination and disability into the K-12 curriculum."

"Create a bridge program to align school to adult transition resources and information to help families and individuals be able to 'easily' access information about resources and how to access them. Create a middle ground program to give schools resources to help students in the 18-21 'gap' who are somewhere between vocational or day-care/day-hab needs."

"Improving transition services."

"Improve the accountability of the school districts in relation to following legal guidelines for students with disabilities."

"Focus on quality of services and supports in schools."

Increased availability of assistive technology was also mentioned by a few respondents:

"Funding for all students with intellectual disabilities to have whatever communication device (from button switches to eyegaze tablets) is fundamentally needed for them to use for communicating needs/wants. Sussex county teachers have no funding and either have to write a donors choose or pay out of pocket for simple switches. Parents have to go through appeals processes to get communication devices. This takes months and months which means student 'A' continues to have no voice because the switch leaves with a/the speech therapist once their session is completed."

"Make available predictable and high-quality assistive technology services and supports."

IMPROVE COMMUNICATION AND COORDINATION

Improved coordination and communication among organizations that serve people with disabilities (PWD) was frequently cited as an important area for improving the lives of PWD in Delaware. Respondents cited a need for improved coordination between state agencies, community organizations, the legislature, and hospitals:

"Better coordination between agencies. Better training for those interacting with those needed assistance. Better oversight of agency employees."

"More coordination with the state legislature to collaborate on developing policies that can benefit those struggling with disabilities."

"Coordinate with Delaware Agencies...to network and see how the state can better help them to support individuals with disability efficiently."

"Coordinated services and providers that provide 'consistency.'"

"Increase service linkage between agencies and individuals so scheduling transportation is less burdensome."

"Make it easier to navigate bureaucracies to get access to needed support services."

"Well, I truly would like to see the coordination of the medical team at the local hospitals coordinate more with the educational system, as it pertains to the condition of an individual's intellectual and developmental delay and disability."

"Individuals with I/DD are not precluded from also having mental health disorders. Currently, the two Delaware divisions, DDDS and DSAMH seem to silo themselves and not talk or communicate adequately nor do both provided services to one individual -- it is either one program or the other. It could really help individuals with I/DD if DDDS and DSAMH worked together and collaborated in instances where individuals with I/DD also have mental health disorders needing assistance."

"COMMUNICATION!!!! Neither the individuals with intellectual and/or developmental disabilities, their caregivers, or the general public who may face these issues in the future have an easily obtainable, comprehensive overview of the services available to them and how to access these services."

"The state is lacking in communication between agencies. DHSS should be the main contact ... It is very frustrating that nobody wants to help because they think another agency should be helping. For over 18 months my [child] has not had services because every agency wants to blame the other agency. Communication is the Key!"

While the above comments regarding coordination and communication should be addressed by organizations and agencies within Delaware, two respondents provided recommendations of how Delaware might make it easier for families to navigate the system until fragmentation is improved:

*"Have some sort of hub of information for resources. Train, require, or **give businesses who most interact with the disabled community some sort of tool to distribute information pertaining to Delawareans with disabilities** Delaware as a whole (beyond the disabled community) does not do a good job of getting any information out there for anything. Outside of Facebook/social media, your average person doesn't know what's going on. Add a disability on top of that, there's no media coverage on events, resources, Delaware-based information that we can grab easily."*

*"While we need to adapt and respect the COVID pandemic and the different variants, it would be nice to have in person events, **billboards throughout our state which promote the resources that are in the community for individuals who have intellectual and/or developmental disabilities**. I feel we would extend our reach further to those that are not connected through social media."*

ADDRESS INEQUITIES AND INCLUSION

Respondents wanted to ensure that those with disabilities were listened to and included in decision-making that would be about them:

"Provide more opportunities to bring people with IDD to the table for planning and implementation of program policies, procedures and actions."

