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**H.B. 1230 Monitoring Report:  
Transition Experience of Texas Youth with  
Disabilities**

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**Health and Human Services Commission  
May 2009**



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## EXECUTIVE SUMMARY

According to U.S. Census data obtained through the 2007 American Community Survey (ACS), approximately 219,000 Texas youth ages 16 through 24 reported having a disability (i.e., a “long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking,...learning,...dressing, bathing, going outside the home, or working at a job”<sup>1</sup>). Of those 18 through 24 years of age with a disability, 61 percent were unemployed, and 33 percent had not completed high school. These rates were higher than for those in the same age group without disabilities, of whom 40 percent were unemployed and about 20 percent were without a high school diploma.

H.B. 1230, 80<sup>th</sup> Legislature, Regular Session was enacted to improve and expand transition services, such as assistance in preparing for and gaining employment, to Texas youth with disabilities. A January 2009 report entitled “Implementation Status of H.B. 1230: Workgroup Recommendations” submitted to the Governor and Texas Legislature, addressed Sections 2 and 3 of H.B. 1230, which included recommendations from the H.B. 1230 workgroup of stakeholders, advocates, and other representatives committed to improving transition services for youth with disabilities.

This monitoring report responds to Section 1 of H.B. 1230, which requires the Health and Human Services Commission (HHSC) to:

- monitor programs offered through Health and Human Services (HHS agencies);
- consider whether programs or services for youth with disabilities in transition to adult living result in positive outcomes in employment, community integration, and quality of life; and
- collect information regarding the outcomes of the transition process.

This report includes the findings from two different analyses of the experiences and outcomes of transition-age youth with disabilities in Texas.

1) HHSC contracted with the University of North Texas (UNT) to conduct focus groups and a telephone survey. Three focus groups were held in Austin on August 12 and 13, 2008. The focus groups were comprised of youth with disabilities, parents, and advocates who were recruited with the assistance of several advocacy groups. The purpose of the groups was to discover key themes and issues regarding employment, education, health care coverage, housing, transportation, and general well-being. These issues were in turn used to develop the interview instrument for a subsequent telephone survey administered to a sample of youth with disabilities across the state who indicated an interest in, applied for, or received services from the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), the Department of State Health Services (DSHS), or the

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<sup>1</sup> United States Census Bureau, 2007, American Community Survey (ACS), American Community Survey/Puerto Rico Community Survey 2007 Subject Definitions, 35-36.  
[http://www.census.gov/acs/www/Downloads/2007/usedata/Subject\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf). Last viewed April 3, 2009.

Texas Workforce Commission (TWC) at some time from September 2006 through May 2008.

2) HHSC, in collaboration with other HHS agencies, developed and reported on several measures of employment, post-secondary education, community residence, and health insurance coverage to analyze the outcomes of transition-age youth who were enrolled in or received services from HHS agencies. The general age range is 16 through 24 years, and the analysis provides State Fiscal Years 2007 and 2008 information.

For the telephone survey, it is important to note that nearly all the data is based on the recall and opinion of young adults or their parents/guardians. While attempts were made to speak directly with youth themselves, over 70 percent were parents or guardians responding on behalf of the youth. In this report, the word “respondent” refers to the young person even if his or her parent, guardian, or representative actually answered questions on the survey.

The agency outcomes analysis includes data obtained from the 2007 American Community Survey, from HHS agency databases, and from the Unemployment Insurance (UI) wage records maintained by the Texas Workforce Commission. While several common outcome measures were developed, there are important agency differences in eligibility criteria, services, outcome definitions, and program standards. Thus, the results in this report should be viewed in the context of the individual agency and its programs rather than attempting to compare results among agencies.

## **Telephone Survey Results**

### *Transition Assistance*

Sixty-one percent of the respondents to the survey reported receiving transition counseling in high school and 44 percent reported receiving job-related training in high school. The percentage who reported receiving job-related training was higher among those who also reported receiving transition planning in high school. Eighty-nine percent of those receiving job-related training considered it to be helpful. Findings suggest that the training may have been helpful because those receiving job-related training were more likely to report being employed at the time of the interview than those who said they had received no job-related training. Respondents with less than a high school degree and respondents who were neither working nor going to school were the least likely to have met with someone in high school to create a transition plan.

### *Employment*

Overall, 41 percent of the respondents reported they were not working or going to school. This percentage was higher among those reporting both a physical and cognitive disability (52 percent). Over 60 percent of the young adults who said were not working or going to school at the time of the interview said they had never worked since leaving high school. The percentage of those who reported they had never worked was higher among those who said they had left high school without obtaining a high school degree and among those who were diagnosed with a disability at younger ages.

Of the young adults who were working at least off and on since leaving high school, a majority were satisfied with how much they worked and the type of work they did. Fifty-one percent of them reported they had been working in their current job from three months to two years. However, 40 percent of those with some level of employment since high school were not satisfied with the amount they had been working since high school. Regardless of working frequency, income reported was low for the sample as a whole. Fifty percent of the working young adults reported earning \$5,000 or less in the past year. One-third reported earning between \$5,001 and \$10,000, while 16 percent indicated earnings of more than \$10,000.

Sixty percent knew that some state agencies offered employment assistance. DARS, followed by TWC and local Mental Health Mental Retardation (MHMR) centers, were the most frequently contacted agencies for help with employment.<sup>2</sup> Respondents generally had positive responses regarding the customer service, employee training, policies, and job placement services of the agency they contacted. However, 47 percent of those not working and not going to school indicated that the agency did not help identify jobs that were the types the respondents wanted. The percentage reporting that their counselor does not listen to their expressed needs or goals was higher among those with more severe disabilities and those who were not working or going to school. The most common suggestion for improvement was to offer services that support the client's goals and consider individual needs.

### *Education*

Nineteen percent of the respondents reported they were still in high school, and 20 percent of this group was 19 through 22 years of age. Nine percent had left high school but did not have a high school degree. Fifty-one percent said they had graduated from high school or had earned a GED. Eighteen percent reported some college and three percent said they had a college degree.

Over two-thirds of respondents no longer in high school wanted to continue their education past high school. The percentage wanting to continue their education was higher among those with less severe disabilities. Those who wanted to continue their education were about evenly divided on whether or not they knew that some state agencies offered education assistance.

The agency contacted most frequently for education assistance was DARS, followed by local MHMR authorities, and other local programs. Respondents generally reported positive responses regarding the agency customer service, policies, and the accommodations made for them by education institutions they attended (or wanted to attend). Ratings were generally lower among young adults with more severe disabilities.

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<sup>2</sup> State agencies associated with MHMR centers include DSHS for mental health related services and DADS for mental retardation related services.

### *Community Integration*

Eighty percent of respondents with disabilities reported interacting with other people almost every day and 44 percent reported leaving home almost every day during a typical week. Frequency of interaction declined with level of education. People who completed the interview in Spanish were much less likely to go away from home in a typical week. The same was true for those who did not work or go to school.

Generally, young adults were satisfied with the frequency of their interactions. They found their interactions with others to be satisfying. About 13 percent expressed feelings of loneliness or isolation either often or always and an additional 35 percent of respondents indicated they sometimes felt lonely. Feelings of loneliness or isolation increased as the age of diagnosis of disability increased.

### *Health Care Coverage*

Overall, 83 percent of respondents said they had at least one type of health insurance. Almost 60 percent of respondents reported receiving Medicaid, and thirty-six percent reported having insurance through their parents' employer (although only 25 percent of these young adults had made plans for health insurance coverage if they were to become ineligible for their parents' coverage). Those least likely to have coverage were working but not going to school (32 percent), and those with a minor cognitive disability (34 percent). The proportion with coverage increased as the level and severity of disability increased.

### *Housing*

Approximately three-quarters of respondents reported that they were currently living with their parents. The remainder indicated they were living with a roommate, with another family member, in a group home, alone, or in another arrangement. Eighty percent were satisfied with their living arrangement. Young adults with minor disabilities were less satisfied with their living arrangement. Of the 20 percent who preferred another arrangement, 78 percent wanted to move toward greater independence than their current situation offered.

### *Transportation*

Sixty-five percent of young adults were driven places by a friend, parent or relative when they wanted to go somewhere, while 21 percent drove themselves. Less than half (44 percent) lived near a city bus or rail stop. One-quarter reported it was very difficult or moderately difficult to obtain transportation.

### *State Agency Interaction Overall*

Feedback about interacting with state agencies for help with various services was positive overall. However, in terms of their interactions with all state agencies after high school, 58 percent reported that it was either difficult or very difficult to know which agency to go to for the type of services they needed. Respondents who did not seek help from an agency generally declined to seek help because they were unaware of the services, services were not

offered to them, or they believed services would not be available to them because of the nature of their disability.

## **Outcome Analysis Results**

### *Employment and Supported Employment Services*

All HHS agencies provided some type of employment-related assistance to transition-age youth. DARS, whose primary mission is employment for individuals with disabilities, provided 83 percent of its approximately 23,700 eligible transition-age consumers with these services.<sup>3</sup> Other HHS agencies, whose services are not specifically focused on employment, provide a much smaller proportion of their participants with employment assistance: 12 percent of the approximately 8,300 DADS transition-age consumers who were enrolled in programs that offer employment services, and two percent of the approximately 5,600 transition-age DSHS mental health consumers with employment issues (e.g., unstable employment or no employment). Additionally, 91 percent of the approximately 600 youth with disabilities (ages 16 through 18) under DFPS conservatorship exiting Foster Care received Preparation for Adult Living services (transitional services that include job readiness assistance) in the year of their exit.

HB 1230 sought to expand opportunities for supported employment, generally defined as employment in the community in a competitive work environment with a job coach or other supports. While the time frame of this study did not allow for documenting expansion of supported employment activities, three HHS agencies, each with different definitions of supported employment, provided data on the number and proportion of consumers who received supported employment services. The only employment service available to DSHS consumers is supported employment. Of the approximately 1,000 DADS consumers who received employment services, 65 percent received employment assistance and supported employment intended to result in employment in the community. Among the approximately 19,500 transition-age consumers who received DARS Vocational Rehabilitation employment services, 15 percent received individual supported employment services. DFPS does not offer supported employment services.

### *Employment*

ACS data indicate that 34 percent of Texas youth with disabilities ages 16 through 24 and 39 percent of 18- through 24-year-olds with disabilities were employed. The employment rates for three of the HHS agencies were higher than the ACS rates. However, this difference is expected because the ACS rates reflect those who indicated they had worked during the past week while agency rates reflect consumers employed at any time during the reporting period.

The employment rate for 18-year-olds exiting DFPS conservatorship in the prior two fiscal years was 59 percent. DSHS employment rates indicate that 51 percent of consumers ages 18 through 24 were employed during the reporting period. The employment rate for all DADS

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<sup>3</sup> The agency numbers included in the outcome analysis section of the executive summary are the per year average for SFY07 and SFY08.

consumers (ages 16 through 24) was around 16 percent; however, the rate was 40 percent for those who received DADS employment services. The DARS employment rate of 50 percent among 16- through 24-year-olds represents a unique definition of employment in which the consumer is not counted as “employed” until they have been employed for 90 days and their VR case is closed.

### *Employment Retention*

Most of those who became employed in a quarter were employed in both of the two subsequent quarters. This includes 67 percent of DADS consumers, 57 percent of DFPS consumers, and 59 percent of DSHS consumers. It also includes 94 percent of DARS VR participants. The DARS proportion would be expected to be higher because DARS participants had to be employed for 90 days to be counted as “employed.”

### *Post-secondary Education*

ACS data indicate that Texas transition-age youth (ages 18 through 24) with disabilities attend college at a rate that is slightly over half the rate for youth without disabilities. Only DFPS and DARS provided data about post-secondary education assistance. About two percent of 18-year-olds received an Education and Training Voucher in the fiscal year when they exited DFPS conservatorship. About 28 percent of DARS VR participants received funds for post-secondary education. These data demonstrate there is a need for post-secondary education funding among HHS agency transition-age consumers with disabilities. Further analysis would be necessary to determine the extent of the unmet need among these consumers.

### *Community Residence*

Youth included in this analysis were likely to be living in the community. ACS data indicate that over 90 percent of youth with disabilities were living in the community. Although there are differences in how “community living” is defined, findings for DADS consumers were similar, and DARS VR participants were even more likely to be living in the community. Slightly more than 70 percent of 16- through 18-year-olds exiting DFPS conservatorship had a final substitute care placement in the community. DSHS was the only agency with assessment data indicating whether their consumers’ living arrangements were stable. DSHS consumers living in institutions (e.g., state schools) were excluded from this report, but about 5 percent of non-institutionalized DSHS consumers were at imminent risk of homelessness or were already homeless.

### *Health Insurance Coverage*

Analysis results indicate that many of the transition-age youth served by Texas agencies lack health insurance coverage. In general, Texas agency consumers included in this analysis were less likely to have health insurance coverage than the national average coverage rate for youth with disabilities (77 percent). A smaller proportion of DADS youth had health insurance coverage (63 percent). Actual DADS coverage rates were probably higher than reported because DADS classifies consumers as “not covered” if their insurance does not



cover their DADS services. DARS VR participants had a much lower health insurance coverage rate (38 percent). Health insurance coverage rates were not available from DFPS and DSHS, so HHSC did a data match to analyze the Medicaid coverage rates for those consumers. The DFPS Medicaid coverage rate was about 72 percent, and the DSHS Medicaid coverage rate was about 57 percent.

## **Conclusions**

Findings from the telephone survey suggest that youth who receive transition services tend to regard them favorably, but that improvements are needed. Agencies should continue to work on making it easier to obtain information on services available, improve the coordination of services for better access, and increase the levels of services overall while paying particular attention to subgroups of this population who appear to be less successful in meeting the challenges associated with transition into success adult life (e.g., those with severe disabilities). Transition preparation in high school seems particularly important to labor market and educational progress for these youth.

Agency data reflect the differences in the populations served by each agency and the services each agency provides. For most agencies, about half of the youth included in this analysis obtained jobs. Most of those who became employed were employed during the following six months. However, results indicate that many transition-age youth with disabilities did not receive employment services. Most Texas HHS agencies provided limited support for post-secondary education, which is also important to labor market success. Health insurance, which the data suggest is not available to many youth with disabilities, is also an important support to a successful transition.

Taken together, the two types of information included in this report provide a summary of what Texas HHS agencies are doing to help transition-age youth with disabilities, and the youth's assessment of whether these services met their needs. Many youth indicated that they needed additional services in order to meet the challenges of making a successful transition to greater independence and productivity in their adult lives.



## BACKGROUND

H.B. 1230, 80<sup>th</sup> Legislature, Regular Session was enacted to improve and expand transition services, such as assistance in preparing for and gaining employment, to Texas youth with disabilities. According to U.S. Census data obtained through the 2007 American Community Survey (ACS), approximately 219,000 Texas youth ages 16 through 24 reported having a disability (i.e., a “long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking,...learning,...dressing, bathing, going outside the home, or working at a job”<sup>4</sup>).

This report contains quantitative and qualitative data collected and analyzed in response to Section 1 of H.B. 1230, 80<sup>th</sup> Legislature, Regular Session requiring Health and Human Services Commission (HHSC) to:

- monitor programs offered through Health and Human Services (HHS) agencies;
- consider whether programs or services for youth with disabilities in transition to adult living result in positive outcomes in employment, community integration, and quality of life; and
- collect information regarding the outcomes of the transition process.

Sections 2 and 3 of H.B. 1230 specify the following.

- Section 2 requires the Department of Assistive and Rehabilitative Services (DARS) to provide a specialized training program to certain employees, including vocational rehabilitation transition specialist and transition counselors, whose duties involve assisting youth with disabilities to transition to post-schooling activities, services for adults, or community living.
- Section 3 requires the formation of a workgroup, development and implementation of a plan to improve the services and outcomes for Texas youth with disabilities, and cooperation among agencies and community providers.

A January 2009 report entitled “Implementation Status of H.B. 1230 Workgroup Recommendations” submitted to the Governor and Texas Legislature provided information on the activities initiated in response to Sections 2 and 3 of H.B. 1230.

### **Transitional Services Currently Provided to Texas Youth with Disabilities**

One of the goals of H.B. 1230 was to increase transitional services aimed at preparing youth with disabilities for adult living, especially supported employment opportunities. Supported employment is employment in the community in a competitive work environment, and often includes a job coach or other support while the individual is on the job. Supported

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<sup>4</sup> United States Census Bureau, 2007, American Community Survey (ACS), American Community Survey/Puerto Rico Community Survey 2007 Subject Definitions, 35-36.  
[http://www.census.gov/acs/www/Downloads/2007/usedata/Subject\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf). Last viewed April 3, 2009.

employment and other transitional services are offered through a variety of HHS and non-HHS agencies.

- The Department of Assistive and Rehabilitative Services (DARS) and the Department of Aging and Disability Services (DADS) are the primary providers of employment services for individuals with disabilities, including youth in transition to adult living. Both agencies offer supported employment services.
- The Department of State Health Services (DSHS) provides limited supported employment services through the community mental health and substance abuse program.
- The Department of Family and Protective Services (DFPS) serves youth who are currently or were formerly in Foster Care, some of whom have disabilities, through the Preparation for Adult Living (PAL) program and the more recent Education and Training Voucher Program (ETV).
- In federally-mandated special education programs, the Texas Education Agency (TEA) is required to provide services to students with disabilities, including transition assistance in accordance with an Individual Education Program.
- The Texas Workforce Commission (TWC) also provides Workforce Investment Act (WIA) employment services to youth with disabilities through local one-stop employment centers, with emphasis on services to out-of-school and low-income youth.

The general age range of the individuals served in these programs is 16 through 21. However, some programs define individuals age 18 or older as adults and transfer youth into adult programs at age 18, while other programs consider individuals to be “in transition” beyond age 21.

## **Report Description**

This report includes the findings from two different analyses of the experiences and outcomes of transition-age youth with disabilities.

- HHSC contracted with the University of North Texas (UNT) to conduct a telephone survey, informed by a series of focus groups, to better understand the experience that transition-age youth with disabilities have in accessing and using transitional services. The UNT telephone survey provides qualitative and quantitative information on the experiences of transition-age youth (ages 18 through 24) related to transitional services. UNT contacted a statewide sample of all transition-age youth with disabilities who indicated an interest in, applied for, or received services from DADS, DARS, DSHS, or TWC at some time from September 2006 through May 2008.
- HHSC, in collaboration with HHS agencies, developed measures in the areas of employment, post-secondary education, community residence, and health insurance coverage to assess the outcomes of transition-age youth who were enrolled in or received services from HHS agencies. The agency outcomes analysis provides State Fiscal Year 2007 (SFY07) and State Fiscal Year 2008 (SFY08) information about

outcomes for transition-age consumers of DADS, DARS, DFPS, or DSHS services. These outcomes are related to a successful transition into adulthood and are not performance outcomes for specific agency services. The analysis includes youth ages 16 through 24, although ages vary slightly by program.

Part 1 of the following report provides detailed information on the responses to the telephone survey based on demographic information, disability type and level, and work and school status for a range of agency services. Part 2 provides detailed information on outcomes for consumers served by HHS agencies.



## **PART 1 – TELEPHONE SURVEY**

This part of the research was conducted to obtain information from transition-age youth with disabilities regarding their experiences with agency services and their current quality of life.

### **I. APPROACH**

HHSC contracted with the Survey Research Center (SRC) at the University of North Texas (UNT) to conduct a study examining the transition process from school participation to adult living for youth with disabilities. Transitioning youth's experiences with agency programs were examined to identify and quantify areas where the respondents believed service delivery could be improved. The subjects addressed include the following:

- employment,
- education,
- community integration,
- health care,
- housing, and
- transportation.

This study utilized two methods, focus groups and a telephone survey, for addressing the research questions posed. This report summarizes the findings of the telephone survey. The telephone survey was conducted with either the youth or their parent, guardian, or representative. The primary goals of the survey were to assess the experiences of youth with disabilities in their lives and in their interactions with state agencies.

The findings regarding these subjects are based solely on the responses to survey questions. Respondents were also encouraged to describe their situation in their own words on several questions.

## II. METHODOLOGY

### A. Focus Groups

In mid-August 2008, UNT conducted three focus groups to inform the development of the telephone survey questionnaire. The focus groups were designed to provide UNT with background information about important issues for transitioning youth related to employment, education, health care coverage, housing, and transportation. Two focus groups were comprised of fourteen parents and advocates of youth with disabilities. Participants in the third focus group were eight youth with cognitive or physical disabilities. Comments from parents and advocates closely mirrored those provided by youth with disabilities. The focus groups were held in Austin, and the participants were recruited with the assistance of several advocacy groups. The perspectives and issues that emerged from the focus groups are described below.

**Transition Planning.** While some participants recalled transition services in high school that generally met their needs, there were notable shortcomings observed as well. Participants suggested that transition planning should have had a greater focus and it should have been started earlier. Some parents felt that educators were not well-informed about transition planning, and thus effective transition services were largely dependent on parental initiative.

**Agency Services.** Participants reported that there were challenges in navigating agencies services and programs. These experiences included staff not returning calls, a lack of individual attention, and staff lacking knowledge of other state and local programs. Participants also reported difficulty working with agencies because the youth did not fit into a particular disability category and so there was a tendency to “slip through the cracks.”

**Employment.** There was a general perception that the job opportunities offered through agency assistance were less desirable than what they would have preferred. Participants knew the type of work they would like to do, and they felt that the opportunities offered would not facilitate their employment goals. Participants also felt that agencies lacked funding necessary to adequately provide employment assistance.

**Education.** Participants wanted more options for higher education and vocational training. Participants felt that the unique needs of transitioning youth were being neglected and that available opportunities were limited. The lack of understanding among educators and educational institutions of the needs of people with disabilities was viewed as a barrier.

**Community Integration.** Participants expressed a desire to participate in more self-directed activities that suit their own interests. Parents felt they had to be actively involved in organizing their children’s social lives and would like agencies to provide opportunities for social integration.



**Health Insurance.** Some participants reported that when they become ineligible to receive health insurance through their parents, they would have to rely on Medicaid for health coverage. However, participants felt that Medicaid provided a lower quality of service and fewer provider options. Most of the participants were unaware of other healthcare options for available for youth after they turn 21. Participants expressed a need for more health care providers that accept Medicaid, Medicare, and consumers with disabilities.

**Housing.** Participants preferred independent living over living with parents or institutional living. However, some participants felt they would still need support if they lived independently. Barriers to independent living included the high cost of living and limited housing options. Some participants were concerned about how living independently would affect agency benefits. Overall, the respondents desired agencies to be more involved in helping them secure appropriate independent living opportunities.

**Transportation.** Participants had to rely on parents, assistants, or general public transportation for transportation services. Participants felt there was a lack of public transportation that specifically serves persons with disabilities. Participants felt that the lack of available transportation interfered with their independence, including their ability to work, attend classes, access healthcare, and participate in social activities.

## **B. Telephone Survey**

### **Population**

The telephone survey population was designed to include as broad a group of transition-age youth with disabilities as could be identified from available resources. The population included clients born between August 31, 1984, and September 1, 1990, who indicated an interest in, applied for, or received services at any time from September 2006 through May 2008, as described below.

#### **Department of Assistive and Rehabilitative Services (DARS)**

Consumers who received General Vocational Rehabilitation and Blind Services.

Consumers who applied for General Vocational Rehabilitation and Blind Services but did not receive services.

#### **Department of Aging and Disability Services (DADS)**

Consumers who received services in a Medicaid waiver program (except Medically Dependent Children Program), mental retardation facilities, community Intermediate Care Facilities for Person with Mental Retardation, and general revenue programs provided by local Mental Retardation Authorities.

Consumers who were on an interest list for services in a Medicaid waiver program (except Medically Dependent Children Program), mental retardation facilities, community Intermediate Care Facilities for Person with Mental Retardation, and general revenue programs provided by local Mental Retardation Authorities.

**Department of State Health Services (DSHS)**

Consumers who received mental health services and were assigned the Texas Recommended Assessment Guidelines (TRAG) employment problem score of 4 (significant) or 5 (high) indicating that a person either had substantial barriers to employment or was not likely to be employed without supports.

**Texas Works Commission (TWC)**

Consumers with disabilities who received Workforce Investment Act services.