"Listening to self-advocates when they (can) tell us what they want/need would help us have a better understanding of the disability community as a whole."

"All support services should listen to people with IDD and support them as they need. Services should also listen to caregivers and work WITH them rather than the current situation where caregivers have to fight every single day to get their loved one's needs taken care of."

Respondents felt that some segregation of those with disabilities still exists and want to promote inclusion in the community:

"I still feel like there is segregation between people with disabilities and people without disabilities, especially if they don't have any connection to the disability community. 'Crossing the line' to be more inclusive I think is a good starting point."

"Being more inclusive and encouraging of advocacy."

"Community inclusive activities."

"Discuss documented barriers to inclusion and address each upon prioritization."

Some respondents voiced that there are mindset barriers that must be overcome:

"Bridging the gap in [the] mindset between northern and southern Delaware. There is still a very limited view of what people with ID are capable of in southern Delaware and it is reflected by families, educational personnel, and other key stakeholders."

"Businesses are already making adaptations to everyday work styles to accommodate those who have disabilities...I believe more businesses and even more institutions of higher education should incorporate these same principles to allow people from all walks to feel comfortable and included."

"Train more businesses to be open for people with disabilities."

"Certain systems still hold outdated points of view of best practice in relation to disability (e.g., segregated learning, deficit models, resistance to AT and other evidence-based models)."

"Focus on education. The mindset, in regards to instruction, is antiquated. Most teachers, who instruct students with intellectual and/or developmental disabilities, believe that the students can't learn what their non-disabled peers are learning. This is not true."

For the University of Delaware, in particular, the following recommendations were provided:

"Hire and retain more people with IDD at CDS."

“Professors need to respect our accommodations and make sure they treat us accordingly. While, I have had multiple professors that are supportive. I have also had many professors that ignore my accommodations and when I pull them up they act as if I am overreacting.”

“Provide housing complexes for high-support and low-support individuals to rent [that are] safe, well-maintained, local to UD campus, and AFFORDABLE.”

“The University of Delaware could provide more accessibility across campus and within campus buildings. There could also be more awareness surrounding disability on campus.”

Further, a few respondents asked that the focus on disabilities be expanded beyond developmental and intellectual:

“Support the entire adaptive spectrum, not just developmental issues.”

“Why is this question limited to people with intellectual disabilities? What Delaware does poorly is lead efforts to address issues related to people with disabilities with equity.”

CONCLUSIONS AND RECOMMENDATIONS

The findings from the CNA serve to inform the five-year strategic planning efforts of the CDS. Survey results provide insights into the strengths and weaknesses of the current situation in Delaware for people living with disabilities, as well as domains that have demonstrated improvements in the last five years. Finally, respondents recommended several priority areas that will be important to address over the next five years.

CONCLUSIONS

MULTIPLE STAKEHOLDERS WITH VARIED ROLES PROVIDED INPUT

- ⇒ Over 200 individuals provided feedback for this CNA. Respondents had multiple roles within the disability community, such as advocates, family members, and educators. About one-third of respondents were a parent, legal guardian, or family member of a person with a disability and about 20% were a person with a disability. Advocates and educators also comprised about 20% each. Other stakeholder groups represented include service provider staff, state agency staff, elected officials, CDS staff, and CDS community advisory council members.
- ⇒ Some respondents believed the needs assessment should expand to include an assessment of program and service areas for individuals with all types of disabilities, not just individuals with intellectual and developmental disabilities.

CURRENT PROGRAM AND SERVICE AREA STRENGTHS

Respondents agreed the following five program and service areas were strengths across the system:

- Early intervention services and supports
- Advocacy
- Emergency preparedness and response
- Developmental monitoring and screening
- Pre-professional training

Respondents also noted improvement over the last five years in early intervention services and supports, advocacy, assistive technology, developmental monitoring and screening, and transition services and support.

CURRENT PROGRAM AND SERVICE AREA WEAKNESSES

Respondents agreed the following five program and service areas were weaknesses across the system.