**Sample**

HHSC provided UNT with population data files prepared by each agency. UNT removed duplicates both within and between agencies so each person was in the population once, then drew a random sample from each agency. Quotas were set so an agency’s proportion of consumers in the final sample closely reflected the percentage in the population.<sup>5,6</sup> After 500 interviews were conducted to fulfill the sample design, it was discovered that one of the several data files comprising the DADS sample was incomplete. The result of this problem was that no one from Community Services Interest Lists (CSIL) had been interviewed. To correct this problem, a new file was obtained and 113 interviews were conducted with a random sample of CSIL youth. Responses from DADS subgroups were then weighted to reflect their proportions in the DADS population, and to maintain the original sample design—with each agency’s weighted proportion of the sample closely reflecting that agency’s proportion of the population (Table 1).

**Table 1. Population and Sample Distributions**

Population			Sample		
Agency	Number in Population	Percentage	Unweighted Number in Sample	Weighted Number in Sample	Percentage
DADS	24,644	46.6	343	230	46.0
DSHS	3,777	7.1	35	35	7.0
TWC	1,499	2.8	15	15	3.0
DARS	23,027	43.5	220	220	44.0
TOTAL	52,947	100.0	613	500	100.0

<sup>5</sup> There is some error in the proportion of the population from each agency due to the unduplication process.

<sup>6</sup> Operationally, the sample for each agency was a list of youth in the order of their random selection. The list was longer than the quota to ensure that interviewers would be able to meet the quota when allowing for those who could not be contacted.

## Questionnaire

UNT and HHSC developed the telephone survey questionnaire to address directives from H.B. 1230 (80<sup>th</sup> Texas Legislature, Regular Session, 2007) by measuring the degree to which the perspectives and issues described by the focus group participants were shared by the statewide population of transition-age youth with disabilities who applied for or received services from HHS agencies.<sup>7</sup> Legislative staff provided feedback during the questionnaire development process.

The questionnaire included a series of screening questions for respondent selection. Depending on the results of the screening protocol, an interview was conducted with the youth with disabilities or a parent, guardian, or representative.

## Data Collection

The UNT Survey Research Center conducted 613 telephone interviews from October 22, 2008, to January 9, 2009.<sup>8</sup> Experienced UNT telephone interviewers conducted the telephone interviews. Each interviewer had completed an intensive general training session on implementation issues related to this survey. For households in which the telephone was answered by someone speaking Spanish, the interview was conducted in Spanish. In all, 31 interviews were conducted in Spanish.

## C. Data Analysis

### Demographic Groups

UNT analyzed the results for each question to determine if there were significant differences between demographic groups. Comparisons were made between groups for:

- race and ethnicity,
- language of interview (English or Spanish),
- educational level,
- age at the time of the interview,
- age at the time of their diagnosis,
- gender,
- current employment and school status (a combination of whether the youth was enrolled in school and whether the youth was working), and
- grade in which the client first received transition planning assistance.

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<sup>7</sup> See Appendix B for the Telephone Survey Questionnaire. The screening protocol is at the beginning of the questionnaire.

<sup>8</sup> The cooperation rate was 59.6 percent. That is, 59.6 percent of those with whom UNT actually made contact completed an interview.

Respondents were asked to describe the transition-age youth’s disability. After the interview, UNT used this information to create four demographic variables for each respondent.<sup>9</sup>

- nature of disability (physical, cognitive, or both);
- cognitive disability level (minor, moderate, severe, or blank for clients with no cognitive disability);
- physical disability level (minor, moderate, severe, or blank for clients with no physical disability); and
- “combined disability” level (minor, moderate, or severe – equal to the level of the youth’s most severe disability).

Statistical tests were used to determine if results were different for demographic subgroups. This summary report only includes statistically significant findings for subgroups of particular interest, depending on the question.<sup>10</sup> UNT’s report presents all statistically significant findings.<sup>11</sup> When interpreting results for demographic subgroups, it is important to consider the effects of the overlap between subgroups defined by different demographic variables. For example, if respondents with no cognitive disability and a minor physical disability are very different from all other respondents, it would be likely to result in statistically significant differences between demographic subgroups defined by level of cognitive disability, “combined disability” level, and scope of disability.

## Limitations

**Self Report of Individual Interviewed.** It is important to note that nearly all the data presented in this report are based on the recall and opinion of youth with disabilities or their parents, guardians, or representative. The data presented in the report are dependent upon the respondent’s knowledge and memory. Most interviews were conducted with a parent, guardian, or designated representative of the youth with disabilities, who may not have always accurately represented the perspective of the youth.

**Disability Type and Severity.** Since data describing disability type and severity are not consistent across agencies, the interviewer asked each respondent to describe the disability. The coding of disability type and severity was dependent upon the depth of information provided, and ultimately required informed but subjective judgments by UNT staff.

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<sup>9</sup> Coding of disability severity was guided by the Rehabilitation Act of 1973. Additional information about physical and cognitive disabilities was obtained from WebMD (<http://www.webmd.com/>).

<sup>10</sup> For both this summary report and the complete UNT report, a difference between demographic groups was considered statistically significant if there was a less than five percent chance that the differences observed among groups in the sample were due to chance alone rather than an actual differences in the population (i.e.,  $p < .05$ ).

<sup>11</sup> The complete UNT report is available from HHSC upon request.

**Agency Reported.** The results of the telephone survey focused on assistance from state agencies, specifically HHS agencies and TWC. However, respondents were given the opportunity to identify any agency contacted for services. Although most respondents identified agencies, a small proportion of respondents (less than 10 percent) identified a different type of organization (e.g., local organizations such as Goodwill).

### III. RESULTS

The results are summarized in ten sections.<sup>12</sup>

- A. ***Respondent Characteristics*** presents demographic characteristics of the youth with disabilities who were the subjects of the interviews.
- B. ***Education and Employment Status*** presents education and employment history, and current status.
- C. ***High School Transition and Job Training Experiences*** presents findings about transition services and job training.
- D. ***Employment*** presents findings regarding work experiences and agency assistance.
- E. ***Education*** presents findings regarding educational attainment, goals, and agency assistance.
- F. ***Community Integration*** presents findings about interactions with others and feelings of loneliness and isolation.
- G. ***Health Insurance Coverage*** presents findings regarding health insurance and agency assistance.
- H. ***Housing*** presents findings about the current living accommodations, and about contact with agencies for housing assistance.
- I. ***Transportation*** presents findings about methods and availability of transportation.
- J. ***Assessment of Difficulty of Knowing Where to Obtain Needed Services*** summarizes how difficult it was to know where to obtain needed services.

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<sup>12</sup> Findings are presented in a different order than in the UNT report. Appendix A provides a “crosswalk” to make it easier to locate these findings in the UNT report.

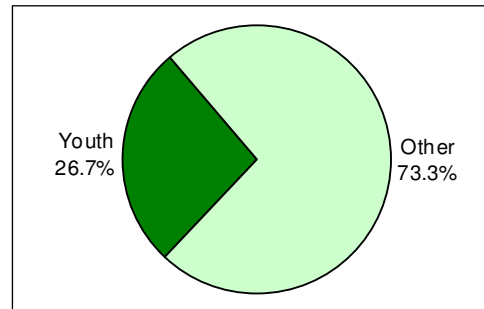
## A. Respondent Characteristics

This section presents characteristics of the sample of respondents interviewed for the study. All data in this section are self-reported except gender and urbanization, which were based on agency data.

### Person Responding to the Survey

Twenty-seven percent of those responding to the telephone survey were the youth with disabilities named in the data file, and 73 percent were a parent, guardian, or representative for the youth with disabilities (Figure 1). When someone responded on behalf of the youth, it was typically his or her mother (80 percent) or father (9 percent).

**Figure 1. Person Responding to Survey (n=500)**



### Demographic Characteristics

Respondents had the following characteristics (Table 2).<sup>13</sup>

- Fifty-five percent of respondents were ages 19 through 21. Thirty-five percent were age 22 or older.
- Fifty-one percent were Non-Hispanic White or Caucasian. Nearly one-third were Hispanic or Latino, and sixteen percent were African-American or Black.
- Fifty-eight percent were male and 42 percent were female.
- Sixty-eight percent had cognitive disabilities, 19 percent had physical disabilities, and 13 percent had both cognitive and physical disabilities.<sup>14</sup>
- The severity of disability for those with a cognitive disability was evenly distributed across minor, moderate, and severe disability levels.
- For 52 percent of those with a physical disability, the disability was coded by UNT as severe.
- Eighty percent were diagnosed with a disability before they turned thirteen.

<sup>13</sup> In this report, “respondents” is used to refer to the youth with disabilities, even though a parent, guardian, or designated representative may have answered the questions on behalf of the youth.

<sup>14</sup> As described previously, the type and severity of disabilities were coded by UNT from the results of an open-ended question.

**Table 2. Respondent Demographic Characteristics**

		Percent			Percent
Age			Age of Diagnosis		
	17	0.2	Prior 1 year old		28.2
	18	10.0	1 through 4 years old		21.3
	19	18.2	5 through 12 years old		29.9
	20	18.0	13 through 18 years old		16.8
	21	18.8	19 through 22 years old		3.7
	22	14.7			
	23	17.2			
	24	2.6			
	26	0.2			
Ethnicity			Level of cognitive disability		
	Non-Hispanic White or Caucasian	50.5	Minor		36.2
	African-American or Black	16.4	Moderate		28.6
	Hispanic or Latino	30.5	Severe		35.2
	Asian or Asian-American	1.3			
	Other	1.2			
Urbanization			Level of physical disability		
	Urban	86.0	Minor		16.3
	Rural	14.0	Moderate		31.5
			Severe		52.2
Language of interview			Combined disability level		
	English	95.3	Minor		30.8
	Spanish	4.7	Moderate		28.4
			Severe		40.8
Gender			Nature of disability		
	Male	57.6	Physical		19.0
	Female	42.4	Cognitive		67.9
			Both		13.1



**B. Education and Employment Status**

**Highest Level of Education Completed**

Nineteen percent of respondents were still in high school, and nine percent left school with less than a high school degree. Fifty-one percent of respondents reported their highest level of education was a high school degree. Eighteen percent reported attending college but not receiving a college degree, and almost three percent reported receiving a college degree or greater (Table 3).

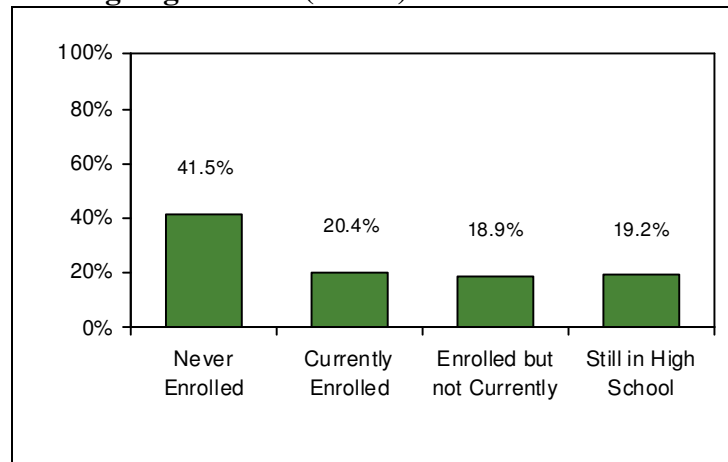
**Table 3. Highest Level of Education Completed (n=497)**

Level	Percent
Still in high school	19.2
Out of school 8 or less	1.4
Some high school	7.2
High school degree or GED	51.2
Some college but no degree	17.8
College degree	2.5
Grad school or grad degree	0.1
Other	0.5

**Current Educational Status**

Forty-two percent of respondents had never enrolled in an education program since leaving high school (Figure 2). Approximately 58 percent were currently enrolled, enrolled previously but not currently, or still in high school. Of those still in high school, twenty percent were ages 19 through 22.

**Figure 2. Enrollment in Education Programs since Leaving High School (n=499)**



Of respondents who had enrolled in an education program since leaving high school:

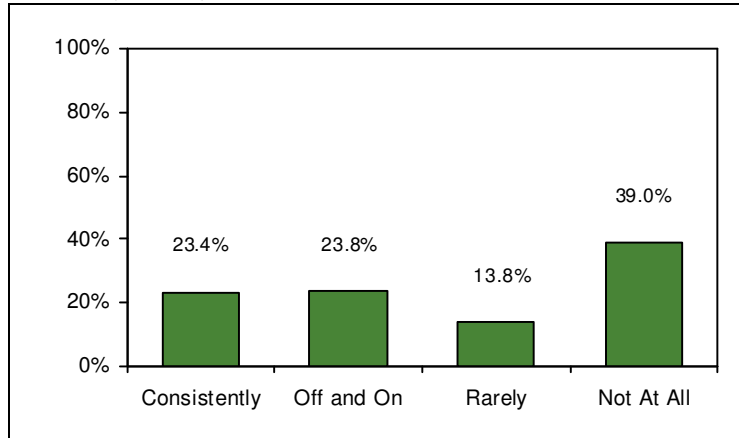
- 42 percent were enrolled in community college or two-year college,
- 27 percent were enrolled in a four year college or university,
- 15 percent were enrolled in job training classes,
- 7 percent were enrolled in vocational school,
- 2 percent were enrolled in a GED program, and
- 7 percent were enrolled in some other type of program.

**Employment History**

Sixty-one percent of respondents not in high school had worked since leaving high school, either consistently, off and on, or rarely. Thirty-nine percent had not worked at all (Figure 3).

- Of those not in school who reported having less than a high school degree, only 17 percent had worked consistently and 51 percent had not worked at all since leaving high school.
- Sixty-eight percent of respondents diagnosed prior to age one had not worked at all since leaving high school. Twelve percent of respondents diagnosed between ages 19 and 22 had not worked at all since high school.
- Respondents with different types of disabilities and different levels of disability (all out of high school) did not report significantly different employment histories.

**Figure 3. Employment History since Leaving High School (n=403)**

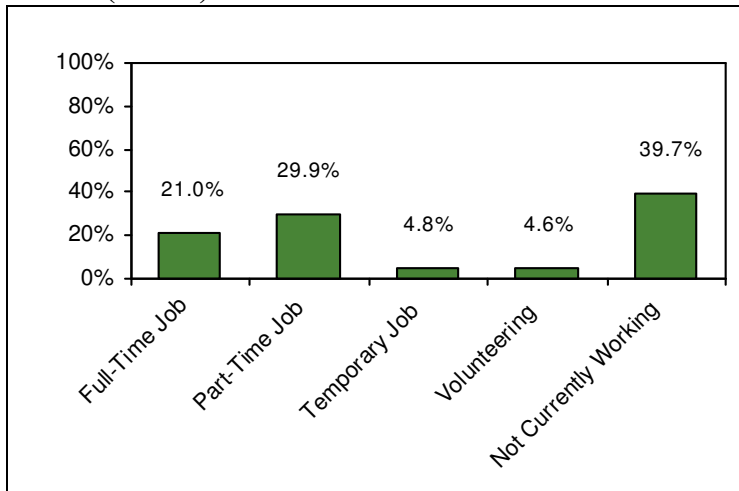


**Current Employment Status**

Fifty-six percent of respondents who had worked since high school were currently working full-time, part-time, or temporarily. About 40 percent were not currently working (Figure 4).

Of those currently working, over 85 percent had worked either consistently or off and on since leaving high school.

**Figure 4. Current Employment Status for Respondents Who Had Worked since Leaving High School (n=243)**



**Current Employment and School Status**    **Table 4. Current Employment and School Status (n=499)**

About 41 percent of the respondents reported that they were not working or going to school (Table 4). Sixty-three percent of those currently neither working nor going to school had never worked since leaving high school.

	Percent
Still in high school	19.2
Not working and not going to school	41.2
Working but not going to school	19.8
Not working but going to school	11.8
Working and going to school	8.0

Slightly over half of the following demographic groups were not working or going to school:

- respondents over age 22;
- respondents with a severe “combined disability” level (that is, with either a cognitive or a physical disability coded by UNT as “severe”);
- respondents with both cognitive and physical disabilities; and
- respondents diagnosed when they were ages 13 through 18.

### C. High School Transition and Job Training Experiences

This section presents information about respondents’ experiences with transition services and job training in high school. Transition services are services designed to help students with disabilities gain the skills and knowledge they need to help them assume desired adult roles in the community. The Individuals with Disabilities Act of 2004 requires transition services in the Individualized Education Program for every student ages 16 and above identified as having one or more disabilities.<sup>15</sup>

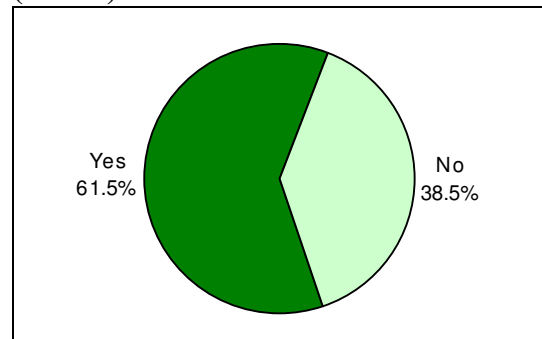
#### High School Transition Planning

Sixty-two percent of respondents indicated that they met with someone in high school (such as a teacher, counselor or other professional) to create a “transition plan” to help them prepare for life after high school (Figure 5). Of those who created a transition plan, fifty-nine percent met with someone in either 11th or 12th grade to create a transition plan.

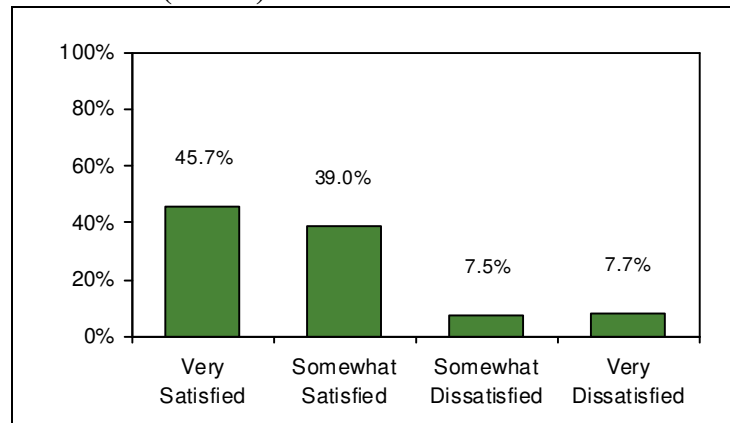
Respondents with less than a high school degree and respondents who were neither working nor going to school were the least likely to have met with someone in high school to create a transition plan.

Eighty-five percent of respondents who met with someone in high school to create a transition plan were either very satisfied or somewhat satisfied with the transition planning assistance they received in high school (Figure 6).

**Figure 5. Met with Someone in High School to Create a Transition Plan (n=488)**



**Figure 6. Satisfaction with Transition Planning Assistance (n=288)**



<sup>15</sup> The Individuals with Disabilities Act, Subpart A, Sections 613-614, 636. <http://www.copyright.gov/legislation/pl108-446.pdf>. Last viewed April 10, 2009.

## High School Transition Services

Fifty-nine percent of respondents reported receiving transition services in high school (Figure 7). As is true for all of the survey data in this report, this proportion receiving services is based on the recall of the respondents.

Of the respondents who reported not receiving transition services, over fifty percent thought they should have received services. The reasons included:

- because of the nature of their disability (15 percent);
- to attain a job (13 percent);
- to achieve independence (8 percent); and
- to prepare for the real world or the future (8 percent).<sup>16</sup>

Twenty-six percent of those who did not receive services and believed they should not have received services reported it was because of the severity of their disability.

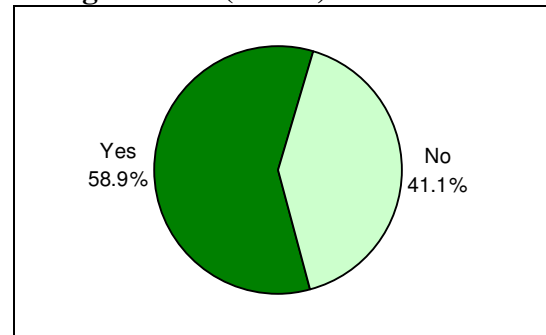
## High School Job-Related Training

Forty-four percent of respondents reported receiving job-related training in high school. The percentage of respondents who reported receiving job-related training in high school was:

- higher among those who had received transition planning in high school,
- higher among those with greater severity of cognitive disability, and
- lower for those who were not currently working.

Eighty-nine percent of those who received job-related training said it was helpful. Those who received job-related training were more likely to be employed at the time of the interview than those who had not received job-related training.

**Figure 7. Received Transition Services in High School (n=483)**



<sup>16</sup> A respondent was allowed to give more than one reason. Respondents who gave more than one reason were counted in all appropriate categories.

## D. Employment

### Employment since High School

Respondents were asked about their employment experiences since leaving high school. None of the questions in this section were asked of people who were still in high school.

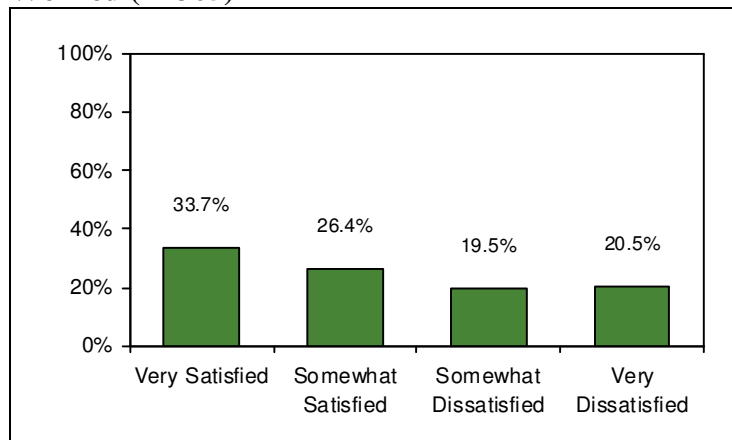
**Characteristics of Current Job.** Respondents with employment experience provided the following information about their current and previous jobs.

- Half of working respondents earned \$5,000 or less in the past year. About one-third earned between \$5,001 and \$10,000, and 17 percent earned more than \$10,000.
- Thirty percent of working respondents had worked at their current job between three and 12 months. Twenty-one percent had worked for 1 to 2 years.

Respondents with employment experience were asked the title of their current or last job. The most common job titles were cashier or customer service (10 percent); grocery bagger, stocker, or cart attendant (9 percent); cook (8 percent); and mechanic (7 percent).

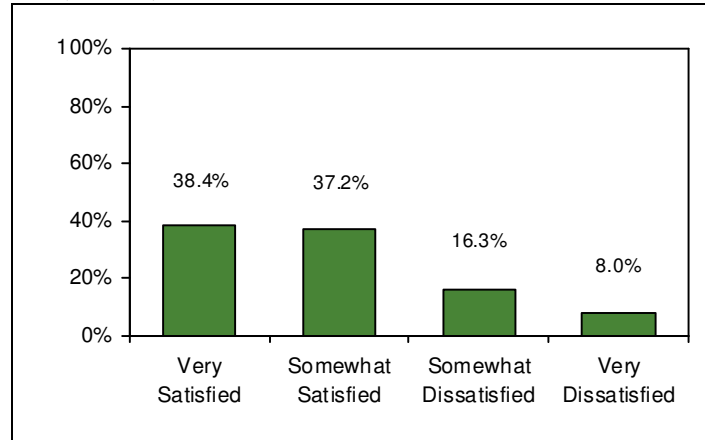
**Job Satisfaction.** Sixty percent of respondents who were not in high school were either very satisfied or somewhat satisfied with *how much* they have worked (Figure 8).

**Figure 8. Satisfaction with How Much They Have Worked (n=365)**



Seventy-six percent of respondents who worked in some capacity since leaving high school were either very satisfied or somewhat satisfied with *the type of work* they do (Figure 9). Over half of respondents who received their diagnosis prior to age one were very satisfied with the type of work they were doing.

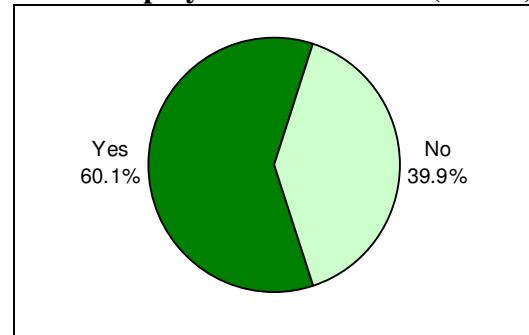
**Figure 9. Satisfaction with the Type of Work They Do (n=242)**



**Awareness that State Agencies Offer Employment Services**

Sixty percent of respondents who were no longer in high school knew that some state agencies offered employment services (Figure 10).<sup>17</sup>

**Figure 10. Know that State Agencies Offer Employment Assistance (n=393)**



<sup>17</sup> Everyone included in the telephone interviews was listed in the records of a state agency as having received or being on a wait (or “interest”) list for state services. Respondents who reported not knowing that state agencies offered employment assistance may have been interested in receiving other services (such as long-term care or mental health services), and may not have realized that employment services were available.

**Agencies Contacted for Employment Services**

When asked which organizations or programs they had contacted for employment services, 43 percent of respondents who were no longer in high school reported contacting DARS. Other common responses were TWC (21 percent), MHMR (12 percent), and DADS (10 percent).<sup>18</sup> Those who named more than one organization or program were asked to identify the one with which they had the most contact regarding employment services. The most common response was DARS (59 percent) (Table 5). At the time of the interview, 46 percent of those who had contacted an agency for employment assistance were still using the agency for employment services.

**Table 5. Agency Contacted for Employment Services**

Agency	Percent	
	Contacted* (n=404)	Most Contacted (n=246)
DARS	42.8	59.2
TWC	20.8	15.1
MHMR	12.4	13.4
DADS	10.3	3.2
Goodwill**	5.1	1.3
DSHS	4.2	0.0
Local program	2.9	5.4
Other	3.2	2.4

\* Respondents could have had contact with more than one agency.  
 \*\* Most funding for Goodwill employment services is provided by DARS, but some is from TEA.

**Employment Services Counselor**

**Assigned an Employment Services Counselor.** Eighty percent of those who contacted an agency for employment services were assigned an employment services counselor (or caseworker). The percentage of respondents assigned an agency employment services caseworker or counselor was different for respondents with different educational levels (Table 6).

**Table 6. Assigned an Employment Services Counselor**

	Percent	
	Yes	No
Highest level of education		
Less than high school degree	47.1	52.9
High school degree or GED	84.4	15.6
Some college or degree	75.4	24.6

**Satisfaction with Employment Services Counselor.** Respondents assigned an employment services counselor or caseworker were asked if they agreed or disagreed with a series of statements related to their satisfaction with the service they received from their employment services counselor.

<sup>18</sup> MHMR respondents were most likely receiving services funded through DSHS or DADS. In local communities, MHMR centers provide both mental health and mental retardation services.



Most respondents assigned an employment services counselor or caseworker were favorable about the service they received (Table 7). According to these respondents, the counselors typically:

- responded to questions in a reasonable amount of time (91 percent),
- considered the youth’s job preferences (84 percent),
- talked with respondents often enough (72 percent),
- did not take too long to help with employment issues (67 percent),
- listened to the respondents’ needs and goals (83 percent),
- knew about the programs offered by *their* agency that could help them (88 percent), and
- knew about programs of *other* agencies that could help them (81 percent).

The analysis examining differences between demographic groups indicated that some groups of respondents were more likely than other groups to indicate that their counselors did not listen to their needs and goals. This includes 32 percent of those with a severe cognitive disability, 30 percent of those with both a physical and cognitive disability, 26 percent of those with a severe “combined disability” level, and 24 percent of those not working and not going to school.

**Table 7. Satisfaction with the Employment Services Counselor**

	Percent			
	Strongly Agree	Agree	Disagree	Strongly Disagree
When I ask my counselor a question, I get a response in a reasonable amount of time. (n=180)	26.8	64.1	5.6	3.5
My counselor takes into account my job preferences. (n=171)	23.6	60.0	13.1	3.4
My counselor talks with me often enough to understand my employment issues. (n=174)	19.8	52.4	18.2	9.5
My counselor takes too long to help me with my employment issues. (n=174)	7.8	25.6	46.1	20.6
My counselor does not listen to me when I express my needs or goals. (n=180)	5.4	11.2	53.0	30.3
My counselor knows about the programs offered by [agency]* that can help me. (n=173)	25.8	62.3	9.0	2.8
My counselor knows about the programs of other agencies that could help me. (n=156)**	20.2	60.7	14.9	4.1

\* The interviewer inserted the name of the agency of the employment caseworker or counselor.

\*\* 11.4 percent of the 176 respondents asked this question replied that they “don’t know.”

**Employment Services Program**

**Satisfaction with the Employment Services Program.** Respondents who had contacted an organization or program for employment services were asked if they agreed or disagreed with a series of statements regarding their satisfaction with the employment services program. The name of the agency with which the respondent reported having the most contact was inserted into each question when was it read.

Most respondents who contacted an agency, organization, or program for employment services were favorable about the employment services program (Table 8). According to these respondents, the agency typically:

- welcomed the input of parents about employment services (84 percent),
- had resources to offer people with [the respondent’s] disability (79 percent),
- did not make it difficult to find the types of help needed (60 percent),
- was as committed as it should be to helping them find a job (63 percent),
- provided them with a satisfactory job coach (65 percent),
- offered satisfactory employment programs (65 percent), and
- did not have rules that made it hard to get the types of help they needed (70 percent).

The analysis examining differences between demographic groups indicated that two groups of respondents tended to have more negative opinions about the employment services programs: those with both physical and cognitive disabilities, and those not working and not going to school.

**Table 8. Satisfaction with the Employment Services Program**

	Percent			
	Strongly Agree	Agree	Disagree	Strongly Disagree
[Agency] welcomes the input of parents about employment services. (n=208)	20.8	62.7	10.2	6.3
[Agency] has resources to offer people with my type of disability. (n=217)	19.0	59.7	13.8	7.5
It is difficult to find the types of help I need at [agency]. (n=220)	8.8	30.9	42.7	17.6
I feel [agency] is not as committed as it should be to helping me find a job. (n=217)	10.9	25.7	46.0	17.3
I am not satisfied with the help provided by the [agency] job coach. (n=210)	8.9	26.5	45.8	18.9
I am not satisfied with the programs [agency] offers to help me find a job. (n=217)	10.0	25.2	43.1	21.7
[Agency] rules tend to make it hard for me to get the types of help I need. (n=212)	8.0	22.4	53.0	16.6

**Satisfaction with Job Placement Assistance.** Respondents who had sought employment services from a state agency were asked if they agreed or disagreed with a series of statements about job placement assistance. The name of the agency the youth reported contacting the most was inserted into each question when it was read.

Most respondents who contacted an agency, other organization, or program for job placement services were favorable about the job placement program (Table 9). According to these respondents, the agency typically:

- helped identify jobs that were the type of jobs they wanted (63 percent),
- identified jobs that could lead to desired jobs in the future (62 percent),
- explained how employment might impact benefits (76 percent), and
- did not pressure the respondent into taking unwanted jobs (88 percent).

The analysis examining differences between demographic groups indicated that some groups of respondents were more likely than other groups to indicate that the agency was helpful in identifying jobs that matched with their employment goals. Respondents with a minor “combined disability” level tended to report more favorable experiences with the agencies regarding job placement services, whereas respondents with a severe “combined disability” level tended to report less favorable experiences.

Forty-seven percent of those not working and not going to school indicated that the agency did not help identify potential jobs of the types the respondents wanted.

**Table 9. Satisfaction with Job Placement Assistance**

	Percent			
	Strongly Agree	Agree	Disagree	Strongly Disagree
[Agency] has helped identify potential jobs that are the types of jobs I want. (n=208)	13.4	49.7	27.3	9.7
[Agency] has helped identify potential jobs that could lead to the types of work I would really like to do in the future. (n=207)	10.7	51.6	28.7	8.9
[Agency] did not explain how employment could impact my benefits. (n=192)	5.6	18.1	59.9	16.4
I felt like the [agency] pressured me into taking a job that I did not want. (n=201)	3.7	8.5	65.1	22.7

**Suggestions for Improvement.** Respondents who had contacted an agency for employment services were asked if they had any suggestions about how the agency could do a better job of helping them. Twenty-four percent had no suggestions for improvement, and 13 percent said the agency is doing a good job or doing the best they can. Slightly less than 13 percent said the agency should offer services that support the client’s goals or consider individual needs.

**Reason for Not Attempting to Get Employment Services.** When respondents who did not attempt to get employment services were asked why, the most common answer was because of the nature of their disability (32 percent). Other common responses were: they were not aware of available services or how to access them (18 percent); their primary concern was college, education, or job training (14 percent); they found employment without agency assistance (8 percent); and they did not want or need help (7 percent).

## E. Education

This section presents information about respondents’ educational goals and their experiences with education assistance services and programs after leaving high school. It also presents information from respondents who did not want to continue their education about their satisfaction with educational institutions and opportunities. Those still in high school were not asked these questions.

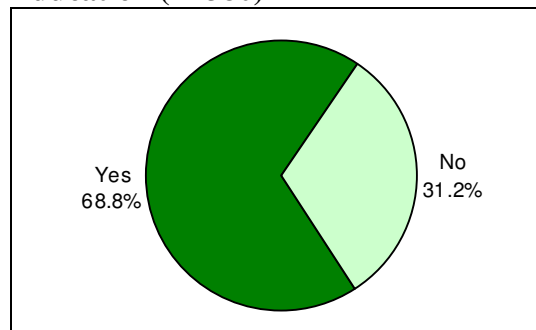
### Educational Goals

Over two-thirds of respondents no longer in high school indicated that they wanted to continue their education (Figure 11).

Groups currently in school were the most likely to indicate that they wanted to continue their education. Other demographic groups more likely to want to continue their education included:

- those with some college or a college degree,
- those with a minor “combined disability” level,
- those with a minor cognitive disability, those with a physical disability but not a cognitive disability,
- those who were over 4 years old at the time of their diagnosis, and
- those under 20 years old.

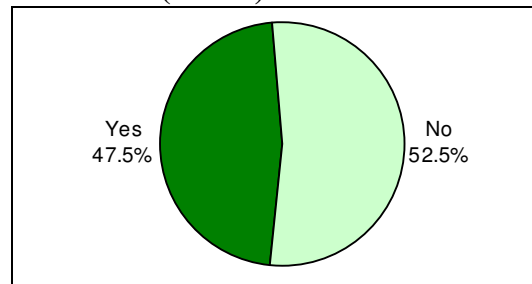
**Figure 11. Want to Continue Their Education (n=380)**



### Awareness that State Agencies Offer Education Assistance

Nearly half of youth who wanted to continue their education knew that some state agencies offer assistance for continuing education (Figure 12).

**Figure 12. Know that State Agencies Offer Assistance for Continuing Education (n=257)**



### **Agencies Contacted for Education Assistance**

Of the respondents who wanted to continue their education, 53 percent reported contacting an agency for education assistance.

When those who wanted to continue their education were asked which organizations or programs they contacted to get education assistance, 43 percent contacted DARS, 7 percent contacted TWC, 5 percent contacted DADS, 3 percent contacted MHMR, and 2 percent contacted DSHS.<sup>19</sup>

The agency or program with which the largest proportion of respondents had the most contact for education assistance was DARS (78 percent). Others included MHMR (5 percent), local programs (4 percent), TWC (4 percent), and DADS (3 percent).

### **Education Assistance Counseling Services**

**Assigned Education Assistance Counselor.** Eighty-eight percent of youth who contacted an agency for education assistance were assigned a counselor or caseworker.

**Satisfaction with Education Assistance Services.** Respondents who sought education assistance from an agency were asked if they agreed or disagreed with a series of statements about their satisfaction with the services they received. The name of the agency the respondent reported contacting was inserted into the question when it was read.

Most respondents who contacted an agency, other organization, or program for education services were favorable about the agency's customer service (Table 10). According to these respondents, the agency typically:

- returned phone calls in a reasonable amount of time (82 percent),
- took a reasonable amount of time to provide tuition assistance (81 percent), and
- helped respondents get the needed resources to go to school (74 percent).

However, the analysis examining differences between demographic groups indicated that 45 percent of respondents who were not working or going to school reported that the agency did not help them get the resources they needed to go to school.

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<sup>19</sup> Respondents could have contacted more than one agency. Respondents who contacted more than one agency were counted in all appropriate categories.

**Table 10. Satisfaction with Education Assistance Services**

	Percent			
	Strongly Agree	Agree	Disagree	Strongly Disagree
My phone calls to [agency] about my education assistance are returned in a reasonable amount of time. (n=125)	29.7	51.9	14.4	4.0
The amount of time it takes [agency] to provide tuition assistance seems reasonable. (n=117)	28.8	51.9	17.5	1.9
[Agency] does not help me get the resources I need to go to school. (n=125)	5.2	20.9	43.9	30.1

**Education Assistance Program**

**Satisfaction with Education Assistance Program.** Respondents who contacted a state agency or other program for educational assistance were asked if they agreed or disagreed with a series of statements about their satisfaction with the education assistance program. The name of the agency the respondent reported contacting was inserted into each question when it was read.

Most respondents who contacted an agency or program for education services were favorable about the education services program (Table 11). According to these respondents, the agency typically:

- reported that it was not difficult to find the types of education assistance they needed (72 percent), and
- were satisfied with the education assistance programs offered by the agencies (75 percent).

The analysis examining differences between demographic groups indicated that three groups of respondents tended to have more negative opinions about programs providing educational assistance: those with either moderate or severe cognitive disabilities, those with both physical and cognitive disabilities, and those respondents not working or going to school. In contrast, those respondents with either minor cognitive disability or a minor “combined disability” level tended to have more positive opinions about the education service programs provided by the agencies.

**Table 11. Satisfaction with Education Assistance Program**

	Percent			
	Strongly Agree	Agree	Disagree	Strongly Disagree
It is difficult to find the types of educational assistance I need at [agency]. (n=125)	5.1	23.0	46.5	25.4
I am not satisfied with the programs [agency] offers to support my efforts to further my education. (n=124)	7.7	17.7	45.9	28.7

**Suggestions for Improvement.** When asked if they had any suggestions for how the agency they contacted could have done a better job in helping them get education assistance, over one-third (35 percent) had no suggestions or did not know. Eighteen percent indicated that the agency was doing the best it could or was doing a good job, and eight percent reported that the agency should accommodate or consider the client’s specific needs or goals.

**Reason for Not Attempting to Get Education Assistance.** When those who had not attempted to get education assistance were asked why they did not seek assistance, 38 percent indicated they were unaware of available services or services were not offered to them. Thirteen percent reported they had different priorities or did not need educational assistance, 10 percent reported that it was due to the nature of their disability, and 9 percent indicated that they were receiving assistance elsewhere.

**Educational Institutions and Opportunities**

Respondents out of high school who did not want to continue their education were asked if they agreed or disagreed with statements about the schools they attended or wanted to attend, and about the availability of educational opportunities. Most respondents indicated that the schools were accommodating of their unique needs and that they were satisfied with the availability of educational opportunities (Table 12).

- Seventy-nine percent of respondents who did not want to continue their education indicated that the high school they attended or wanted to attend was accommodating of their unique needs. Those who did not receive transition assistance were less likely to give this response than those who received transition assistance.
- Seventy-one percent of respondents who did not want to continue their education indicated that the post-secondary school they attended or wanted to attend was accommodating of their unique needs.
- Sixty-two percent of respondents who did not want to continue their education were satisfied with the range of educational opportunities open to them.

**Table 12. Satisfaction with Educational Institutions and Opportunities**

	Percent			
	Strongly Agree	Agree	Disagree	Strongly Disagree
My high school is/was accommodating of my unique needs. (n=351)	27.1	51.6	13.0	8.3
My post-secondary school is/was accommodating of my unique needs. (n=184)	26.1	44.8	21.0	8.1
I am not satisfied with the range of educational opportunities open to me. (n=321)	11.3	26.8	45.6	16.3



## F. Community Integration

This section presents information regarding community integration as measured by respondents' frequency of interactions and their feelings of isolation or loneliness.

### Frequency of Interactions

Respondents were asked how frequently they interacted with friends, family, neighbors, and others in their community. In a typical week, eighty percent of all respondents reported interacting (on the phone, face to face, or by e-mail) with a friend, family member, or neighbor almost every day. Six percent reported interacting with others several times a week but not every day, and five percent reported interacting a few times a week. About eight percent reported being more isolated: two percent reported interacting once a week or less, four percent rarely interacted with others, and two percent reported never interacting with others.

### Frequency of Going Away from Home

In a typical week, forty-four percent of all respondents reported going somewhere away from their home almost every day, and eighteen percent reported going out several times a week (Table 13). Another eighteen percent reported going out a few times a week. Nine percent of respondents reported rarely or never leaving home.

**Table 13. Frequency of Going Away from Home (n=495)**

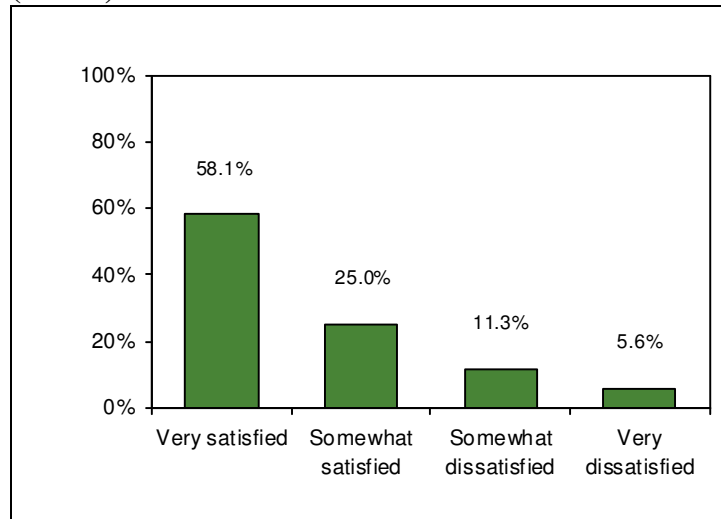
	Percent
Almost every day	43.9
Several times a week	17.8
A few times a week	18.0
Once a week or less	11.1
Rarely	6.5
Never	2.7

The percentage of those who went away from their home rarely or never was higher among respondents completing the interview in Spanish and those neither working nor going to school.

**Satisfaction with Frequency of Interactions**

Fifty-eight percent of respondents were very satisfied with their frequency of interactions with friends, family, neighbors, and others in their community (Figure 13). Twenty-five percent were somewhat satisfied, and 11 percent were somewhat dissatisfied. Six percent were very dissatisfied with the frequency of their interactions with others.

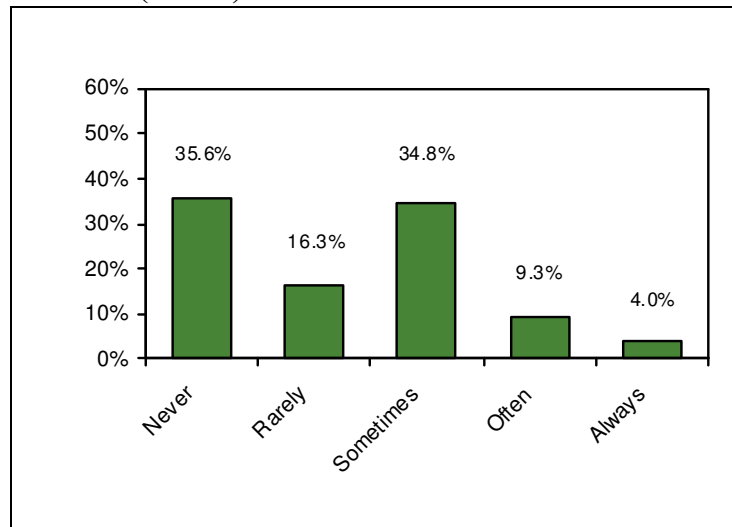
**Figure 13. Satisfaction with Frequency of Interactions (n=483)**



**Feelings of Loneliness**

Over half of all respondents reported that they never or rarely experience feelings of loneliness or isolation (Figure 14). About one-third experienced those feelings sometimes. Nine percent reported often feeling lonely or isolated, and four percent indicated that they always felt lonely or isolated.

**Figure 14. Frequency of Feelings of Loneliness or Isolation (n=485)**



It is important to note that there is a strong potential for individuals to under-report their feelings of loneliness.

This may reflect a variety of factors including: the social 'undesirability' of admitting loneliness, the design of the questionnaire, and different interpretations of what is meant by "loneliness." Therefore, the number of respondents experiencing loneliness may be higher than reported.

## G. Health Insurance Coverage

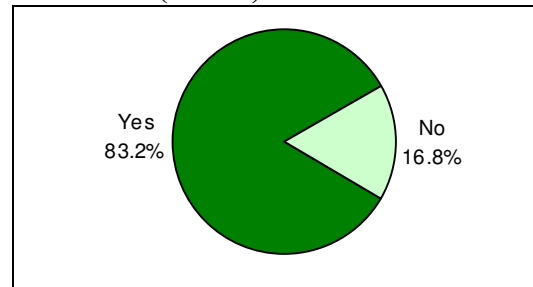
This section presents information regarding respondents health insurance coverage. It also presents information about the ease of finding health care providers and respondents impressions of the assistance provided by state agencies to find health insurance coverage.

### Health Insurance Coverage

Eighty-three percent of respondents reported having some type of health insurance (Figure 15).

- Over 90 percent of respondents diagnosed before age 5 had some type of health insurance. In comparison, only 50 percent of respondents diagnosed between 19 and 22 years old had some type of health insurance.
- When compared to respondents with moderate or severe disabilities, respondents with minor disabilities were less likely to have health insurance.
- Eighty percent of respondents with a cognitive disability had some type of health insurance. In comparison, 94 percent of respondents with a physical disability and 93 percent of respondents with both cognitive and physical disabilities had health insurance.
- Respondents who had attended some college or received a degree were less likely to have health insurance when compared to respondents whose highest educational attainment was a high school degree or GED.

**Figure 15. Have Some Type of Health Insurance (n=500)**



**Source of Health Insurance**

The most common source of insurance was Medicaid (59 percent), followed by insurance through parent’s employer (36 percent), and Medicare (12 percent).<sup>20</sup> Seventeen percent of respondents had no health insurance coverage (Table 14).

The analysis examining differences between demographic groups indicated that some groups of respondents were more likely than others to have a particular source for their health insurance.

Twenty-five percent of respondents with health insurance purchased through their parent’s employer reported making plans for health care coverage if they become ineligible for their parent’s health insurance. Of those who reported making plans for health coverage in case they became ineligible for their parent’s coverage, about half planned to obtain Medicaid and about one-third planned to obtain insurance through their employer.

**Table 14. Source of Health Insurance (n=500)**

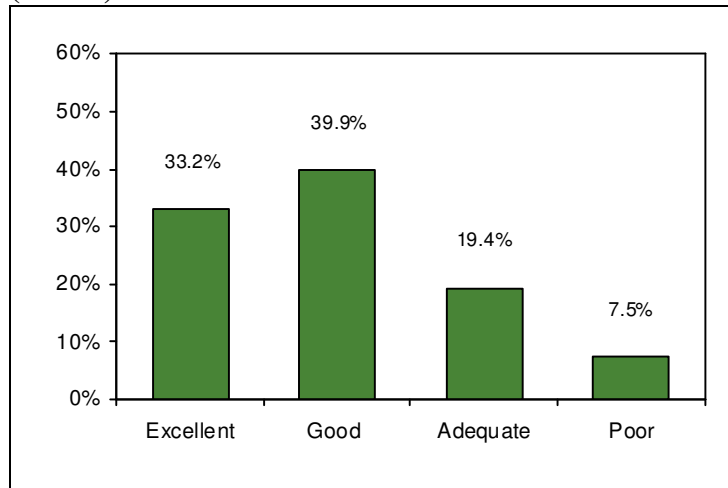
Source of Insurance	Percent*
Medicaid	59.4
Insurance through parent’s employer	35.5
Medicare	11.5
Insurance through my employer	6.5
Insurance that I purchase independently	3.1
Insurance through someone else’s employer	2.5
No health insurance coverage	16.8
Other	6.3

\* Because respondents could give more than one answer, the percentages will not add to 100 percent.