- Housing accessibility and affordability
- Mental health
- Long-term care and personal assistance
- Childcare/Afterschool care
- Aging services

Respondents also noted these same areas have shown little improvement in the last five years, with the exception of Childcare/Afterschool Care. Respondents did note little improvement in the area of Transportation.

RECOMMENDED PRIORITY AREAS

Respondents suggested the following areas should be considered priority areas during the next five years:

- Mental health
- Housing accessibility and affordability
- Employment and job training
- Community integration and accessibility
- Healthcare accessibility and inclusivity

These priority areas align with open-ended comments provided by respondents. Respondents felt that Delaware could make life better for people with intellectual and/or developmental disabilities

by improving housing, home health care, transportation, as well as by increasing employment opportunities.

RECOMMENDATIONS

By using these data, CDS and their partners have an opportunity to reflect and collaboratively plan next steps to tailor education, advocacy, and service activities focused on improving the lives of individuals living with disabilities in the state of Delaware. Several next steps include:

- ⇒ Review needs assessment data in conjunction with other strategic planning activities. Consider how CDS might participate as a lead and/or partner in addressing identified needs/priorities.
- ⇒ Multiple items were identified as weaknesses and/or priorities. Mapping these to a matrix of the ongoing CDS program activities and services, as well as other programs and services across the states, may provide insights into how to move forward. By creating an action plan matrix, decisions can be made about how to strengthen, tailor, or develop new education, advocacy, and/or service activities.
- ⇒ Consider exploring disaggregated data to understand how findings may differ by subpopulations with respect to program and service strengths, weaknesses, and recommended priority areas for the next five years. These analyses may also provide insights into whether further assessments are needed.
- ⇒ Coordinate and collaborate with state agencies, community organizations, the legislature, and hospitals to establish action plan(s).
- ⇒ Include people with disabilities in the decision-making process around programs, services, and policy discussions that impact their lives.
- ⇒ Consider incorporating the needs of individuals with all types of disabilities, not just individuals with intellectual and developmental disabilities.
- ⇒ Continue to strengthen programs and services that respondents note as having a positive impact.

REFERENCES

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixed mode surveys: The tailored design method* (4th ed.). John Wiley & Sons Inc.

APPENDIX A: COMMUNITY NEEDS ASSESSMENT SURVEY

Consent

Welcome to the University of Delaware Center for Disabilities Studies Community Needs Assessment Survey

The University of Delaware Center for Disabilities Studies, Delaware's only University Center for Excellence in Developmental Disabilities Education, Research, and Service, is developing its next five-year strategic plan. We want to hear your thoughts on what is going well for people with disabilities in Delaware and where improvements are needed. This information will help us plan activities that make

Delaware more welcoming, inclusive, and accessible for people with disabilities and their families. If you have already received and completed this survey, thank you and we are grateful for your contribution. We look forward to reviewing your input. If you have not had the opportunity to provide your input, we ask that you complete the survey by November 30.

We want to know what is working and what isn't working. We want to hear your voice. Your answers can influence change.

The Center for Research in Education and Social Policy (referred to herein as CRESPE) is conducting the Community Needs Assessment Survey on behalf of the Center for Disabilities Studies. If using a screen reader, it might be helpful for you to turn off announcements by your screen reader about regions and clickable elements.

Please Review these Important Details and Consent Below to Continue

Why am I being asked to complete this survey?

You are being asked to complete this survey because you are a University of Delaware Center for Disabilities Studies stakeholder. The Center for Disabilities Studies is creating a five-year plan to guide its future work and to submit to the Administration for Community Living. The survey is being conducted by the Center for Disabilities Studies and CRESP and should take approximately 5-10 minutes to complete.

Who will know I completed this survey?

Researchers from CRESP will administer the survey and collect the data. Your responses will be kept confidential and your ability to access services from the Center for Disabilities Studies or other providers will not be affected regardless of whether you decide to complete this survey. Your responses will be combined with those from other respondents when reporting results.

Do I have to participate?

No. Taking this survey is voluntary, though we hope you will consider providing your input so services can be shaped through your feedback.

What if I have questions?

If you have questions about the survey or if you need an accommodation to complete this survey, please contact Dr. Sue Giancola from CRESP at the following email address: cresp-info@udel.edu.

If you do not have any questions, please select whether you agree to take the survey.

- ☐ Yes, I agree to take the survey.
- ☐ No, I do not agree to take the survey.
- ☐ I have already completed the survey.

Skip To: End of Survey If If you do not have any questions, please select whether you agree to take the survey. != Yes, I agree to take the survey.

Part 1: About You

What is your county of residence?

- ☐ Kent County
 - ☐ New Castle County
 - ☐ Sussex County
 - ☐ I am not a Delaware resident
-

I identify as:

- ☐ Male
 - ☐ Female
 - ☐ Non-binary/third gender
 - ☐ Prefer not to say
-

What is your race? (Please check all that apply)

☐

Asian American/AAPI

☐

Black/African American

☐

Indigenous/Native American

☐

Middle Eastern/North African/Arab American

☐

Mixed-Race/Multi-Racial

☐

White/Caucasian

☐

Other (please specify): _____

Are you of Hispanic, Latino, or Spanish origin?

☐

Yes

☐

No

What is your age range?

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

Which of the following describes you? (select all that apply)

- ☐ Individual with a disability
- ☐ Parent, legal guardian, or family member of an individual with a disability
- ☐ Advocate for an individual with a disability
- ☐ Educator
- ☐ Service provider staff
- ☐ State agency staff
- ☐ Elected official
- ☐ CDS Community Advisory Council member
- ☐ CDS staff member
- ☐ Other (please specify): _____

Part 2: Strengths and Challenges

The next four tables list domains that impact the lives of people with disabilities. We would like to learn which you believe are 1) areas of strength as well as 2) challenge or weakness areas in Delaware.

Table 1 of 4

	Major Strength Area for Delaware	Somewhat of a Strength Area for Delaware	Somewhat of a Weakness Area for Delaware	Major Area of Weakness for Delaware	No Opinion/ Don't Know
Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aging services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/afterschool care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community integration and accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental monitoring/screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early intervention services/supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table 2 of 4

	Major Strength Area for Delaware	Somewhat of a Strength Area for Delaware	Somewhat of a Weakness Area for Delaware	Major Area of Weakness for Delaware	No Opinion/ Don't Know
Emergency preparedness and response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare accessibility and inclusivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing accessibility and affordability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table 3 of 4

	Major Strength Area for Delaware	Somewhat of a Strength Area for Delaware	Somewhat of a Weakness Area for Delaware	Major Area of Weakness for Delaware	No Opinion/ Don't Know
Long-term care and personal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health/dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-secondary education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-professional training (undergraduate/graduate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-K-12 education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table 4 of 4

	Major Strength Area for Delaware	Somewhat of a Strength Area for Delaware	Somewhat of a Weakness Area for Delaware	Major Area of Weakness for Delaware	No Opinion/ Don't Know
Self-advocacy, self- determination, and choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality/healthy relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transition services and supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 3: Most Improved, Least Improved, and Priority Areas

Of the following 23 domains that impact the lives of people with disabilities, **select up to 5 domains that you think are the MOST IMPROVED over the past 5 years.**

- ☐ Advocacy
- ☐ Aging services
- ☐ Assistive technology
- ☐ Childcare/afterschool care
- ☐ Community integration and accessibility
- ☐ Developmental monitoring/screening
- ☐ Early intervention services/supports
- ☐ Emergency preparedness and response
- ☐ Employment/job training
- ☐ Healthcare accessibility and inclusivity
- ☐ Healthcare coordination
- ☐ Housing accessibility and affordability
- ☐ Leadership training
- ☐ Long-term care and personal assistance
- ☐ Mental health
- ☐ Oral health/dental care