**Ratings of Health Insurance Coverage**

Seventy-three percent of respondents with health insurance coverage rated their coverage either excellent or good (Figure 16). Eighty percent of respondents with health care provided through their parent’s employer and 68 percent of those with insurance from some other source rated their health care coverage as either excellent or good.

**Figure 16. Ratings of Health Insurance Coverage (n=411)**



**Finding a Health Care Provider Who Accepts Their Insurance**

Sixty percent of respondents with health insurance indicated it was either very easy (25 percent) or easy (34 percent) to find a doctor who accepted their health insurance. Twenty-eight percent found it difficult (14 percent) or very difficult (14 percent). The percentage of

<sup>20</sup> Adult children with disabilities may receive Medicare if they have a parent who receives Medicare.

respondents who reported it was either very easy or easy to find doctors who accept their insurance was higher among respondents with health insurance provided through their parents.

**Awareness that State Agencies Offer Assistance**

Thirty-one percent of all respondents knew that some state agencies offer help getting health care coverage.

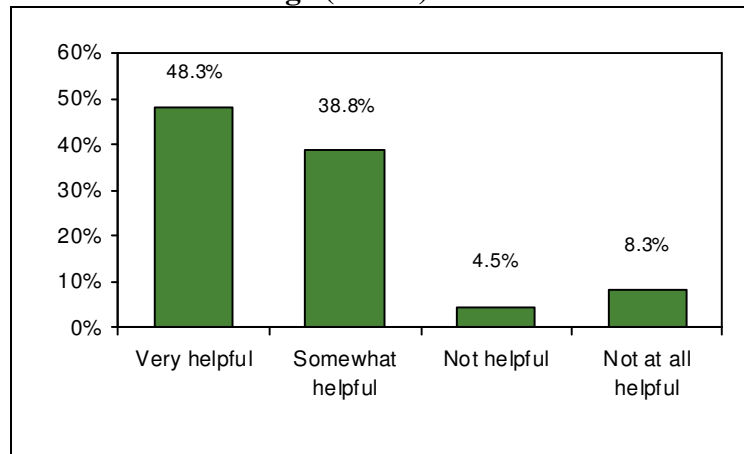
**Agencies Contacted for Assistance**

Approximately one-third of respondents reported contacting an agency for help getting health care coverage. Those respondents still in high school were more likely to have contacted an agency for help getting health care coverage. Respondents with a minor disability were less likely to have contacted an agency for assistance getting health insurance.

Results indicated that respondents contacted a range of agencies about health care coverage. When asked with which organization or program they had the most contact, respondents reported MHMR (27 percent), DARS (16 percent), HHSC (10 percent), DADS (10 percent), and Medicaid or waiver program (10 percent). Fourteen percent had the most contact with some other agency or program.

**Satisfaction with Agency Assistance.** Eighty-seven percent of respondents who contacted an agency to get health care coverage indicated that the agency they contacted was either very helpful or somewhat helpful (Figure 17).

**Figure 17. Ratings of Agency Assistance in Getting Health Care Coverage (n=154)**



**Suggestions for Improvement.** Thirty-seven percent of the respondents who had contacted a state agency to help get health care coverage had no suggestions for how the agency could better help with health care coverage. Sixteen percent reported that the agency was doing the best they could or they were doing a good job. Nine percent mentioned that the agency could inform the client of available services and how to access them. Seven percent suggested the agency shorten the waiting period for services or appointments. Six percent wanted less procedural “red tape” or requirements, and five percent wanted accommodation for the client’s specific needs.

## **H. Housing**

This section presents information regarding current and desired housing arrangements. It also presents information about the assistance provided by state agencies to access preferred housing.

### **Current Living Arrangements**

Approximately three-quarters of respondents reported living with their parents. Seven percent lived with a roommate but not in a group home, and six percent lived with some other family member. Less than five percent reported having other living arrangements. As the level of cognitive disability and severity of the “combined disability” level increased, the likelihood that the respondents lived with their parents or in a group home increased.

### **Satisfaction with Living Arrangements**

Eighty percent of respondents were satisfied with their current arrangement. Twenty percent preferred another type of living arrangement. Satisfaction with their current arrangement increased as the level of cognitive disability and severity of the “combined disability” level increased, and decreased as the age of diagnosis and education increased. Satisfaction was higher for female respondents than for male respondents.

### **Preferred Living Arrangements**

Respondents who indicated that they preferred a living arrangement other than their current arrangement (20 percent of respondents) were asked what living arrangement they preferred. Approximately half (48 percent) of respondents who preferred another type of living arrangement wanted to live on their own. Thirty percent preferred to live with a roommate but not in a group home. Nine percent preferred to live in a group home, and eight percent wanted to live with their parents. Less than three percent preferred other living arrangements.

### **Awareness that State Agencies Offer Assistance**

Forty-nine percent of all respondents knew that some state agencies offer help with housing.

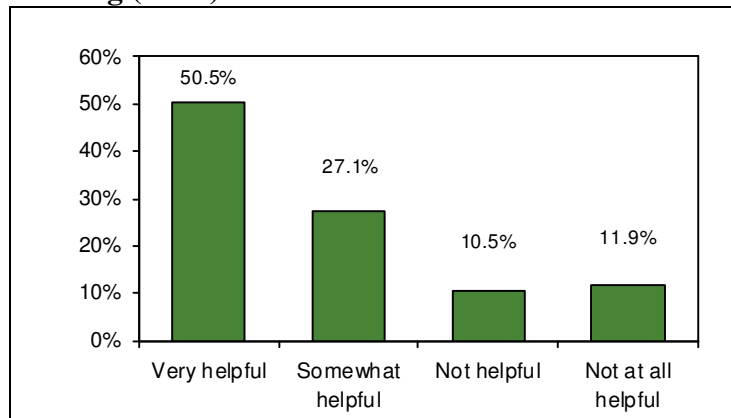
### **Agencies Contacted for Assistance**

Eleven percent of respondents reported contacting one or more agencies for help with housing. The percentage of respondents who got help from one or more agencies was higher among respondents with physical disabilities, those who received transition planning in the 12<sup>th</sup> grade, and female respondents.

When asked with which organization or program they had the most contact, respondents reported DARS (29 percent of respondents), the local housing authority (20 percent), MHMR (16 percent), DADS (14 percent), Housing Counseling System (HCS) or Housing and Urban Development (HUD) (7 percent), and DSHS (2 percent).

**Satisfaction with Agency Assistance.** Fifty-one percent of the ninety respondents who contacted an agency for help with housing indicated that the agency contacted was very helpful, and an additional 27 percent rated the agency as somewhat helpful (Figure 18).

**Figure 18. Ratings of Agency Assistance with Housing (n=90)**



**Reason for Not Attempting to Get Assistance.** Those who did not contact a state agency were asked why they had not attempted to get help with housing. Thirty-eight percent of respondents reported being satisfied with their current living arrangement or had acquired housing without agency assistance. Twenty-one percent were unaware of available services or did not know how to seek assistance. Nine percent did not seek help because of the nature of their disability, and eight percent reported not being ready to live independently.

**Suggestions for Improvement.** When asked for suggestions on how the agency could have done a better job in helping with housing, 23 percent of respondents who had contacted an agency for help with housing had no suggestions or did not know. Twenty-one percent wanted the agency to offer more housing or a greater variety of housing options or reduce the waiting list. Sixteen percent indicated the agency was doing the best they could or were doing a good job.

## I. Transportation

This section presents information regarding the methods of transportation utilized by the youth and their difficulties in obtaining transportation.

### Current Transportation

When they needed to go somewhere several miles away from their home, 65 percent of respondents were typically driven by a friend, parent, or relative (Table 15). Another 21 percent typically drive their own car.

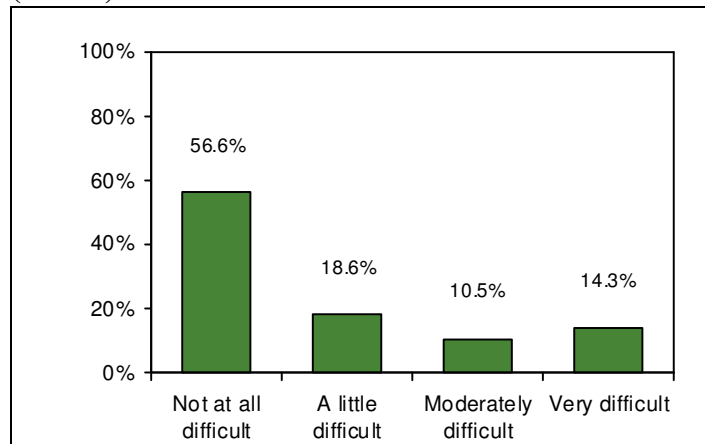
**Table 15. Current Transportation (n=497)**

	Percent
Driven places by a friend, parent, or relative	64.7
Drive my own car	20.9
City bus or rail	6.4
STS (Special Transportation Services)	5.5
Walk	1.0
Bicycle	1.0
Taxi	0.6

### Difficulty Obtaining Transportation

Fifty-seven percent of all respondents indicated that, overall, it was not at all difficult to get transportation (Figure 19). Twenty-five percent indicated that getting transportation was moderately difficult or very difficult.

**Figure 19. Difficulty Obtaining Transportation (n=491)**

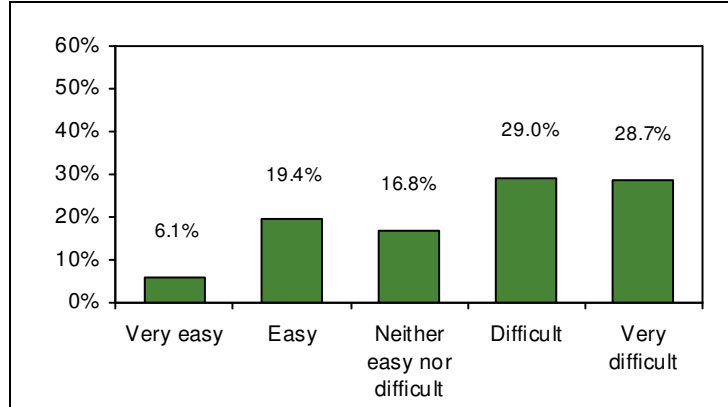




### J. Assessment of Difficulty of Knowing Where to Obtain Needed Services

Considering their interactions with all state agencies after high school, 58 percent reported that it was either difficult or very difficult to know which agency to go to for the type of services they needed (Figure 20). Twenty-six percent indicated that it was either very easy or easy.

**Figure 20. Assessment of Difficulty of Knowing Where to Obtain Needed Services (n=468)**



## IV. CONCLUSIONS

The telephone survey revealed important information regarding the transition to adult living for youth with disabilities who had contacted or received services from Texas state and local agencies within the last few years.

Overall, respondents were positive regarding services provided through state agencies and their interactions with staff in seeking assistance with employment, continuing education, health insurance, housing, and transportation. However, 58 percent of respondents reported that it was either difficult or very difficult to know which agency to go to for the type of services needed.

Findings suggest that receiving assistance in high school is related to continuing education and securing some type of employment after high school. Those receiving transition planning and job-related training in high school were more likely to be employed at the time of the interview than those who had not received job-related training. Respondents with less than a high school degree and respondents who were neither working nor going to school were the least likely to have met with someone in high school to create a transition plan.

With some exceptions for subgroups (typically those with more severe disabilities, those with both a mental and physical disability, and those not working and not going to school), most respondents reported general satisfaction with services and their current work and education status. Although sixty percent were satisfied with how much they have worked and seventy-six percent of those who had worked were satisfied with the type of work they do, 83 percent of those who were working were earning less than \$10,000 per year. These low incomes were likely related to the relatively high level of dependence the group as a whole tends to experience.

- Almost three-fourths of all respondents were still living with their parents.
- Almost two-thirds were dependent on a family member or friend for transportation.

When asked about their interactions with others, most respondents reported being satisfied with the frequency of their interactions and found their interactions with others to be satisfying. Those who completed the interview in Spanish and those who did not work or go to school were much less likely to go away from the home in a typical week. Thirteen percent of the entire sample reported feelings of loneliness or isolation either often or always, and these feeling increased as the age of diagnosis increased.

Over four-fifths of respondents reported having Medicaid or some other kind of health insurance coverage, and almost three-fourths of those with health insurance rated their coverage as excellent or good. Although most said it was easy or very easy to find a doctor who accepted their health insurance, 28 percent found it difficult or very difficult.

Of those respondents who were still in high school, twenty percent were ages 19 through 22. Over two-thirds of those no longer in high school wanted to continue their education beyond high school, although only about one-fifth of that group was currently enrolled.

There was a sizeable portion of the overall group (41 percent) who were not working or going to school at the time of the interview, and 63 percent of that group reported they *had never* worked since leaving high school. Fifty-one percent of respondents who were neither working nor going to school found it difficult to find the needed help at the agency, and 47 percent indicated that the agency did not help identify potential jobs of the types the respondents wanted. This group is likely to have more severe cognitive or physical disabilities or both a physical and cognitive disability. Respondents with more severe cognitive and physical disabilities were also less likely to agree that the agency has resources to offer to people with their type of disability.

Overall, the perspectives expressed by the focus group participants tended to reflect the interview results for the subgroup of respondents that had more severe disabilities. Respondents with more severe disabilities or had both physical and cognitive disabilities often expressed opinions that were significantly different from those expressed by the rest of the survey population.

Findings suggest that agencies should continue to work on making it easier to obtain information on services available, improve the coordination of services for better access, and increase the levels of services overall while paying particular attention to subgroups of this population who appear to be less successful in meeting the challenges associated with transition into success adult life. Preparation in high school seems particularly important to labor market and educational progress for these youth.

PART 1 – TELEPHONE SURVEY

## **PART 2 – AGENCY OUTCOMES ANALYSIS**

This part of the research was conducted in response to the H.B. 1230 requirement that HHSC monitor and assess outcomes of transition-age youth with disabilities served by HHS programs.

### **I. APPROACH**

HHSC staff, in collaboration with HHS operating agencies, examined data for transition-age youth with disabilities who were enrolled in or received services from at least one of the following HHS agencies:

- the Department of Aging and Disability Services (DADS),
- the Department of Assistive and Rehabilitative Services (DARS),
- the Department of Family and Protective Services (DFPS), and
- the Department of State Health Services (DSHS).

These data provide information on the transition process for youth with disabilities in the following areas:

- employment,
- post-secondary education,
- community residence, and
- health insurance coverage.

Each agency provides different services tailored to transition-age youth with various types of disabilities. There is also potential overlap between agency consumer populations. Additionally, agencies collect different types of data. It is therefore inappropriate to make direct comparisons across agencies (e.g., “one agency’s employment services are more successful than another agency’s employment services”). By presenting the results for each agency, this report provides a picture of the services obtained by transition-age youth and the outcomes of transition-age consumers related to a successful transition into adulthood. These outcomes are informational in nature and should not be considered performance outcomes for specific agency services.

## II. METHODOLOGY

### A. Inventory of Services and Available Data

HHSC initially surveyed HHS state agencies (DADS, DARS, DFPS, and DSHS), as well as the Texas Workforce Commission (TWC) and the Texas Education Agency (TEA), to inventory the services provided to transition-age youth with disabilities and the data available regarding these services. The inventory results (summarized below) provide an overview of the data used for this report.

#### **Employment**

All HHS agencies that offer employment services collect data on the number of consumers receiving employment services. DARS conducts a data match with the Texas Workforce Commission's Unemployment Insurance wage record (UI). The other HHS agencies have limited information on employment placement outcomes, wages earned, and employment retention. DARS is the only agency that tracks whether a placement is appropriately matched to the consumer's functioning level. DARS, through Vocational Rehabilitation service delivery, assists consumers in identifying, preparing for, and maintaining employment outcomes consistent with the consumer's vocational goal and functional capacities.

#### **Post-Secondary Education**

Information on continuing education in post-secondary institutions is limited. DARS and DFPS track the number of youth who receive agency funding for post-secondary education. TWC (as part of the Workforce Investment Act) tracks information on completion of post-secondary programs.

#### **Community Residence**

HHS programs collect some information related to "independent living" status and community integration, but they do not use the same terminology or definitions for these measures. All agencies were able to provide information about whether the youth were residing in the community or in institutions.

#### **Health Insurance Coverage**

Several HHS programs collect or have access to information on health insurance coverage. In some programs, all participants are eligible for Medicaid (e.g., participants in the DADS waiver programs). For other programs, HHSC can match agency consumers to Medicaid and CHIP data to obtain information about health insurance coverage.

## **B. Development of Agency Outcomes Indicators**

Based on the agency inventory, HHSC initially developed cross-agency outcomes in the areas of employment, community residence, and health. In light of the agency differences in terms of eligibility criteria, data availability, the services provided, program standards, and the type and severity of the disabilities of their consumers, HHSC created agency-specific indicators. HHSC met with each HHS agency to develop meaningful agency measures related to employment, post-secondary education, community residence, and health insurance coverage, and incorporated their feedback throughout the outcome development process.

The employment services, post-secondary education, community residence, and health insurance coverage outcomes are based on data from the HHS agency database or a data match to the Texas Medicaid and Healthcare Partnership's Medicaid database. The employment outcome for DADS, DFPS, and DSHS required a data match to the UI wage record. DARS was the only agency that tracked employment on their entire consumer caseload. With guidance from DARS regarding their data match to the UI wage record for measuring employment retention, HHSC and TWC conducted a similar data match to measure the employment and employment retention of DADS, DFPS, and DSHS consumers.

The American Community Survey (ACS) conducted by the United States Census Bureau collects state-level information regarding transition-age youth with disabilities. This report includes 2007 ACS data on Texas transition-age youth with disabilities to provide statewide information on these same outcome areas discussed in this report. National level health insurance coverage information from the National Health Interview Survey (NHIS), conducted by the Centers for Disease Control, is also included.

## **C. Reporting Period**

Each outcome was calculated for State Fiscal Year 2007 (SFY07) and State Fiscal Year 2008 (SFY08).<sup>21</sup> Each agency counts a consumer only once per state fiscal year in each outcome.

## **D. HHS Agency Consumer Populations**

Each agency serves a subset of the Texas population of transition-age youth with disabilities. The agency consumer populations may not be mutually exclusive, and the measures do not account for potential consumer overlap between agencies.

- The DADS measures include youth with physical and/or cognitive disabilities who were enrolled in DADS long-term care services.

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<sup>21</sup> At the time of the analysis, UI wage data was available through June 2008. Therefore, employment and employment retention rates are reported for part of SFY08.

- The DARS measures include youth who were eligible for or received DARS General or Blind Vocational Rehabilitation (VR). Consumers receiving services from DARS General VR may have physical and/or cognitive disabilities and consumers of DARS Blind VR services have visual disabilities.
- The DFPS measures include youth under DFPS legal responsibility who exited DFPS substitute care and were identified as having at least one physical, cognitive, behavioral or mental health disability.<sup>22</sup> Substitute Care includes foster care (DFPS paid care placements and placements regulated by other state agencies) and other substitute care placements.<sup>23</sup>
- The DSHS measures include youth enrolled in a mental health service package or who received a mental health service from the DSHS mental health clinics or from providers contracted by the Local Mental Health Authorities (LMHAs). Consumers with mental health disabilities who received services in state hospital institutional settings are excluded from this analysis.

### **E. Age Range**

The general age range for the H.B. 1230 outcomes spans from 16 through 24 years of age; however, the age range for each agency and outcome reported varies based on data availability and program and service definitions. All outcomes include individuals who were within a particular age range at some point during the state fiscal year. For example an outcome with an age range of 16 through 24 would be comprised of consumers 24 years of age or younger at the beginning of the state fiscal year and 16 years or older at the end of the state fiscal year. This means consumers who were 15 in the beginning of the state fiscal year and turned 16 during the year, as well as those who were 24 in the beginning of the state fiscal year and turned 25 during the year, are included in the outcome.

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<sup>22</sup> The DFPS measures examine transition-age exiters because that is the group most likely to be moving to independent living as opposed to those still under DFPS legal responsibility.

<sup>23</sup> Some examples of foster care placements are DFPS foster homes, contracted foster homes, residential treatment centers, general residential operations, intermediate care facilities for persons with mental retardation, nursing homes, state schools, state hospitals, Texas Youth Commission placements, and hospitals. Other substitute care include Kinship Care, DFPS Adoptive Homes, Private Agency Adoptive Homes, Independent Living situations, and other living arrangements (e.g., no living arrangement recorded, unauthorized absence, abducted, unauthorized placement, and runaway).



## F. Outcome Definitions

General definitions for all outcomes on which data were collected are provided below. More detailed definitions and parameters for individual agency measures are included in the sections presenting individual agency results.

The *employment services outcomes* for DADS, DARS, and DSHS address the proportion of transition-age consumers who received employment services in relation to the entire population of transition-age consumers who could potentially receive those services from that agency. DFPS reports on the transition services provided in the Preparation for Adult Living (PAL) program to transition-age youth, including youth with disabilities.

The *employment outcome* provides information on the share of transition-age consumers who are engaged in some type of work activity during the state fiscal year. This involved a match to the UI wage record for DADS, DFPS, and DSHS. DARS internally tracks the employment of their consumers through successful case closures.<sup>24</sup>

The *employment retention outcome* measures the percent of transition-age consumers with some type of employment activity within the two consecutive quarters after an “employment outcome.” Data are from UI wage records, which indicate that the consumer was employed in a quarter but do not indicate whether the consumer maintained employment during the entire quarter. DARS cases are not “successfully closed” until the consumer has met a 90 day employment maintenance requirement. Therefore, the DARS “employment retention” outcome measures the percent of consumers with some type of employment activity in the quarter following the quarter in which the DARS case was successfully closed.

The *community residence outcome* gauges the extent to which DADS, DARS, and DFPS transition-age consumers live in the community and not in an institution. However, agency definitions of community and institutional living vary somewhat as detailed in the agency-specific sections. For example, DFPS categorizes a consumer in an emergency shelter as living in an institution, while DARS considers an emergency shelter to be community living. DADS does not track this type of living situation and so consumers living in emergency shelters may be categorized as living in the community. Instead of a community residence outcome, DSHS reports on a measure of housing instability among mental health transition-age consumers.

The *health insurance coverage outcome* measures the percent of transition-age consumers reported to have health care coverage. DADS and DARS collect health insurance information on their consumers. Consumers who exited DFPS and DSHS mental health consumers were matched to the Texas Medicaid and Healthcare Partnership’s Medicaid database. Because private health insurance coverage information is not collected and updated by some agencies, these rates should not be considered to be the full health insurance coverage rate.

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<sup>24</sup> The DARS employment outcome is much more restrictive than the same measure for the other agencies. For a DARS consumer to be considered employed, the consumer has to be employed for 90 days and both the employer and the employee have to be satisfied with the work hours and the wage.

The *post-secondary education outcome* measures the percent of transition-age consumers receiving post-secondary education funding from DARS and DFPS. DARS funding can pay for tuition and other expenses related to post-secondary education such as housing and books. The DFPS Education and Training Voucher Program (ETV) can be used for ancillary expenses related to post-secondary education.

### **G. Limitations of Outcome Analysis**

The agency consumer populations vary by age range, types of disabilities, and services received. There is also potential overlap between agency consumer populations. Thus, the data cannot be aggregated to evaluate outcome areas across HHS agencies. The different data sources, definitions of the services provided, and the methods of the outcome analysis also make it inappropriate to compare results between agencies.

The following limitations weaken the employment and employment retention results.

- The UI wage data are reported by calendar quarter and do not identify the month(s) of employment within the quarter. For this report, employment was measured during the calendar quarters corresponding to the state fiscal year. The months in the calendar quarters do not align exactly with those in the state fiscal year, so the outcome may count employment occurring outside the state fiscal year. For example, a person employed only in July 2007 (SFY07) would have a UI wage record for calendar quarter three of 2007 (July through September). Persons with wage records in that quarter would be counted as being employed in both SFY07 (which includes July and August 2007) and SFY08 (which includes September 2007).
- The employment retention outcome indicates whether the participant was employed in three consecutive quarters, but the person could have had gaps in employment within those quarters. Additionally, the retention indicator does not indicate that the participant was in the same job throughout that period.
- Employment and employment retention outcome results are presented for part of SFY08 because at the time of the analysis the UI wage data were only available through June 2008. The partial results for SFY08 presented in this report may differ from those for the entire SFY08.
- The UI wage record excludes some employment such as certain self-employment, federal, church-related, and out-of-state jobs. This exclusion may underestimate the actual employment rate where the reported employment rate is based exclusively on UI wage records.
- SSNs were used to match program participants to their UI wage records. SSNs may be incorrect in program records or in UI wage records, leading to errors in this match. The size of the possible match errors was examined by conducting an additional match by SSN and name. Employment rates based on a match of SSN and name were slightly

lower (on average four percentage points lower) than the employment rates based on a match of SSN alone. Employment rates based on a match of SSN and name were not used in this report because they are likely to underestimate the true employment rates due to variations in the way a person's name can be recorded in different data sources.