- ☐ Post-secondary education
 - ☐ Pre-professional training (undergraduate/graduate)
 - ☐ Pre-K-12 education
 - ☐ Self-advocacy, self-determination, and choice
 - ☐ Sexuality/healthy relationships
 - ☐ Transition services and supports
 - ☐ Transportation
 - ☐ Other (please specify): _____
-

Of the following 23 domains that impact the lives of people with disabilities, **select up to 5 domains that you think are the LEAST IMPROVED over the past 5 years.**

- ☐ Advocacy
- ☐ Aging services
- ☐ Assistive technology
- ☐ Childcare/afterschool care
- ☐ Community integration and accessibility
- ☐ Developmental monitoring/screening
- ☐ Early intervention services/supports
- ☐ Emergency preparedness and response
- ☐ Employment/job training
- ☐ Healthcare accessibility and inclusivity
- ☐ Healthcare coordination
- ☐ Housing accessibility and affordability
- ☐ Leadership training
- ☐ Long-term care and personal assistance
- ☐ Mental health
- ☐ Oral health/dental care
- ☐ Post-secondary education

- ☐ Pre-professional training (undergraduate/graduate)
 - ☐ Pre-K-12 education
 - ☐ Self-advocacy, self-determination, and choice
 - ☐ Sexuality/healthy relationships
 - ☐ Transition services and supports
 - ☐ Transportation
 - ☐ Other (please specify): _____
-

Of the following 23 domains that impact the lives of people with disabilities, **select up to 5 domains that you think should be PRIORITY AREAS for the NEXT 5 years.**

- ☐ Advocacy
- ☐ Aging services
- ☐ Assistive technology
- ☐ Childcare/afterschool care
- ☐ Community integration and accessibility
- ☐ Developmental monitoring/screening
- ☐ Early intervention services/supports
- ☐ Emergency preparedness and response
- ☐ Employment/job training
- ☐ Healthcare accessibility and inclusivity
- ☐ Healthcare coordination
- ☐ Housing accessibility and affordability
- ☐ Leadership training
- ☐ Long-term care and personal assistance
- ☐ Mental health
- ☐ Oral health/dental care
- ☐ Post-secondary education

- ☐ Pre-professional training (undergraduate/graduate)
 - ☐ Pre-K-12 education
 - ☐ Self-advocacy, self-determination, and choice
 - ☐ Sexuality/healthy relationships
 - ☐ Transition services and supports
 - ☐ Transportation
 - ☐ Other (please specify): _____
-

Part 4: Additional Feedback

What is Delaware doing now that you think has made the **biggest impact** for people with intellectual and/or developmental disabilities?

What **one thing** could Delaware do that would **make life better** for people with intellectual and/or developmental disabilities?

APPENDIX B: ADDITIONAL ANALYSES

Strengths and Weaknesses of Current Programs and Services with No Opinion/Don't Know Included

Respondents were asked to rate 23 areas as a major strength, somewhat of a strength, somewhat of a weakness, or major weakness. Respondents were given an option to add and rate services and programs not included in the core list.

⇒ Over 50% of respondents rated the following areas as major or somewhat of a strength:

1. Advocacy (65.7% of respondents);
2. Early Intervention Services/Supports (55.5% of respondents); and
3. Assistive Technology (50.4% of respondents).

⇒ Over 50% of respondents rated the following areas as major or somewhat of a weakness:

1. Mental Health (58.6% of respondents);
2. Housing Accessibility and Affordability (56.9% of respondents);
3. Community Integration and Accessibility (55.0% of respondents); and
4. Transportation (53.4% of respondents).

See Table B-1 for details.