- The employment outcomes for agencies other than DARS report on employment activity, but they do not convey information related to the quality of employment. For example, the measures do not capture the appropriateness of the employment placement, the frequency of hours an individual works, or earnings. DARS employment and employment retention outcomes are based on “successful closure,” which indicates that both the employee and the employer are satisfied with the work hours and the wage.

There are also limitations in assessing health insurance coverage.

- The health insurance coverage rates may not include the most accurate or up-to-date health insurance information.
  - DADS reports the percentage of consumers who have privately- or publicly-funded health insurance coverage for the needed DADS long-term care services. Consequently, a DADS consumer who has health insurance that covers costs for acute care services but does not cover the needed long-term care services would not be considered to have health insurance.
  - DARS collects health insurance information at application and updates the information when the consumer needs a service that requires insurance coverage and at case closure. If a consumer's health insurance status changes, DARS may not update the health insurance status until the case is closed.
- The Patient Control Number, considered to be a reliable data field, is used in the HHSC Medicaid match. For DSHS consumers without a Patient Control Number, the match was done on SSN, date of birth, and/or part of the name. A match on SSN could introduce error if the SSN is incorrect in program records or in the HHSC Medicaid data. Date of birth and/or part of the name was included to reduce these types of errors.

### III. AMERICAN COMMUNITY SURVEY ANALYSIS RESULTS

The American Community Survey is an on-going survey conducted by the U.S. Census Bureau that collects self-reported demographic and socioeconomic data from a sample of households large enough to produce data representative of each state. The ACS data provide statewide information on the outcome areas discussed in this report. The latest ACS data available are for calendar year 2007.<sup>25</sup>

ACS data on Texas transition-age youth are included in this report to provide context for reviewing the HHS agency outcomes. Since the different agency consumer populations are subsets of the statewide population, it is not expected that agency outcome rates would be equal to statewide outcome rates. The differences may be related to differences between the agency populations and the statewide population of youth with disabilities, such as the types and severities of disabilities, and to the receipt of agency services. Differences may also be due to the ACS measuring point-in-time responses (at the time of the survey), while some agency outcomes measure an activity occurring at any time during a reporting period, e.g. employment rates. Some differences may be due to ACS data being self-reported.

Some HHS agency outcomes include youth ages 16 through 24 years while other outcomes focus on those 18 through 24. For this reason, the Texas ACS data are presented for two groups: 16 through 24 years, and 18 through 24 years.

The Census definition of disability covers “long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities.”<sup>26,27</sup> In the 2007 ACS, about 7 percent of individuals in Texas ages 16 through 24 reported they had a disability. The proportion was about the same for individuals ages 18 through 24. These proportions indicate that Texas had about 219,000 individuals ages 16 through 24 reporting they have a disability. About 171,000 of those individuals were ages 18 through 24.

#### A. Employment by Disability Status

ACS respondents were asked if they were employed during the week prior to the interview date. The 2007 ACS employment data in this report include people who did paid work, people who did at least 15 hours of non-paid work in a family business or family farm, and

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<sup>25</sup> United States Census Bureau, 2007, American Community Survey (ACS) for Texas, Public Use Micro Data File.

<sup>26</sup> United States Census Bureau, 2007, American Community Survey (ACS), American Community Survey/Puerto Rico Community Survey 2007 Subject Definitions, 35-36.

[http://www.census.gov/acs/www/Downloads/2007/usedata/Subject\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf). Last viewed April 3, 2009.

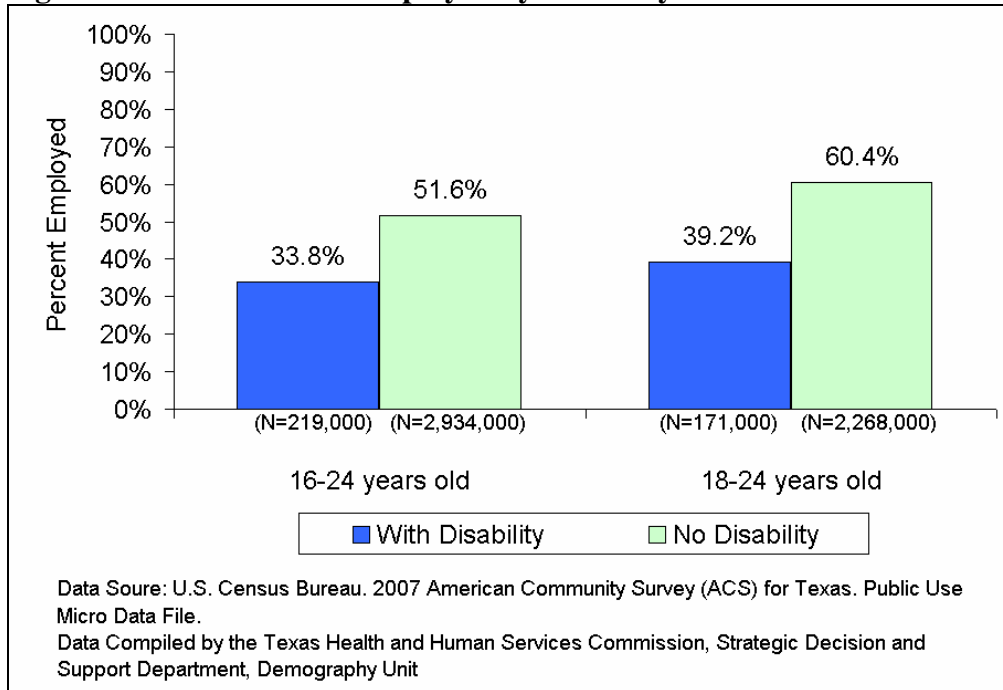
<sup>27</sup> See Appendix C for the definitions of the ACS terms used in this report.

people who were on active duty in the Armed Forces. Respondents who had a job but did not work during the prior week for personal reasons were counted as employed.<sup>28</sup>

Transition-age youth with disabilities reported being employed at much lower rates than youth with no disability (Figure 21).<sup>29</sup>

- Slightly more than one-third of youth ages 16 through 24 with disabilities reported being employed, as compared to slightly more than one-half of youth in that age group with no disability.
- Youth ages 18 through 24 with and without disabilities had higher rates of employment than youth ages 16 through 24. The disparity in employment rates between youth with disabilities and youth with no disability was slightly larger among older youth: 39 percent of older youth with disabilities are employed as compared to 60 percent of older youth with no disability.

**Figure 21. Texas Percent Employed by Disability Status**



<sup>28</sup> United States Census Bureau, 2007, American Community Survey (ACS). <http://www.census.gov/acs/www/Downloads/SQuest07.pdf>. Last viewed April 3, 2009.

<sup>29</sup> Throughout the report the Ns reported in the figures are the total number of youth on which the proportion is based. For example, 33.8 percent of the 219,000 youth with disabilities were employed.

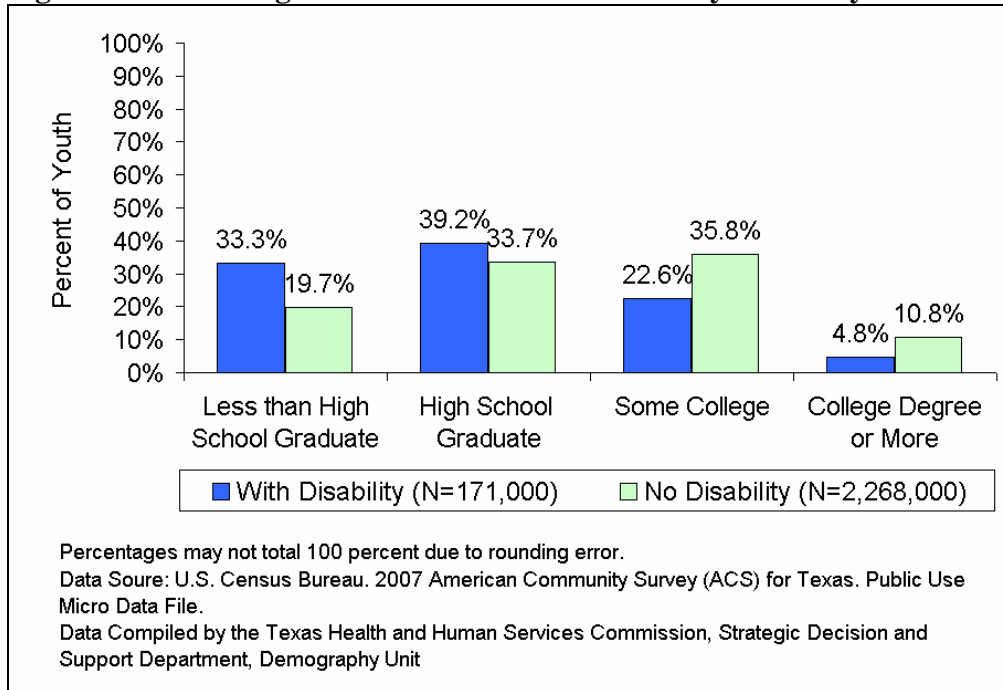
### B. Educational Attainment by Disability Status

The ACS definition of educational attainment is “the highest degree or the highest level of school completed.”<sup>30</sup>

Youth with disabilities, ages 18 through 24 reported lower high school graduation rates and lower rates of college attendance than those with no disability (Figure 22).

- Sixty-seven percent of youth with disabilities reported their highest level of education as completing high school or more, as compared to 80 percent of youth with no disability.
- Slightly more than one-quarter of youth with disabilities reported attending some college or completing college. This is about three-fifths of the college attendance rate reported by those with no disability.

**Figure 22. Texas Highest Educational Attainment by Disability Status**



<sup>30</sup> United States Census Bureau, 2007, American Community Survey (ACS), American Community Survey/Puerto Rico Community Survey 2007 Subject Definitions, 38.  
[http://www.census.gov/acs/www/Downloads/2007/usedata/Subject\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf). Last viewed April 3, 2009.

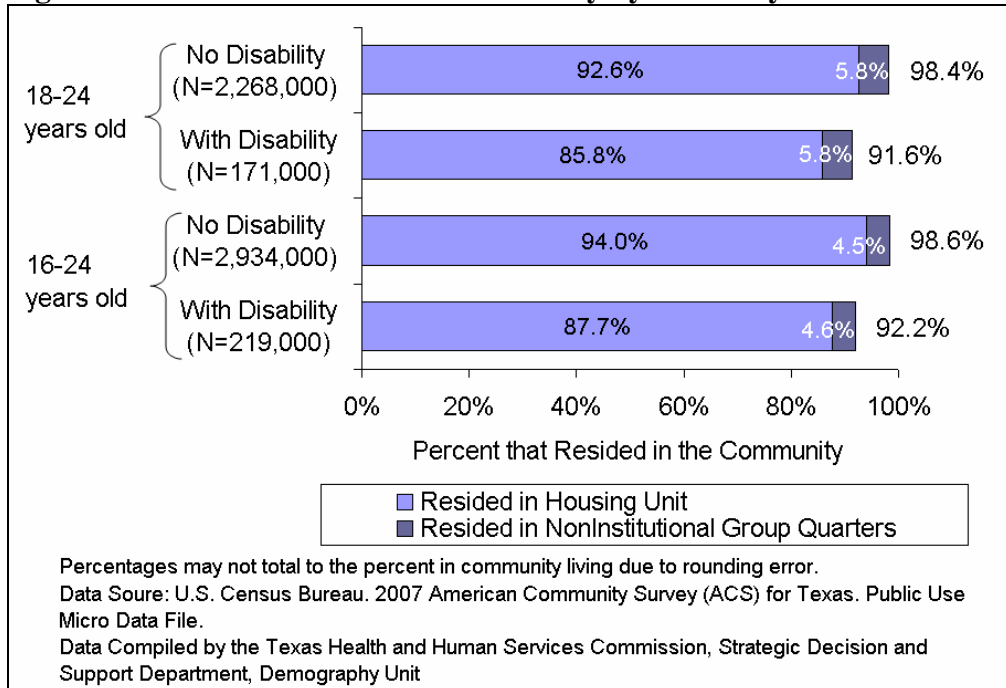
### C. Community Residence by Disability Status

The ACS classifies living quarters as either housing units or group quarters. Housing units include the following: “a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied... as separate living quarters.”<sup>31</sup> The ACS divides group quarters into institutional (“such as correctional facilities, nursing facilities, mental hospitals, and group homes for juveniles”) and non-institutional (“such as college housing, adult group homes, adult residential treatment facilities,” and emergency shelters).<sup>32,33</sup> In this report, anyone not living in institutional group quarters is considered to be living in the community.

Most youth with and without disabilities reside in the community (Figure 23).

- Among youth ages 18 through 24, 92 percent of youth with disabilities and 98 percent of youth with no disability reported residing in the community. The percent living in the community among youth ages 16 through 24 years was slightly higher for both youth with disabilities (92 percent) and youth with no disability (99 percent).

**Figure 23. Texas Percent in the Community by Disability Status**



<sup>31</sup> Ibid, 6.

<sup>32</sup> Ibid, 7.

<sup>33</sup> The classification of emergency shelter as non-institutional group quarters was found on the 2007 ACS/PRCS Group Quarters Definitions document located on the U.S. Census Bureau’s Internet site at: [http://www.census.gov/acs/www/Downloads/2007\\_ACS\\_GQ\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007_ACS_GQ_Definitions.pdf) (last viewed April 3, 2009).

There are approximately 157,000 18- through 24-year-olds with disabilities living in the community. Of those youth, 94 percent reported living in housing units rather than in non-institutional group quarters. This rate was 95 percent of the 202,000 youth with disabilities living in the community ages 16 through 24 years.

#### D. Health Insurance Coverage by Disability Status

State-level information on health insurance coverage for persons with and without a disability was not available through Census data sources such as the ACS. However, the National Health Interview Survey (NHIS) collects information for those with and without a “limitation” on the national level.<sup>34</sup> The term “limitation,” as defined in the NHIS, is similar to what the ACS defines as a disability.<sup>35</sup> As with the ACS comparisons, the national rates are provided as context for reviewing the agency health insurance rates. Differences in the rates may be associated with variance in the extents or types of coverage included, and in differing characteristics between the agency populations and the NHIS national sample of youth with limitations.

- Nationally among youth ages 16 through 24, youth with any type of limitation had similar, although slightly higher, rates of health insurance coverage as compared to rates of youth with no limitations (Table 16).

**Table 16. U.S. Percent with Health Insurance Coverage by Limitation Status**

Youth Ages 16-24 Years			
	Not Covered	Covered	Don't Know
Limited in any way	22.5%	76.8%	0.7%
Not limited	23.8%	74.8%	1.4%

Source: Centers for Disease Control, 2007 National Health Interview Survey.

<sup>34</sup> Centers for Disease Control, 2007, National Health Interview Survey (NHIS).

[http://www.cdc.gov/nchs/about/major/nhis/nhis\\_2007\\_data\\_release.htm](http://www.cdc.gov/nchs/about/major/nhis/nhis_2007_data_release.htm). Last viewed April 3, 2009.

<sup>35</sup> See Appendix D for a list of the NHIS questions used to determine if an individual has a limitation.



## IV. AGENCY OUTCOMES ANALYSIS RESULTS

HHS agencies provide a variety of services to transition-age youth. This section of the report presents outcomes of these services and other relevant information about the youth served by each HHS agency. These outcomes are related to a successful transition into adulthood, and should not be considered performance outcomes of specific agency services.

### A. Department of Aging and Disability Services (DADS)

This summary provides outcome information for DADS transition-age consumers (youth ages 16 through 24 with physical and/or cognitive disabilities) enrolled in long-term care services during SFY07 or SFY08. The DADS outcomes described in this report include employment, community residence, and health insurance coverage.

#### DADS Employment Services

DADS offers employment services to consumers ages 16 through 24 in the following Medicaid and state general-revenue-funded long-term care programs.<sup>36</sup>

- Intermediate Care Facilities for Persons with Mental Retardation (including state schools)
- General revenue services provided by local Mental Retardation Authorities
- Medicaid waiver programs
  - Home and Community-Based Services (HCS)
  - Texas Home Living
  - Community Living Assistance and Support Services
  - Deaf-Blind Multiple Disabilities
  - Consolidated Waiver Program

DADS employment services provide either group skills training in the form of enclaves or sheltered workshops (prevocational services and vocational training), or individualized job search and on-the-job support (employment assistance and supported employment) that result

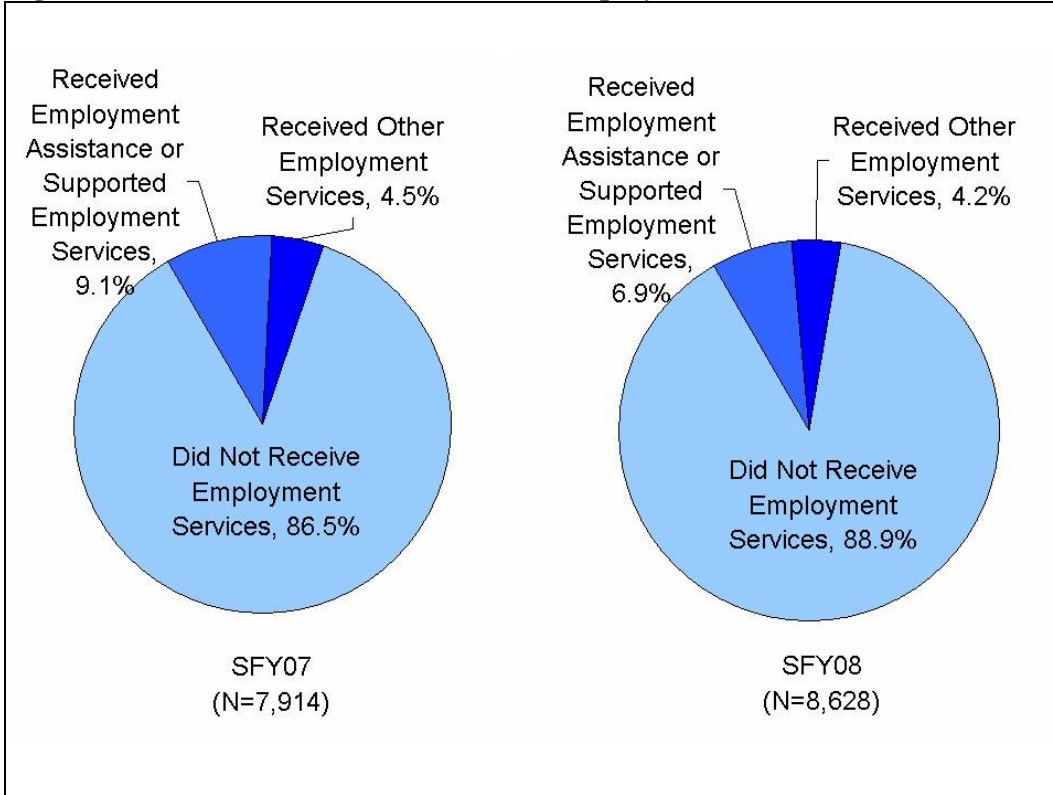
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<sup>36</sup>There were 3,657 SFY07 transition-age consumers and 2,636 SFY08 transition-age consumers who were enrolled in DADS programs that do not offer employment services. These programs include: Nursing Facilities, Hospice, Community Based Alternatives, Medically Dependent Children's Program, Primary Home Care, Community Attendant Services, Day Activity and Health Services, Adult Foster Care, Consumer-Managed Personal Attendant Services, Day Activities and Health Services, Emergency Response Services, Family Care, Home Delivered Meals, Residential Care and Special Services for Persons with Disabilities.

in employment in the community.<sup>37</sup> In this analysis, the DADS employment services outcome measures the percent of transition-age consumers enrolled in these programs during the state fiscal year that received employment services during that year (Figure 24).

- Of the 7,914 transition-age consumers enrolled in programs that offer employment services in SFY07, 14 percent received employment services. In SFY08, 8,628 transition-age consumers were enrolled in programs that offer employment services, and 11 percent received employment services.<sup>38</sup>

**Figure 24. DADS Percent that Received Employment Services**



The majority of the transition-age consumers who received employment services received employment assistance or supported employment services (67 percent of the 1,072 youth who received employment services in SFY07 and 62 percent of the 957 youth who received employment services in SFY08).

<sup>37</sup>DADS offers day habilitation services, which provide more generalized group skills training than employment services but may also include paid work. Transition-age day habilitation consumers who did not also receive employment services were excluded from the count of transition-age youth receiving employment services. Although some of those excluded were employed at the day habilitation site and therefore received employment services, information on whether consumers were employed at a day habilitation site was not available. There were 2,466 SFY07 and 2,623 SFY08 day habilitation consumers excluded from this measure.

<sup>38</sup> Including all day-habilitation consumers, the percent of all transition-age consumers receiving employment services was 10 percent in SFY07 and 9 percent in SFY08. Although the denominators for these percentages are more accurate because they include all DADS transition-age long-term care consumers, the rates are underestimates because the numerators do not include consumers in paid work at the day-habilitation site.

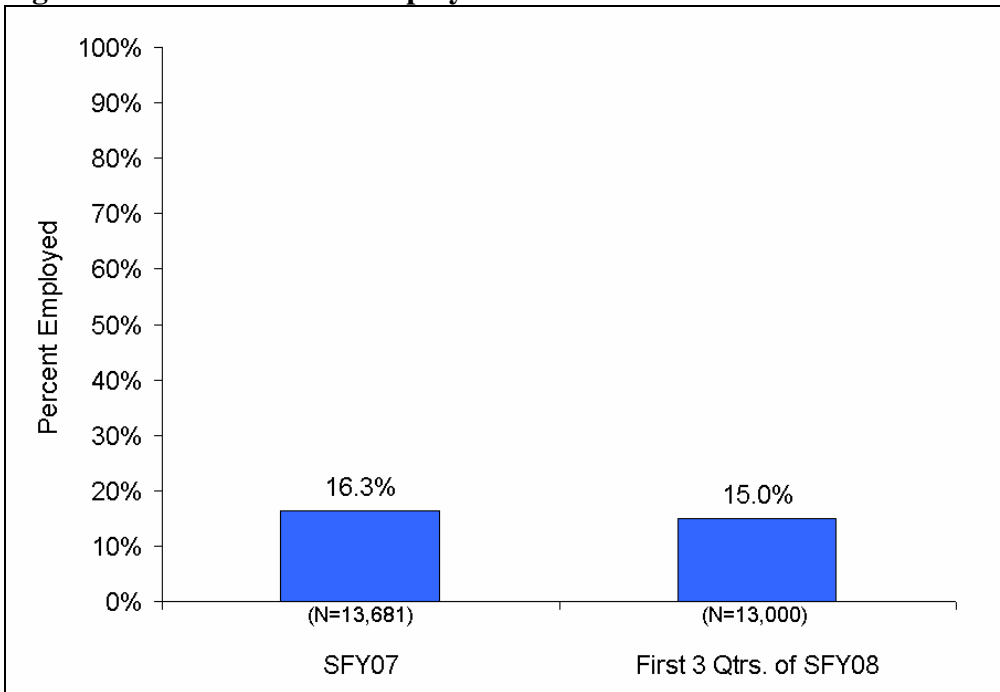
### DADS Employment and Employment Retention

The DADS employment rate is based on a data match of DADS transition-age consumers during the state fiscal year to the UI wage record.<sup>39</sup> A consumer was considered to be employed if he or she was found on the UI wage record in at least one calendar quarter that included a month when the consumer was enrolled in a DADS long-term care program.

Employment rates are reported for two reporting periods: SFY07 and the first three quarters of SFY08 (Figure 25).

- In SFY07, 16 percent of DADS transition-age consumers were employed according to the criteria used in this analysis. The employment rate for the first three quarters of SFY08 was 15 percent.
- DADS employment rates in SFY07 and in the first three quarters of SFY08 were about half of the ACS-reported 2007 employment rate for Texas youth (ages 16 through 24) with disabilities (34 percent). However, since DADS consumers must meet a relatively high threshold of disability to be eligible for services, requiring a significant level of support, they likely face greater barriers to employment.

**Figure 25. DADS Percent Employed**

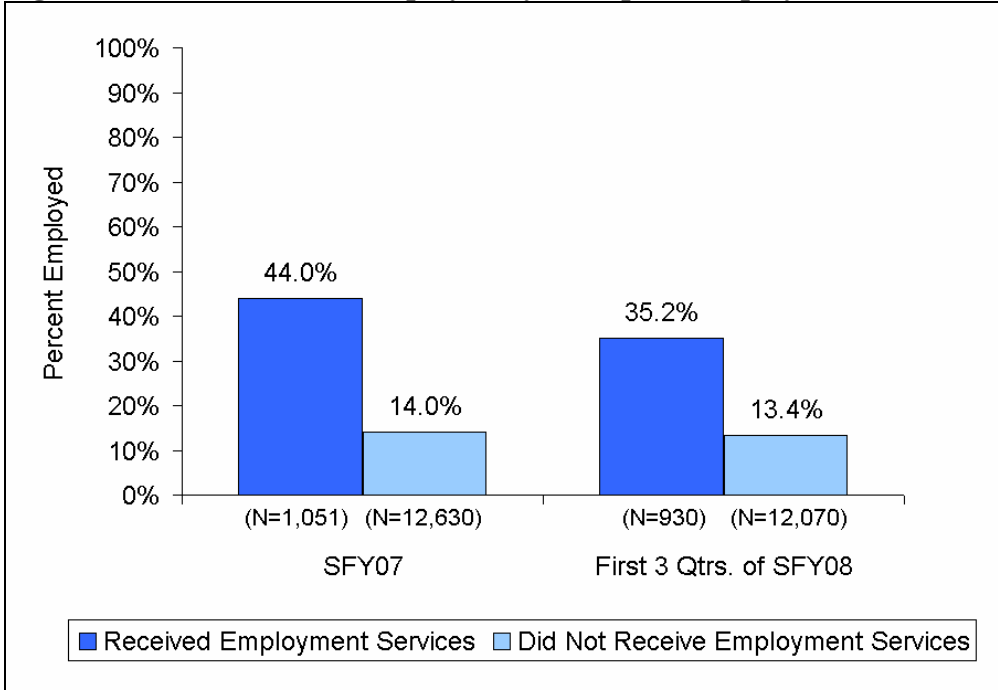


For transition-age youth, the employment rates were about triple for DADS consumers receiving employment services than for the DADS consumers who did not receive employment services (Figure 26). However, these outcomes cannot be attributed solely to receiving employment services. The consumers who received employment services might

<sup>39</sup> The match is done by SSN. There were 249 SFY07 consumers and 300 consumers enrolled in the first three quarters of SFY08 excluded from the analysis because of a missing SSN.

have been more likely to become employed even if they had not received employment services. For example, in the HCS program, the consumer must already be employed to receive assistance in maintaining their job (a type of employment service).

**Figure 26. DADS Percent Employed by Receipt of Employment Services**



The employment retention outcome measures the number of consumers who matched to the UI wage record in the two quarters following the quarter during which the consumer became employed according to the employment outcome criteria. Employment retention is reported for those employed in SFY07 and in the first quarter of SFY08.

The majority of transition-age consumers were employed in both of the two quarters following the quarter in which the consumer became employed.

- Among the 2,228 consumers employed in SFY07, 66 percent were employed in the two subsequent quarters.
- Among the 1,464 consumers employed in the first quarter of SFY08, the employment retention rate was slightly higher than for SFY07 (69 percent).

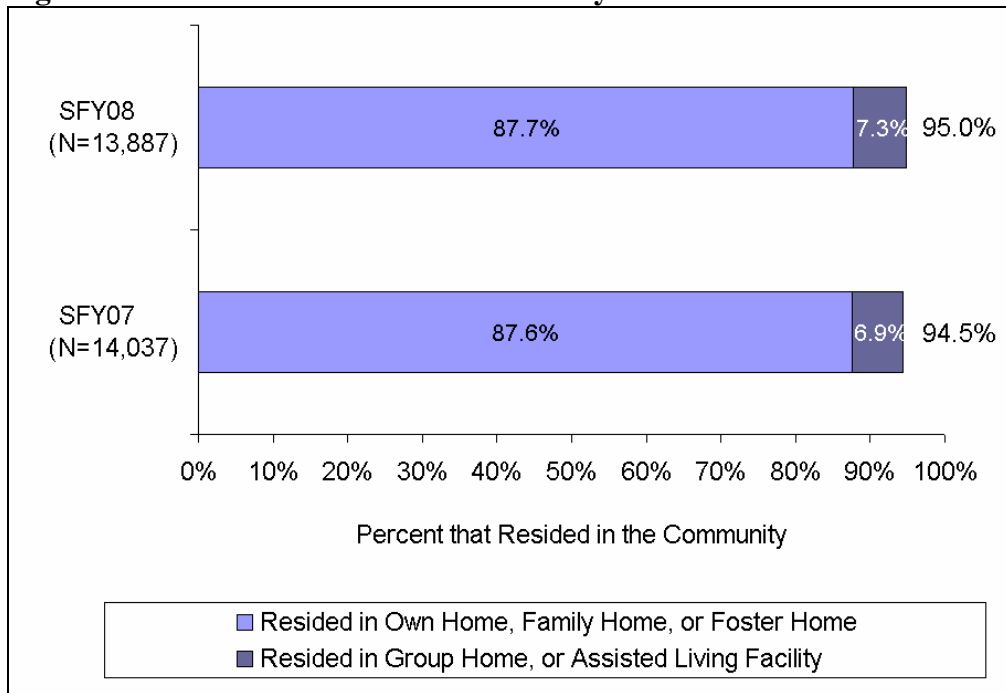
**DADS Community Residence**

DADS consumers who reside in their own homes, family homes, foster homes, group homes, or assisted living facilities are considered to be living in the community. Other DADS consumers live in institutions. An institution is defined as an intermediate care facility for persons with mental retardation (ICF/MR), nursing facility, correctional facility, or substance abuse treatment center.

This outcome measures the percent of DADS transition-age consumers whose most recent living arrangement was in the community (Figure 27).

- In SFY07 and SFY08, most DADS transition-age consumers resided in the community. In both SFY07 and SFY08, 95 percent of transition-age long-term care consumers resided in the community.
- The percent of DADS transition-age consumers living in the community was about the same as the ACS reported rate (92 percent) of youth with disabilities ages 16 through 24 years living in the community. However, there are differences in the way living arrangements are classified as community and institutional living.<sup>40</sup>

**Figure 27. DADS Percent in the Community**



Among the 13,270 consumers who resided in the community, 93 percent lived in their own homes, family homes, or foster homes in SFY07. This rate was 92 percent of the 13,197 consumers who resided in the community in SFY08.

### DADS Health Insurance Coverage

The DADS health insurance coverage outcome measures the proportion of DADS transition-age consumers reported in DADS records as having privately- or publicly-funded health insurance. As mentioned previously, private coverage is likely to be known only if it covers

<sup>40</sup> Certain types of living arrangements were classified as community living by DADS and as institutional living by ACS (e.g., non-correctional group homes for juveniles).

the requested DADS services. Therefore, the health insurance coverage outcome is likely to be an underestimate of those with coverage for acute care services.

In SFY07 and in SFY08, more than 60 percent of DADS transition-age consumers were known to have health insurance coverage (Table 17).

- Both the SFY07 and SFY08 rates of DADS transition-age consumers with health insurance coverage for their needed DADS services were 63 percent.
- The DADS health insurance rates were lower than national health insurance coverage rates reported in the 2007 NHIS, where 77 percent of youth ages 16 through 24 with “limitations” had coverage in calendar year 2007.

**Table 17. DADS Percent with Health Insurance Coverage**

	SFY07 Percent (N=14,037)	SFY08 Percent (N=13,887)
Had Health Insurance Coverage <sup>1</sup>	63.4%	62.6%

<sup>1</sup> Health insurance coverage includes privately- or publicly-funded health insurance that covers the needed DADS long-term care services.

## **B. Department of Assistive and Rehabilitative Services (DARS)**

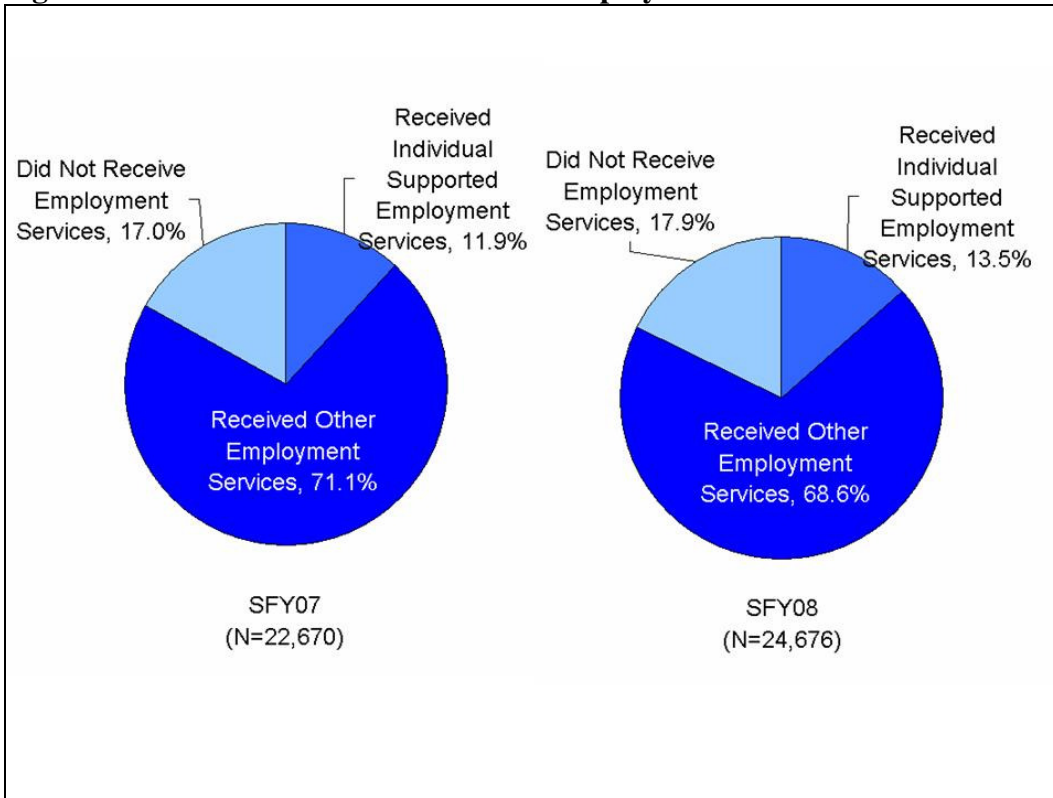
This summary provides outcome information for transition-age youth (ages 16 through 24) who participated in DARS VR programs in SFY07 or SFY08. Unless otherwise noted, all statistics included here refer only to this subset of the entire DARS consumer population. DARS has two VR programs. The General VR program serves individuals with physical and/or cognitive disabilities, and the Blind VR program serves those with visual disabilities. To be a VR “participant,” a consumer must have applied, been determined eligible, and received planned VR services under an Individualized Plan for Employment (IPE). Outcomes for transition-age youth described in this report include employment, receipt of funding for post-secondary education, community residence, and health insurance coverage.

### **DARS Employment Services**

DARS is the largest provider of employment services among HHS agencies. There were 22,670 transition-age consumers eligible for VR services in SFY07 and 24,676 eligible in SFY08. The DARS employment services outcome presents transition-age VR participants who received employment services as a proportion of all transition-age consumers determined eligible for VR (Figure 28).

- In both years, more than 80 percent of transition-age consumers eligible for VR services received VR employment services (83 percent in SFY07 and 82 percent in SFY08).

**Figure 28. DARS Percent that Received Employment Services**



Among the transition-age consumers who received VR employment services in SFY07, 14 percent received individual supported employment services. The rate was slightly higher in SFY08 (16 percent). The remainder typically received other VR services appropriate for their needs.

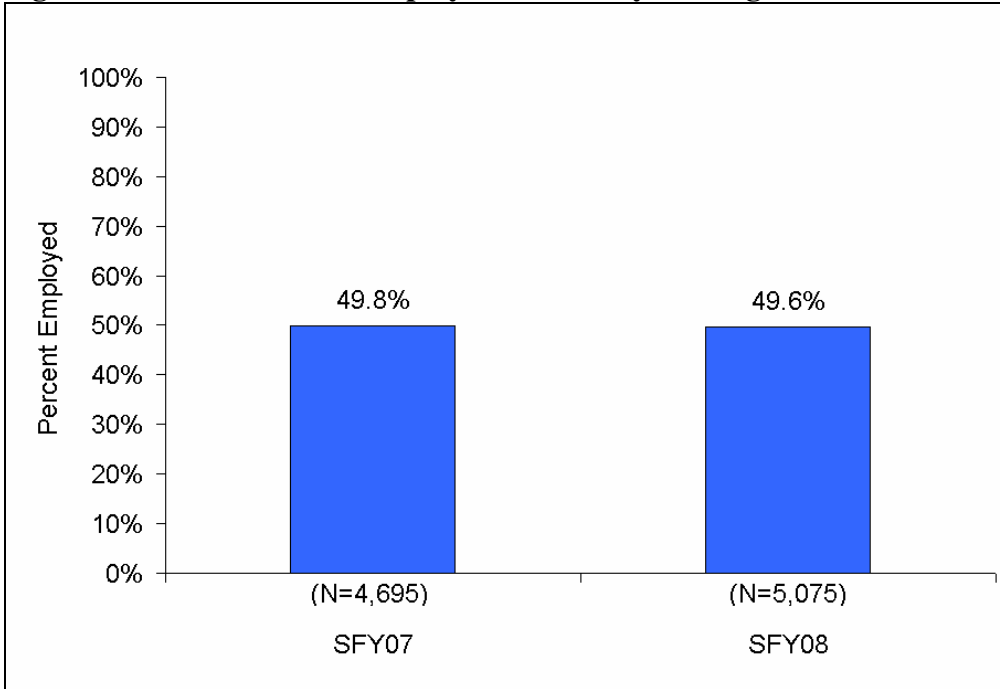
### **DARS Employment and Employment Retention**

DARS requires that supported employment and regular employment placements are paid at least minimum wage. The DARS employment rate is the number of transition-age VR participants with “successful” case closures as a proportion of all VR participants with cases closed for any reason. A “successful” closure occurs when the participant maintains competitive employment (minimum wage or above) for 90 days. A participant’s case can also be closed for other reasons, such as the consumer fails to cooperate with the program guidelines, the consumer refuses services, or the consumer is institutionalized and not available to participate in the program. DARS transition-age employment rates are presented in Figure 29.

- In both SFY07 and SFY08, about half of all transition-age case closures were “successful.”

- DARS SFY07 and SFY08 transition-age employment rates are 1.5 times that of the ACS-reported employment rates for Texas youth with disabilities for calendar year 2007 (34 percent), even though all DARS transition-age participants counted as “employed” also met the additional requirement of maintaining employment at or above minimum wage for 90 days.

**Figure 29. DARS Percent Employed for 90 Days among those with a Case Closure**



The DARS employment retention outcome reports the proportion of transition-age VR participants with “successfully” closed cases found on the UI wage records for a minimum of two quarters: the quarter when the case met the 90-day retention requirement and was closed, and the quarter following closure. Employment retention is reported for DARS VR participants employed with cases successfully closed in SFY07, and for those with cases successfully closed in the first or second quarter of SFY08.

The employment retention rate was high for transition-age VR participants with successful case closures.

- Ninety-four percent of transition-age VR participants with successful case closures in SFY07 were found in the UI wage records during the quarter the case met the DARS 90-day retention requirement and was closed, and also found in the UI wage records the following quarter.
- Employment retention was 93 percent for transition-age VR participants whose case was closed during the first two quarters of SFY08.



**DARS Post-Secondary Education Funding**

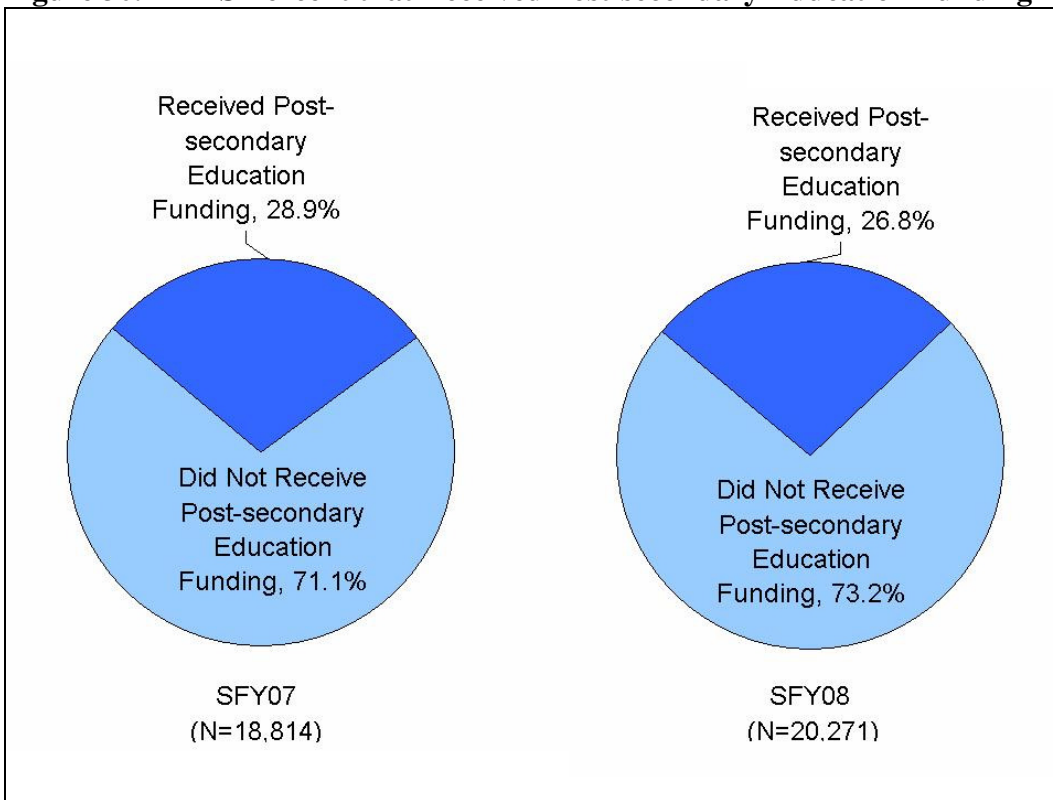
DARS offers funding for post-secondary education to VR participants if it is required for achieving their vocational goals. Consumers can use DARS post-secondary educational funding for:

- tuition & fees for academic, vocational, correspondence or other non-degree training;
- room/board for academic or vocational training; or
- books, equipment, supplies, tools, or uniform items for academic or vocational training.

This DARS outcome provides the proportion of DARS transition-age VR participants that received DARS funding for post-secondary education (Figure 30).

- In SFY07, 29 percent of DARS transition-age VR participants received post-secondary education funding. This rate is similar to SFY08, when 27 percent received funding.

**Figure 30. DARS Percent that Received Post-secondary Education Funding from DARS**



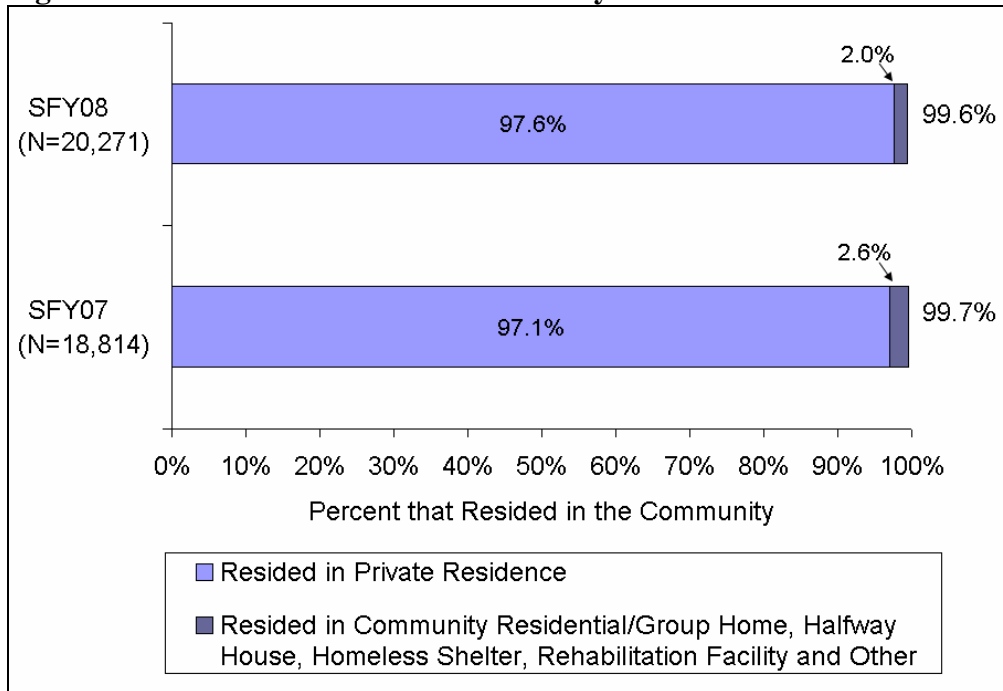
**DARS Community Residence**

DARS collects data on a consumer’s current living arrangement at application and at case closure. Consumers who reside in a community residential group home, halfway house, homeless shelter, private residence, a rehabilitation facility, or other type of residence (such

as a school dormitory or acute-care nursing facility) are considered to be living in the community. An institution is defined as an ICF/MR, state school, nursing facility, mental health facility, or substance abuse treatment center. This measure reports the most recent living arrangement for transition-age VR participants (Figure 31).

- Nearly all DARS transition-age VR participants lived in the community and not in an institution.
- The percent of DARS transition-age VR participants living in the community during SFY07 and SFY08 is slightly higher than the ACS estimate that 92 percent of Texas 16-through 24-year-olds with disabilities were living in a community setting in calendar year 2007. Part of the difference is probably due to the way the living arrangements are classified as community and institutional living.<sup>41</sup>

**Figure 31. DARS Percent in the Community**



Among the DARS transition-age VR participants who lived in the community, the large majority resided in a private home (97 percent of the 18,749 DARS transition-age VR participants who lived in the community in SFY07 and 98 percent of the 20,195 DARS transition-age VR participants who lived in the community in SFY08).

<sup>41</sup> Certain types of living arrangements were classified as community living by DARS and as institutional living by ACS (e.g., non-correctional group homes for juveniles).

**DARS Health Insurance Coverage**

The DARS health insurance coverage outcome reports the proportion of transition-age VR participants with private or publicly-funded health insurance coverage (Table 18). DARS collects information about a consumer’s health insurance coverage at application, VR case closure, and whenever DARS provides a service that might be covered if the participant had insurance. Therefore, a VR participant’s information is not always up-to-date.

- About 38 percent of DARS transition-age VR participants had privately- or publicly-funded health insurance.
- The DARS health insurance coverage rates are half that of the 2007 NHIS-reported national health insurance coverage rates for 16- through 24-year-olds with limitations (77 percent).

**Table 18. DARS Percent with Health Insurance Coverage**

	SFY07 Percent (N=18,814)	SFY08 Percent (N=20,271)
Had Health Insurance Coverage	38.4%	38.3%

**C. Department of Family Protective Services (DFPS)**

This summary provides employment, receipt of funding for post-secondary education, community residence, and health insurance coverage outcome information for transition-age youth under DFPS legal responsibility who exited DFPS substitute care (including Foster Care) and were identified as having at least one physical, cognitive, behavioral, or mental disability. DFPS legal responsibility ends when the youth turns 18. Therefore, the oldest youth included in the DFPS outcomes were 18 years of age at the time of exit from substitute care.<sup>42</sup> In both SFY07 and SFY08, transition-age youth (ages 16 through 18 years) with disabilities comprised 47 percent of all transition-age youth who exited DFPS substitute care.