Table B-1. Strengths and Weaknesses of Current Programs and Services

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	No Opinion/Don't Know	Total
Advocacy	<i>n</i>	34	104	41	14	17	210
	%	16.2%	49.5%	19.5%	6.7%	8.1%	
Aging Services	<i>n</i>	6	40	58	31	74	209
	%	2.9%	19.1%	27.8%	14.8%	35.4%	
Assistive Technology	<i>n</i>	29	76	49	16	38	208
	%	13.9%	36.5%	23.6%	7.7%	18.3%	
Childcare/Afterschool Care	<i>n</i>	9	36	50	47	66	208
	%	4.3%	17.3%	24.0%	22.6%	31.7%	
Community Integration and Accessibility	<i>n</i>	9	59	75	40	26	209
	%	4.3%	28.2%	35.9%	19.1%	12.4%	
Developmental Monitoring/Screening	<i>n</i>	20	79	41	11	58	209
	%	9.6%	37.8%	19.6%	5.3%	27.8%	
	<i>n</i>	34	82	32	14	47	209

Item		Major Strength	Somewhat of a Strength	Somewhat of a Weakness	Major Weakness	No Opinion/ Don't Know	Total
Early Intervention Services/Supports	%	16.3%	39.2%	15.3%	6.7%	22.5%	
Emergency Preparedness and Response	<i>n</i>	21	71	33	15	64	204
	%	10.3%	34.8%	16.2%	7.4%	31.4%	
Employment/Job Training	<i>n</i>	19	79	54	28	25	205
	%	9.3%	38.5%	26.3%	13.7%	12.2%	
Healthcare Accessibility and Inclusivity	<i>n</i>	22	70	58	23	32	205
	%	10.7%	34.1%	28.3%	11.2%	15.6%	
Healthcare Coordination	<i>n</i>	12	57	68	26	42	205
	%	5.9%	27.8%	33.2%	12.7%	20.5%	
Housing Accessibility and Affordability	<i>n</i>	5	23	52	64	60	204
	%	2.5%	11.3%	25.5%	31.4%	29.4%	
Leadership Training	<i>n</i>	13	55	45	20	69	202
	%	6.4%	27.2%	22.3%	9.9%	34.2%	
Long-Term Care and Personal Assistance	<i>n</i>	8	32	53	42	70	205
	%	3.9%	15.6%	25.9%	20.5%	34.1%	
Mental Health	<i>n</i>	8	40	68	52	37	205
	%	3.9%	19.5%	33.2%	25.4%	18.0%	
Oral Health/Dental Care	<i>n</i>	15	48	48	32	62	205
	%	7.3%	23.4%	23.4%	15.6%	30.2%	
Post-Secondary Education	<i>n</i>	26	68	42	16	52	204
	%	12.7%	33.3%	20.6%	7.8%	25.5%	
Pre-Professional Training (undergraduate/graduate)	<i>n</i>	27	66	44	13	54	204
	%	13.2%	32.4%	21.6%	6.4%	26.5%	
Pre-K-12 Education	<i>n</i>	27	67	45	19	46	204
	%	13.2%	32.8%	22.1%	9.3%	22.5%	
Self-Advocacy, Self-Determination, and Choice	<i>n</i>	25	74	55	15	34	203
	%	12.3%	36.5%	27.1%	7.4%	16.7%	
Sexuality/ Healthy Relationships	<i>n</i>	5	40	54	18	86	203
	%	2.5%	19.7%	26.6%	8.9%	42.4%	
Transition Services and Supports	<i>n</i>	14	82	52	30	26	204
	%	6.9%	40.2%	25.5%	14.7%	12.7%	
Transportation	<i>n</i>	9	59	57	52	27	204
	%	4.4%	28.9%	27.9%	25.5%	13.2%	
Other	<i>n</i>	2	5	10	24	95	136
	%	1.5%	3.7%	7.4%	17.6%	69.9%	

Note: Percent may not add up to 100 due to rounding.