**DFPS Transitional Services**

DFPS provides transitional living services such as Preparation for Adult Living (PAL) to youth who are currently or were formerly in Foster Care. PAL Services include independent living skills assessments, time-limited financial help, basic self-help skills, life skills development and training in areas such as health and safety, housing and transportation, job readiness, financial management, life decisions/responsibilities, and personal/social

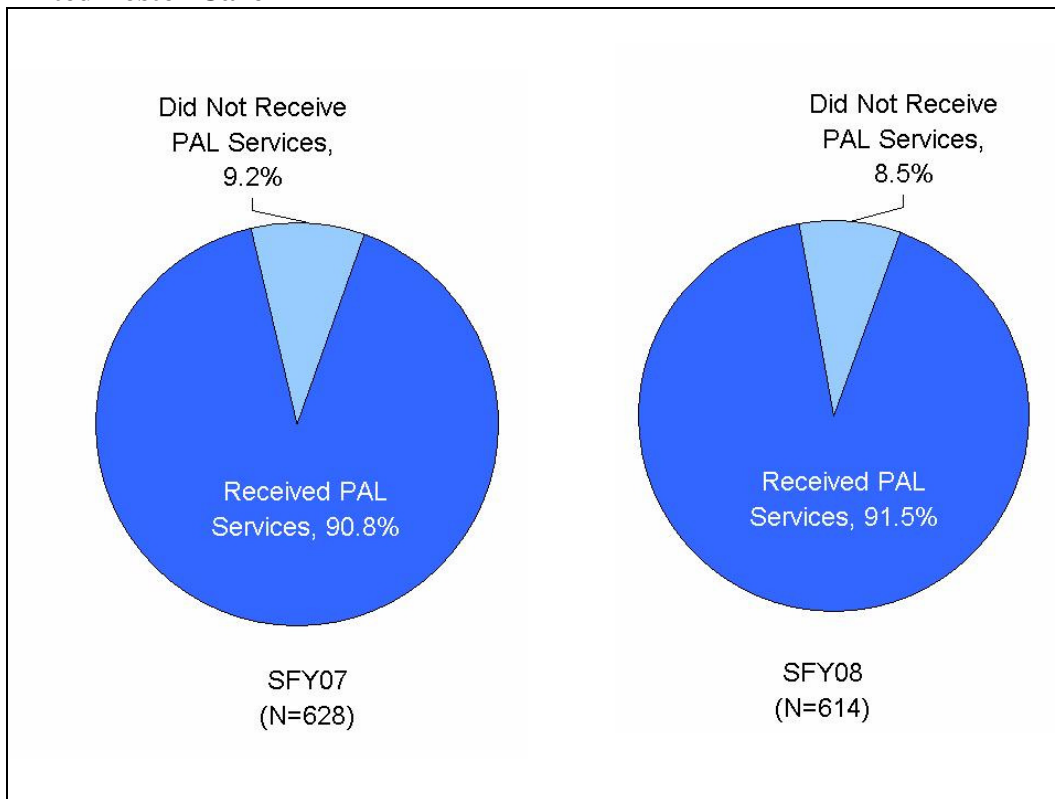
<sup>42</sup> Youth can voluntarily stay in substitute care up to age 22 to complete educational-related goals, but are no longer under DFPS legal responsibility. These youth were not included in the DFPS outcomes. The numbers of youth over the age of 18 years at the time of exit and excluded from the analysis are as follows: 22 youth in SFY05, 7 youth in SFY06, 15 youth in SFY07, and 2 youth in SFY08.

relationships. Youth in DFPS-paid Foster Care are the target population for PAL services. This outcome measures the proportion of youth exiting Foster Care who received PAL services. This outcome excludes youth in other types of substitute care because reception of PAL services is contingent on the availability of funding.<sup>43</sup>

Most of transition-age (ages 16 through 18 years) youth with disabilities exiting Foster Care received PAL services during the same year as their exit (Figure 32):

- In SFY07, 91 percent of the 628 youth exiting foster care received PAL services in the year of their exit.
- In SFY08, 92 percent of the 614 youth exiting foster care received PAL services in the year of their exit.

**Figure 32. DFPS Percent that Received PAL Services among those with Disabilities who Exited Foster Care**



<sup>43</sup> Youth in other types of substitute care are eligible to receive PAL services if funding for those services is available. Other types of substitute care include Kinship Care, DFPS Adoptive Homes, Private Agency Adoptive Homes, Independent Living situations, and other living arrangements (e.g., no living arrangement recorded, unauthorized absence, abducted, unauthorized placement, and runaway). There were 377 youth in SFY07 who exited other substitute care and were ages 16 through 18 at exit, and 428 youth in SFY08.

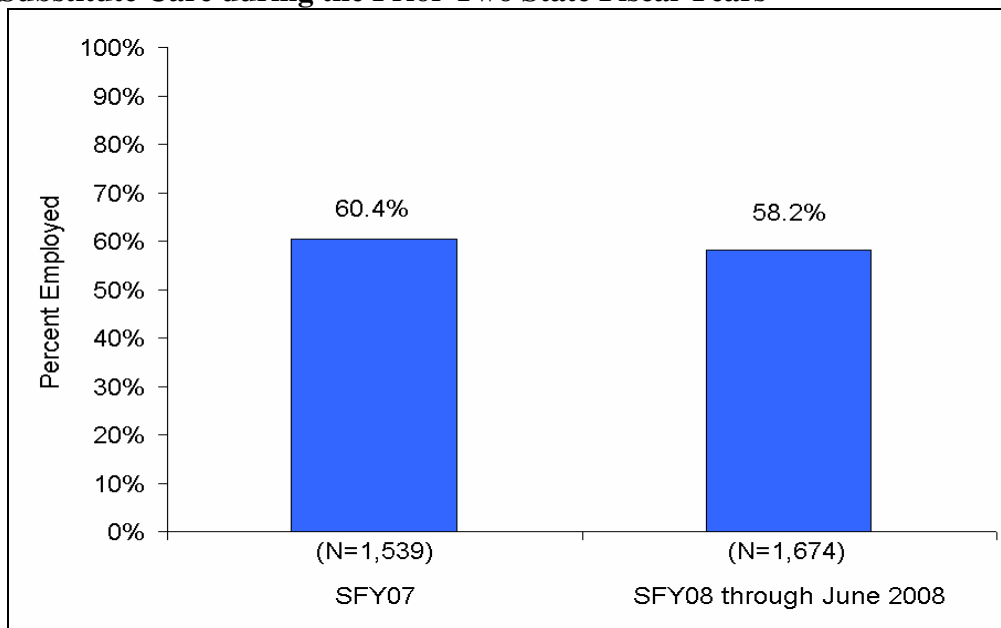
**DFPS Employment and Employment Retention**

The DFPS employment outcome measures employment among DFPS youth with disabilities who exited substitute care during the two state fiscal years prior to the reporting period and were age 18 at exit.<sup>44</sup> The outcome is based on a data match to the UI wage record data.<sup>45</sup> DFPS youth were considered employed if they were found on the UI wage record during any calendar quarter included in the reporting period. SFY07 employment rates were reported for youth who exited substitute care in SFY05 and SFY06. Employment rates were reported for SFY08 through June 2008 for youth who exited substitute care in SFY06 and SFY07.

More than half of the youth (age 18) with disabilities who exited substitute care during the two prior years were employed at some time during the reporting period (Figure 33).

- 60 percent of the youth who exited substitute care in SFY05 and SFY06 were employed at some time during SFY07.
- 58 percent of the youth who exited substitute care in SFY06 and SFY07 were employed at some time in SFY08 through June 2008.
- The DFPS employment rates for SFY07 and SFY08 were 1.5 times that of the ACS reported calendar year 2007 employment rates among Texas youth with disabilities ages 18 through 24 (39 percent).

**Figure 33. DFPS Percent Employed among those with Disabilities who Exited Substitute Care during the Prior Two State Fiscal Years**



<sup>44</sup>Youth who were under DFPS legal responsibility and exited substitute care at age 18 years are those aging out of substitute care and therefore likely to be transitioning to independent living.

<sup>45</sup> The data match used SSN. Youth with no SSN were excluded from the UI wage match. There were a total of 20 people for SFY07 and 20 for SFY08 who met the age criteria at exit but had no SSN to use in matching to the wage data.

The employment retention outcome measures the number of youth who had at least one UI wage record in both of the two quarters following the quarter during which the youth became employed according to the employment outcome criteria. Employment retention is reported for those employed in SFY07, and for those employed in SFY08 through December 2007.

More than half of the employed youth were employed in both of the two quarters following the quarter in which they became employed. This includes:

- 58 percent of those who became employed in SFY07, and
- 55 percent of those who became employed in SFY08 through December 2007.

### **DFPS Post-Secondary Education**

The Texas Education and Training Voucher Program (ETV) is a federally-funded grant program administered by the DFPS Child Protective Services Division. An eligible youth up to age 23 attending postsecondary educational or vocational training may receive assistance of up to \$5,000 per academic year to cover costs for residential housing, transportation, books, supplies, food, utilities, child care, and certain other expenses.<sup>46</sup> In Texas, ETV dollars stretch farther for eligible youth because Texas gives persons formerly in state foster care an exemption from payment of tuition and fees at Texas state-supported institutions of higher education.<sup>47</sup> This outcome measures the proportion of transition-age youth (age 18) with disabilities exiting substitute care who received an ETV during the same state fiscal year as their exit. This measure underestimates the number of youth with disabilities receiving the ETV voucher because it does not include those who receive an ETV after the fiscal year in which they exited substitute care. The data are based on the results of a follow-up survey. The overall response rate for the PAL follow-up survey (all youth with and without disabilities) was 76 percent in SFY07 and 74 percent in SFY08.<sup>48</sup>

PAL follow-up survey results indicate that a limited number of transition-age youth with disabilities exited substitute care and received an ETV during the same year as their exit (Figure 34).

- In SFY07, 16 youth (2 percent of those exiting substitute care) received an ETV.
- In SFY08, 13 youth (2 percent of those exiting substitute care) received an ETV.

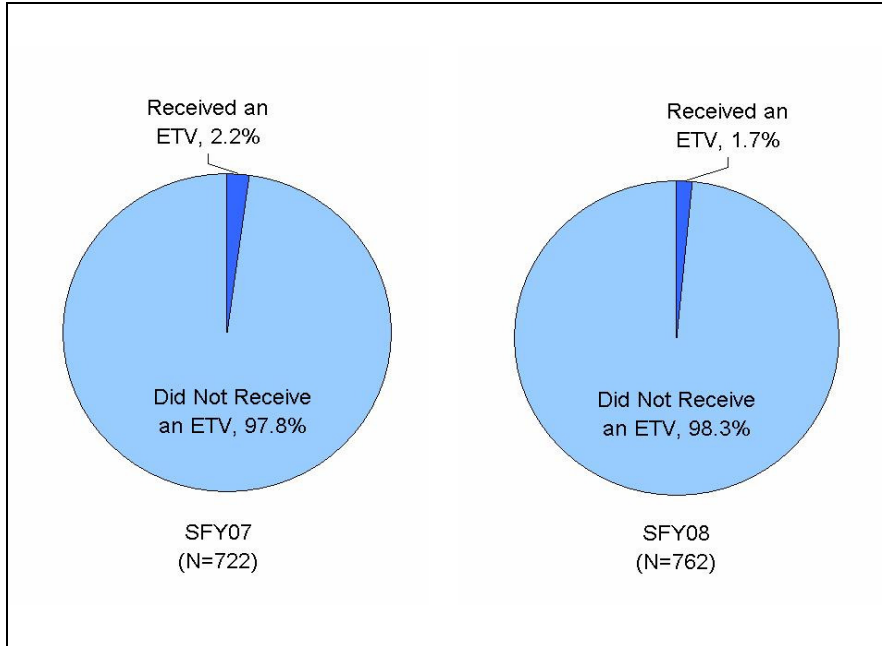
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<sup>46</sup> Detailed information about the Texas ETV Program can be found on the DFPS website at: [http://www.dfps.state.tx.us/Child\\_Protection/Transitional\\_Living/default.asp](http://www.dfps.state.tx.us/Child_Protection/Transitional_Living/default.asp) (last viewed April 3, 2009).

<sup>47</sup> The Texas tuition fee waiver program is Section 54.211 of the Texas Education Code.

<sup>48</sup> In SFY07, 1,126 youth responded of the 1,483 youth contacted. In SFY08, 875 youth responded of the 1,185 youth contacted.

**Figure 34. DFPS Percent that Received an ETV among those with Disabilities who Exited Substitute Care**



### DFPS Community Residence

The DFPS community residence outcome measures the proportion of transition-age youth with disabilities (ages 16 through 18) exiting substitute care whose last placement before exiting was in a community living arrangement rather than an institution.<sup>49</sup> Community living is defined as DFPS foster homes, private Child Placing Agencies and independent homes, kinship, DFPS adoptive homes, private adoptive homes, or living on their own. An institution is defined as a General Residential Operation child care only, residential treatment center, emergency (shelter services), and other foster care (including state hospitals, state schools, TYC facilities, and ICF/MRs).

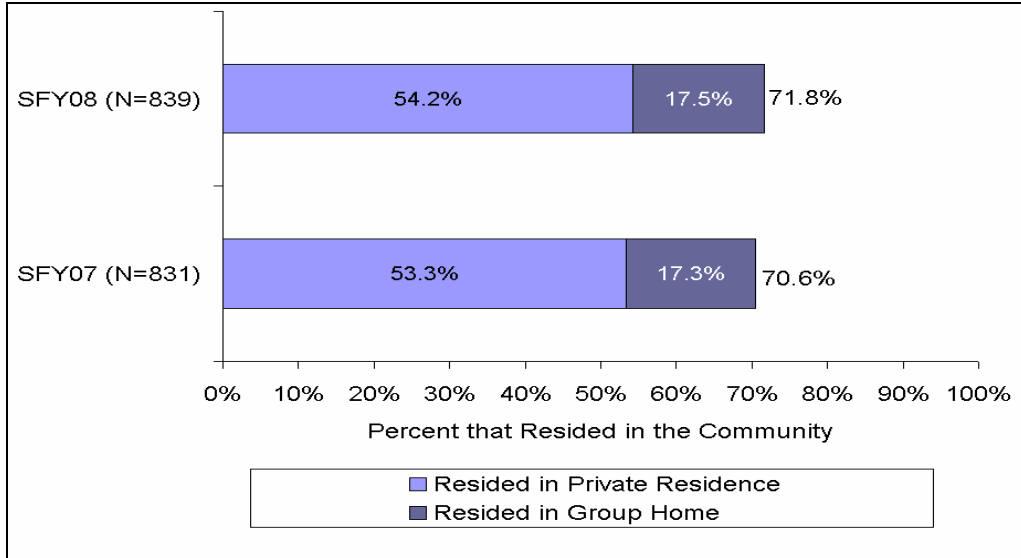
Most transition-age youth with disabilities exiting substitute care resided in the community immediately before their exit (Figure 35).

- About 71 percent of those who exited substitute care in SFY07 resided in the community immediately before their exit.
- About 72 percent of those who exited substitute care in SFY08 resided in the community immediately before their exit.

<sup>49</sup> The last placement before exit from substitute care provides the most current and complete data on living arrangement. The category "other living arrangements" was excluded from the community residence outcome analysis. This category includes youth whose last placement before exit was recorded as one of the following: no living arrangement recorded, unauthorized absence, abducted, unauthorized placement, or runaway.

- The DFPS community-living rates are lower than the ACS-reported 92 percent of Texas youth with disabilities ages 18 through 24 living in the community for calendar year 2007. Part of the difference is probably due to the way the living arrangements are classified as community and institutional living.<sup>50</sup>

**Figure 35. DFPS Percent in the Community among those with Disabilities who Exited Substitute Care**



Among the 587 transition-age youth with disabilities who resided in the community immediately before their exit, 75 percent resided in a private residence in SFY07. This rate was 76 percent of the 602 transition-age youth with disabilities who resided in the community immediately before their exit in SFY08.

### DFPS Health Insurance Coverage

Virtually all youth in DFPS legal conservatorship are eligible for Medicaid while in substitute care. The DFPS health insurance coverage outcome measures the proportion of transition-age youth (ages 16 through 18) with disabilities exiting substitute care that had Medicaid health insurance coverage after exiting.<sup>51</sup> SFY07 Medicaid coverage rates were reported for youth who exited substitute care in SFY05 and SFY06. SFY08 Medicaid coverage rates were reported for youth who exited substitute care in SFY06 and SFY07.

In both SFY07 and SFY08, more than 70 percent of the youth with disabilities who exited substitute care during the two prior state fiscal years had Medicaid coverage (Table 19).

- Of the 2,188 DFPS youth who exited substitute care during SFY05 and SFY06, 71 percent had Medicaid coverage in SFY07.

<sup>50</sup> For example, DFPS classified emergency shelter as institutional living while ACS considered it as community living. Also, ACS classified non-correctional group homes for juveniles as institutional living while DFPS classified them as community living

<sup>51</sup> Data were matched by Patient Control Number (PCN). Youth with no PCN were excluded from the match. Eight youth were excluded from the SFY07 analysis and three youth were excluded from the SFY08 analysis.



- Of the 2,393 DFPS youth who exited substitute care during SFY06 and SFY07, 73 percent had Medicaid coverage in SFY08.<sup>52</sup>

**Table 19. DFPS Percent with Medicaid Health Insurance Coverage among those with Disabilities who Exited Substitute Care during the Prior Two State Fiscal Years**

	SFY07 Percent Among SFY05- SFY06 Exits (N=2,188)	SFY08 Percent Among SFY06- SFY07 Exits (N=2,393)
Had Medicaid Health Insurance Coverage	71.0%	72.9%

### D. Department of State Health Services (DSHS)

This summary provides outcome information in the areas of employment, community residence, and health insurance coverage for transition-age consumers enrolled in a mental health service package or who received a mental health service from DSHS mental health clinics or from providers contracted by the Local Mental Health Authorities (LMHAs) during SFY07 and SFY08.<sup>53</sup> The DSHS data exclude those receiving services in institutional settings (e.g., state hospitals).

#### DSHS Employment Services

DSHS offers a supported employment services program as a part of the team-based psychosocial rehabilitative packages provided by LMHAs and to those in less intense service packages who indicate a need for supported employment. Even though supported employment is offered to all mental health consumers, enrollment is limited due to a lack of resources. In this program, consumers may receive assistance with employment activities such as training in skills needed for job searching and interviewing, and DSHS may advocate for consumers with potential employers. DSHS also partners with DARS and TWC to support an individual’s successful employment.

DSHS administers the Uniform Assessment, which includes the Texas Recommended Assessment Guidelines (TRAG) to mental health consumers. The TRAG “employment problem score” describes the degree to which employment is a problem for consumers. DSHS uses the TRAG to ensure consumers are receiving appropriate services and to track the outcomes of services delivered. This DSHS employment services outcome focuses on

<sup>52</sup> SFY08 Medicaid data were not finalized at the time of the analysis (December 2008). Results would be expected to be slightly different after the data were finalized.

<sup>53</sup> The employment, employment retention, health insurance coverage outcomes include all consumers enrolled in a mental health service package or who received a mental health service. The employment services and housing instability outcomes include only consumers who received a comprehensive Texas Recommended Assessment Guidelines (TRAG).

transition-age (ages 18 through 24) consumers enrolled in a mental health service package whose most recent TRAG employment problem score was “moderate,” “significant,” or “high.” In the September 2007 User’s Manual for the Adult Texas Recommended Guidelines, those employment scores were defined as follows.

***Moderate*** - Unstable employment as indicated by 90 to 180 days of regular community employment in three or more jobs in the past year.

***Significant*** - Substantial barriers to employment as indicated by 1 to 90 days of regular community employment in the past year regardless of the number of jobs.

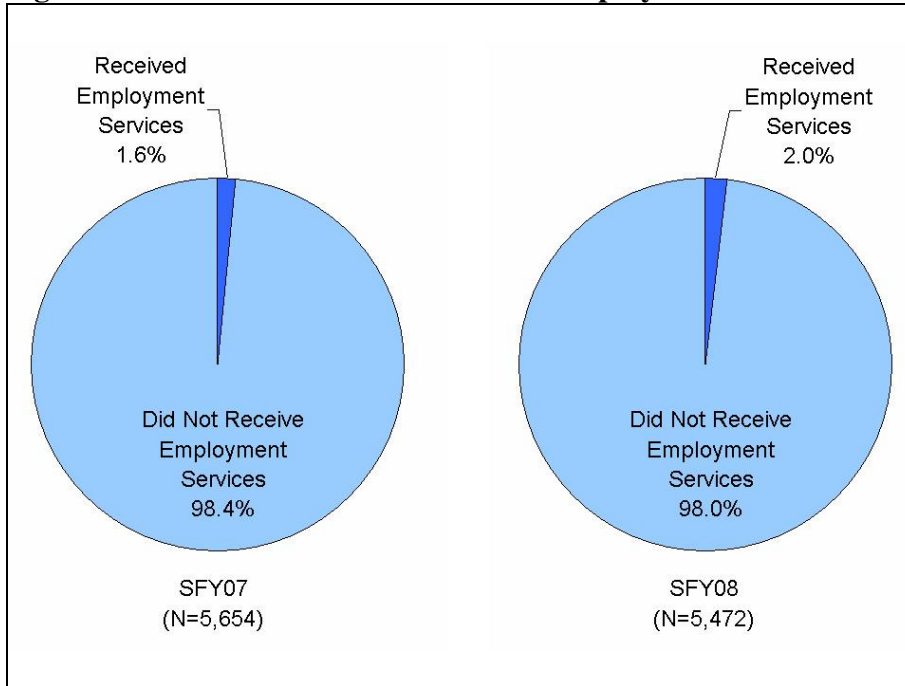
***High*** - No employment is likely without support as indicated by 0 days of regular community employment in the past year.<sup>54</sup>

Of the transition-age (ages 18 through 24) mental health consumers with TRAG employment scores of moderate to high, only a small proportion received supported employment services (Figure 36).

- Of the 5,654 transition-age consumers with a moderate, significant, or high TRAG employment problem score in SFY07, 2 percent received supported employment services in SFY07.
- Of the 5,472 transition-age consumers with a moderate, significant, or high TRAG employment problem score in SFY08, 2 percent received supported employment services in SFY08.

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<sup>54</sup> Texas Department of State Health Services, September 2007, “User’s Manual for the Adult Texas Recommended Assessment Guidelines (Adult-TRAG), Version 3.1”, 12.  
[http://www.dshs.state.tx.us/mhprograms/pdf/Users\\_Manual\\_AdultTRAG\\_Ver31.pdf](http://www.dshs.state.tx.us/mhprograms/pdf/Users_Manual_AdultTRAG_Ver31.pdf). Last viewed April 3, 2009.

**Figure 36. DSHS Percent that Received Employment Services**

### DSHS Employment and Employment Retention

The DSHS employment outcome is based on a match of transition-age (ages 18 through 24) consumers enrolled in a mental health service package or who received a mental health service to UI wage records.<sup>55,56</sup> A consumer was considered employed if they were found on the UI wage record in at least one calendar quarter that included a month(s) in which the consumer was enrolled in or receiving mental health services. Employment rates are reported for two periods: SFY07, and the first three quarters of SFY08.

Employment rates were about 50 percent for DSHS transition-age (ages 18 through 24) mental health consumers (Figure 37).

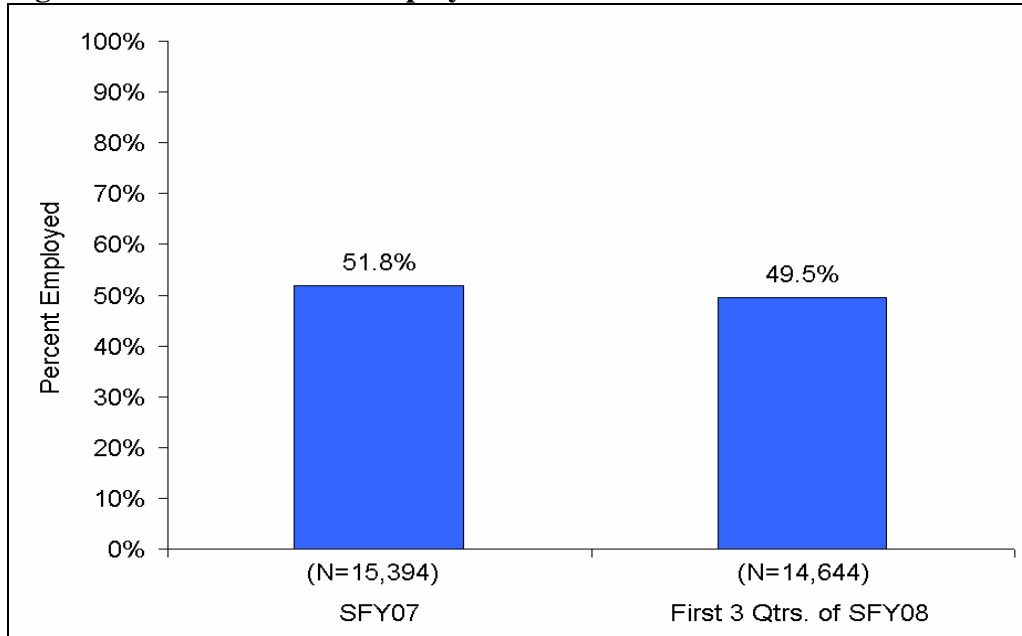
- In SFY07, the employment rate for all transition-age mental health consumers was 52 percent.
- In the first three quarters of 2008, the employment rate for all transition-age mental health consumers was 49 percent.

<sup>55</sup> SSN was used to match DSHS consumers to UI wage records.

<sup>56</sup>The DSHS age category is defined as 18 to 24 because DSHS offers employment services to people 18 years of age or older. There were 479 consumers enrolled in a mental health service package or who received a mental health service in SFY07 and 461 consumers in the first three quarters of SFY08 who met the age and enrollment criteria in those state fiscal years but had no SSN to use in matching to the UI wage data. These cases were excluded from the data match.

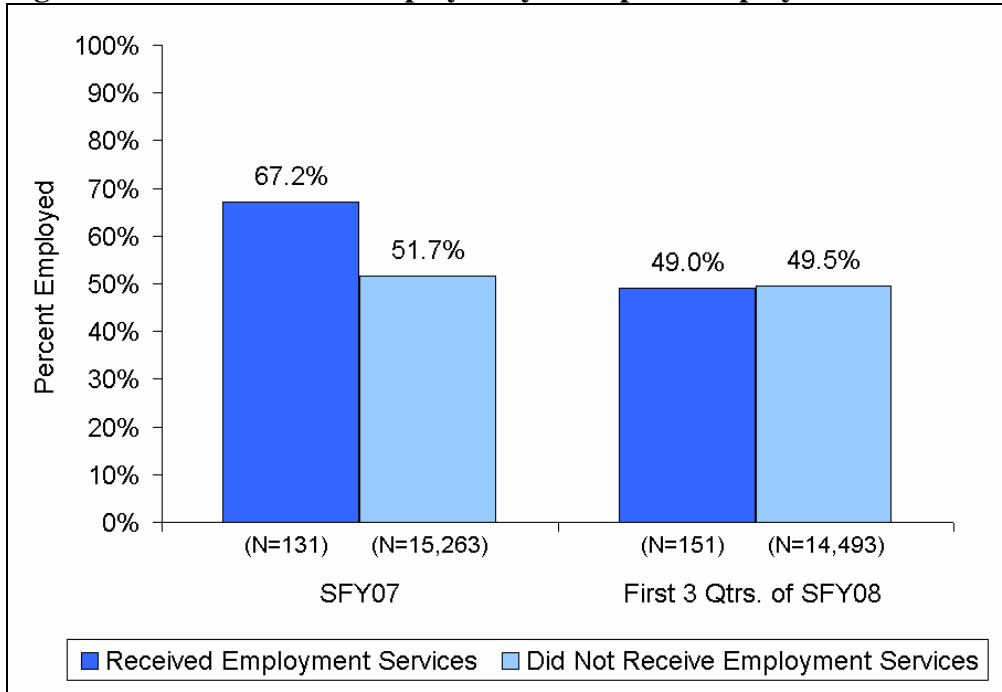
- The SFY07 and SFY08 DSHS employment rates for all transition-age mental health consumers are 1.3 times that of the ACS reported employment rates among Texas youth with disabilities in the same age group for calendar year 2007 (39 percent).

**Figure 37. DSHS Percent Employed**



Among transition-age mental health consumers, the SFY07 employment rate was higher for consumers who received employment services than for the mental health consumers who did not receive employment services (Figure 38). However, this difference in employment rates was not observed for the first three quarters of SFY08.<sup>57</sup> These outcomes cannot be attributed to receiving employment services. The consumers who received employment services might have been more likely to become employed even if they had not received employment services.

<sup>57</sup> Consumers receiving supported employment services were receiving an average of two to three hours a month. DSHS reported that this was not in alignment with current evidence-based practices for supported employment. DSHS indicated they were exploring options for enhancing evidence-based supported employment training for LMHA staff.

**Figure 38. DSHS Percent Employed by Receipt of Employment Services**

The employment retention outcome measures the number of transition-age (ages 18 through 24) mental health consumers who matched to the UI wage record in the two quarters following the quarter during which the consumer became employed according to the employment outcome criteria. Employment retention is reported for those employed in SFY07 and in the first quarter of SFY08.

More than half of the employed transition-age mental health consumers were employed in both of the two quarters following the quarter in which they became employed. This includes:

- 59 percent of those who became employed in SFY07, and
- 58 percent of those who became employed in the first quarter of SFY08

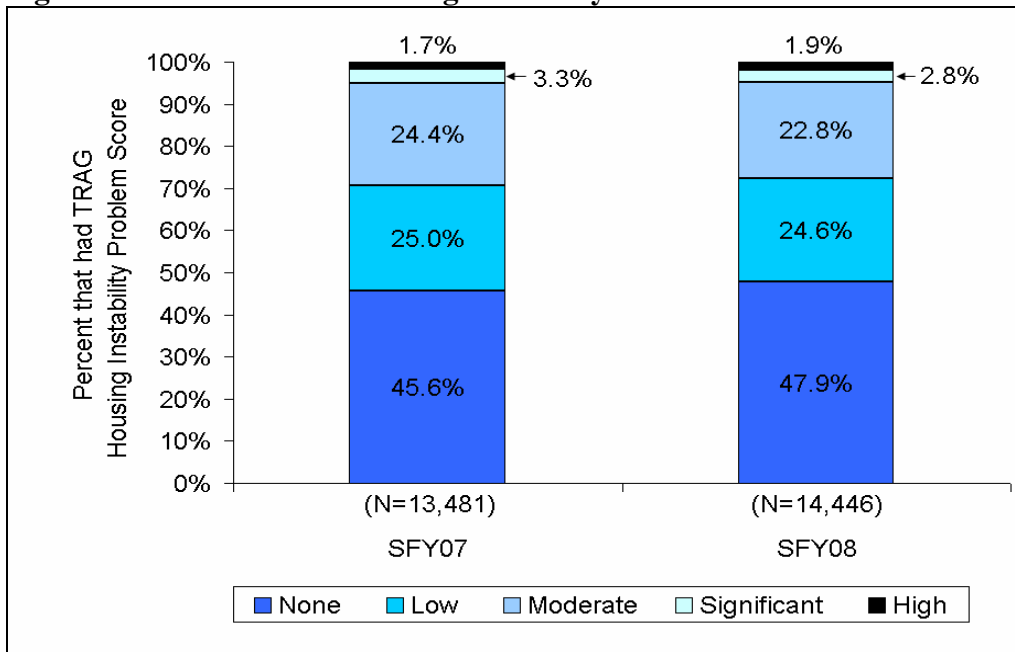
### **DSHS Housing Instability**

The DSHS outcome uses the TRAG housing instability measure to assess the degree to which housing is a problem for mental health consumers.<sup>58</sup> Of the transition-age (ages 16 through 24) consumers enrolled in a mental health service package with a TRAG housing instability problem score (Figure 39):

<sup>58</sup> Consumers in certain service packages will not receive a comprehensive TRAG assessment and therefore are excluded from this indicator.

- nearly half did not have a housing stability problem, indicating that they have had stable housing for two years and their rent is not causing them to have problems meeting their other basic needs;
- about one quarter had a low score, indicating that their rent is over 30 percent of their income or they have occasional financial difficulties meeting other basic needs;
- about one quarter had a moderate score, indicating episodic financial difficulties and their living arrangements are unsatisfactory or problematic;
- a small proportion had a significant housing instability problem score, indicating that they have consistent financial difficulties and are at imminent risk of becoming homeless; and
- a small proportion had a high housing instability problem score, indicating that they are homeless.<sup>59</sup>

**Figure 39. DSHS TRAG Housing Instability Problem Scores**



On average in SFY07 and SFY08, 252 community mental health clinic consumers ages 16 through 24 who had a TRAG housing instability problem score were homeless, and homelessness was considered an imminent risk for another 427 consumers. The DSHS supported housing services program provides assistance in choosing, obtaining, and maintaining integrated housing (including providing funds for rental assistance in certain situations). The program is offered to all mental health consumers, but only a portion receives services due to a lack of resources.

<sup>59</sup> The DSHS data in this report exclude those receiving services in institutions (e.g., state hospitals).

### DSHS Health Insurance Coverage

The DSHS health insurance coverage outcome measures the proportion of transition-age (ages 16 through 24) consumers enrolled in a mental health service package or who received a mental health service with Medicaid coverage.<sup>60</sup> SFY07 Medicaid coverage rates were reported for SFY07 mental health consumers and SFY08 rates for SFY08 mental health consumers (Table 20). In both SFY07 and SFY08, more than half of transition-age mental health consumers had Medicaid coverage.

**Table 20. DSHS Percent with Medicaid Health Insurance Coverage**

	SFY07 Percent (N=22,039)	SFY08 Percent (N=23,525)
Had Medicaid Health Insurance Coverage	56.6%	58.2%

<sup>60</sup> Data were matched by Patient Control Number or by a combination of SSN and name or date of birth. Consumers without a PCN or SSN were excluded from this match. There were 950 SFY07 consumers and 1,087 SFY08 consumers enrolled in a mental health service package or who received a mental health service who met the age and enrollment criteria but were excluded due to no PCN or SSN.

## V. CONCLUSIONS

The outcome analysis provides important information about the transition process for youth with disabilities who were enrolled in or received services from Texas HHS agencies in SFY07 or SFY08. The agency consumer populations vary by age range, types of disabilities, and services received. There is also potential overlap between agency consumer populations. Thus, it is inappropriate to aggregate data across agencies or compare results between agencies. Texas data from the 2007 American Community Survey (ACS, conducted by the U.S. Census Bureau) are included to provide context for the results. The ACS results are representative of all Texas transition-age youth with disabilities, including those who received services from HHS agencies and those who did not.

Employment services and outcomes were a key focus of the HHSC outcome monitoring conducted in response to H.B. 1230. H.B. 1230 emphasized supported employment, which generally means employment in the community in a competitive work environment with a job coach or other supports. While this report includes some information about the levels of enrollment in supported employment services, it is not possible to make conclusions about supported employment services because agencies have different definitions of supported employment. The H.B. 1230 workgroup was aware of this issue and, in their January 2009 report to the Texas Legislature, recommended a common definition of supported employment.

All HHS agencies provided some type of employment-related assistance to transition-age youth, but the proportion receiving employment services varied. For three of the four agencies, employment rates indicate that about 50 percent of the transition-age youth included in this analysis obtained jobs. Most of those who became employed in a quarter were employed in the two subsequent quarters. However, a substantial proportion of each agency's consumers remained unemployed.

ACS data indicate that Texas transition-age youth (ages 18 through 24) with disabilities attend college at a rate that is slightly over half the rate for youth without disabilities. While financial assistance for post-secondary education is provided to a small proportion of HHS consumers, agency data do not indicate whether consumers were referred to other sources of financial aid.

Youth included in this analysis were likely to be living in the community. However, some agency data indicate that consumers living in the community may not have stable housing. Data for two of the agencies also indicate that consumers included in this analysis were less likely to have health insurance coverage than the national average coverage rate for youth with disabilities (77 percent).

Data compiled in response to H.B. 1230 reflect the differences in the populations served by each agency and the services each agency provides. Although the scope of the analysis was constrained by data availability, the results indicate that most transition-age youth served by HHS agencies are living in the community, and that HHS agencies are providing services to help the youth make a successful transition to adulthood. However, many transition-age



youth with disabilities did not receive employment services and/or did not have health insurance coverage. A job and health insurance are important for a successful transition to adulthood. Also, most Texas HHS agencies provided little or no financial support for post-secondary education, which is also important to labor market success.

Agency data did not provide information about what proportion of youth received all of the services they needed, but the results of the telephone interviews in Part 1 of this report provide a useful perspective on unmet needs and agency services that need improvement. Taken together, the two types of information included in this report provide a summary of what Texas HHS agencies are doing to help youth with disabilities, and the youth's assessment of whether these services met their needs.



**APPENDIX A: LOCATION OF HHSC SUMMARY REPORT  
FIGURES AND TABLES IN UNT FULL REPORT .**

**Table A-1. Location of HHSC Summary Report Figures in UNT Full Report**

<b>HHSC Summary Report</b>	<b>UNT Report</b>
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**APPENDIX B: TELEPHONE INTERVIEW QUESTIONNAIRE**

**START**

Hello, my name is \_\_\_\_\_ from the University of North Texas calling on behalf of the Texas Health and Human Services Commission. May I please speak to [PGC (if listed) or] Fname Lname? IF NEEDED: I am calling about services provided by the State of Texas.

- <1> SPEAKING TO PGC (GO TO INTRO)
- <2> SPEAKING TO CLIENT (GO TO INTRO)
- <3> WAITING TO TALK TO SOMEONE (GO TO START)
- <4> CALLBACK PGC
- <5> CALLBACK CLIENT OR CLIENT’S HOUSEHOLD
- <6> CANNOT REACH THE PGC AND CANNOT REACH – OR CANNOT TALK TO – CLIENT (GO TO INTRO)
- <7> SPEAKING TO UNKNOWN PERSON (COULD BE PGC OR CLIENT) WHO ASKED FOR MORE INFORMATION (GO TO INTRO)
- <8> REFUSAL

**INTRO**

We are conducting a survey about the experiences of young adults with disabilities transitioning to adult living. We’re especially interested in their experiences in the past two years with Texas Department of Assistive and Rehabilitative Services (DARS), the Department of State Health Services (DSHS), the Department of Aging and Disability Services (DADS), the Texas Workforce Commission (TWC) or other local or community organization. [IF PGC: Your name was listed as a contact person for Fname Lname].

Participation in the survey is voluntary and will not affect eligibility for benefits. This survey is very important because it will help policy makers decide how to improve services for young people like [you/Fname]. Answers are confidential, and the interview will take about 20 minutes or more depending on responses.

Who would be the best person to talk to regarding [your/Fname’s] experiences with services provided by the State of Texas?

- <1> PERSON SPEAKING (CONTINUE)
- <2> SPEAK TO CLIENT (GO TO RESTART WHEN TALKING WITH CLIENT)
- <3> SPEAK TO PGC (GO TO RESTART WHEN TALKING WITH PGC)
- <4> SOMEONE ELSE (GO TO RESTART WHEN TALKING TO OTHER PERSON)
- <5> DON’T KNOW (THANK PERSON AND END CALL)
- <6> REFUSAL

The survey’s purpose is to assess the effectiveness of Health and Human Services programs that provide assistance with employment, education, and other support services as young adults with disabilities transition from school to adult living.

May we begin?

<1> YES (CONTINUE TO SURVEY)  
<2> NO – CALLBACK  
<3> REFUSAL

RESTART

Hello, my name is \_\_\_\_\_ from the University of North Texas calling on behalf of the Texas Health and Human Services Commission. GO TO INTRO

CODE WHO INTERVIEWEE IS:

- <1> CLIENT
- <2> PGC
- <3> PERSON OTHER THAN CLIENT OR PGC

Q1. INTERVIEWER: CODE IDENTITY OF THE RESPONDENT. IF IT IS NOT THE YOUNG ADULT, ASK:

- How are you related to [Fname]?
- <1> YOUNG ADULT IN DATA FILE
  - <2> FATHER
  - <3> MOTHER
  - <4> GRANDMOTHER
  - <5> GRANDFATHER
  - <6> SIBLING
  - <7> OTHER \_\_\_\_\_

Q2. [Are you/Is Fname] still in high school?

- <1> YES (SKIP TO Q2b)
- <2> NO
- <9> DK/NR

Q2a. What year did [you/Fname] graduate or leave high school? YEAR \_\_\_\_\_  
SKIP TO Q3

Q2b. When do [you/Fname] plan to graduate or leave high school? YEAR \_\_\_\_\_.

Q3. Did [you/Fname] receive transition services in high school?

- <1> YES (SKIP TO Q4)
- <2> NO
- <9> DK/NR

Q3a. Do you think [you/Fname] should have received services? Why or why not?

- <1> YES
  - <2> NO
- WHY/WHY NOT? \_\_\_\_\_

Q4. Thinking again about high school, did [you/Fname] meet with anyone (for example teachers, counselors or other professionals) to create a “transition plan” to help [you/Fname] prepare for life after high school?

- <1> YES
- <2> NO (SKIP TO Q7)
- <9> DK/NR (SKIP TO Q7)

Q5. What grade [were you/was Fname] in when the transition plan was created?  
GRADE LEVEL \_\_\_\_\_

Q6. Overall, would you say [you are/Fname is] very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the transition planning assistance [you/he/she] received in high school?

- <1> VERY SATISFIED
- <2> SOMEWHAT SATISFIED
- <3> SOMEWHAT DISSATISFIED
- <4> VERY DISSATISFIED
- <9> DK/NR

Q7. In high school, did [you/Fname] receive any training designed to give [you/him/her] the experience needed to get a job?

- <1> YES
- <2> NO (SKIP TO Q8)
- <9> DK/NR (SKIP TO Q8)

Q7a. IF YES, Overall, [do you/did Fname] think the job-related training was very helpful, somewhat helpful, not very helpful or not at all helpful?

- <1> VERY HELPFUL
- <2> SOMEWHAT HELPFUL
- <3> NOT VERY HELPFUL
- <4> NOT AT ALL HELPFUL
- <9> DK/NR

Demographics

Before we start talking about [your/Fname's] transition experiences, I would like to find out a little more about [you/Fname].

Q8. First, how old [are you/is Fname] ? \_\_\_\_\_

Q9. What is the highest level of education [you have/Fname has] completed?

- <1> 8 OR LESS
- <2> SOME HIGH SCHOOL
- <3> HIGH SCHOOL DEGREE
- <4> SOME COLLEGE BUT NO DEGREE
- <5> COLLEGE DEGREE
- <6> GRAD SCHOOL/GRAD DEGREE
- <7> OTHER (PLEASE DESCRIBE: \_\_\_\_\_)
- <9> DK/NR

Q10. If you wouldn't mind, please describe [your/Fname's] disability: RECORD RESPONSE

Q11. At what age did [you/Fname] receive this diagnosis? \_\_\_\_\_

Q12. Which of the following best describes [your/Fname's] ethnicity? (Select all that apply)

- <1> Non-Hispanic White or Caucasian
- <2> African-American or Black
- <3> Hispanic or Latino
- <4> Asian or Asian American
- <5> Other (specify)
- <9> DK/NR

Q13. Is there anything else you would like to tell me about yourself or your situation?

IF Q2=1 SKIP TO Q61 *This is someone who is still in high school. Do we want to go through the employment and education questions? Many will not be relevant*

Employment

Thank you. Next I would like to talk to you about your work experiences.

Q14. Since leaving high school, would you say [you have/that Fname has] worked consistently, off and on, rarely or not at all?

- <1> CONSISTENTLY
- <2> OFF AND ON
- <3> RARELY
- <4> NOT AT ALL (ASK Q15 AND THEN SKIP TO Q21)
- <9> DK/NR

Q15. How satisfied [are you/is Fname] with *how much* [you have/he/she has] worked? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- <1> VERY SATISFIED
- <2> SOMEWHAT SATISFIED
- <3> SOMEWHAT DISSATISFIED
- <4> VERY DISSATISFIED
- <9> DK/NR

(IF Q14=4, SKIP TO Q21)



Q16. Overall, how satisfied [have you/has Fname] been with the *type of work* [you/he/she] did? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- <1> VERY SATISFIED
- <2> SOMEWHAT SATISFIED
- <3> SOMEWHAT DISSATISFIED
- <4> VERY DISSATISFIED
- <9> DK/NR

Q17. [Are you/Is Fname] currently employed full-time, part-time, doing temporary work for pay, volunteering, or not working?

(IF MORE THAN ONE, SELECT HIGHER ON THE LIST)

- <1> FULL-TIME
- <2> PART-TIME
- <3> WORK TEMPORARY JOBS
- <4> VOLUNTEERING
- <5> NOT WORKING (SKIP TO Q20)
- <9> DK/NR (SKIP TO Q20)

Q18. I am going to read several different income categories. Tell me which category includes [your/Fname's] total *personal* income for the past year?

- <1> \$5,000 or under
- <2> \$5,001 - \$10,000
- <3> \$10,001-\$20,000
- <4> \$20,001-\$30,000
- <5> \$30,001-\$40,000
- <6> Over \$40,000
- <9> DK/NR

Q19. How long [have you/has Fname] been in [your/his/her] current [job/volunteering job]?

- <1> DAYS \_\_\_\_\_
- <2> WEEKS \_\_\_\_\_
- <3> MONTHS \_\_\_\_\_
- <4> YEARS \_\_\_\_\_
- <9> DK/NR

Q20. What is [your/Fname's] [current/or last] job title? \_\_\_\_\_

Q21. Do you know some state agencies offer employment assistance?

- <1> YES
- <2> NO
- <9> DK/NR

Q22a. [Have you/Has Fname] contacted any of the following organizations or programs for employment services?

	YES	NO	DK/NR
a. The Department of Aging and Disability Services, sometimes referred to as DADS or “Dads”	1	2	9
b. The Department of State Health Services, sometimes referred to as DSHS or “Dishes”	1	2	9
c. The Department of Assistive and Rehabilitative Services, sometimes referred to as DARS or “Dars”	1	2	9
d. The Texas Workforce Commission, sometimes referred to as TWC or “Workforce center” or “employment office”	1	2	9

Q22b. [Have you/Has Fname] contacted any other organization or program for employment services? For example, a community center, Goodwill, MHMR, a waiver program, or any other employment-related program?

- <1> YES [SPECIFY \_\_\_\_\_]
- <2> NO
- <9> DK/NR

Q22c. (IF HAVEN’T CONTACTED ANY ORGANIZATION OR PROGRAM) Please tell us why [you/Fname] did not try to get employment assistance?

POSSIBLE PROBES: Can you give me an example of that? What do you mean?  
RECORD RESPONSE THEN SKIP TO Q46

Q23. IF MORE THAN ONE STATE AGENCY IS LISTED IN Q22) Which organization or program [have you/has Fname] had the most contact with regarding employment services?

- <1> Department of Aging and Disability Services, (DADS)
- <2> Department of State Health Services, (DSHS Dishes)
- <3> Department of Assistive and Rehabilitative Services (DARS)
- <4> The Texas Workforce Commission, (TWC or “Workforce center” or employment office”)
- <5> OTHER [SPECIFY \_\_\_\_\_]
- <9> DK/NR (GET THEM TO PICK ONE)

FOR THE NEXT SET OF QUESTIONS USE THE ORGANIZATION OR PROGRAM LISTED IN Q23

Please only use your experiences with [agency] when answering the following questions.

Q24. How long ago did [you/Fname] first seek assistance from [agency] to help [you/him/her] try to prepare for work or get a job?

- <1> DAYS \_\_\_\_\_
- <2> WEEKS \_\_\_\_\_
- <3> MONTHS \_\_\_\_\_
- <4> YEARS \_\_\_\_\_
- <9> DK/NR

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Q25. [Are you/Is Fname] still using [agency] for employment services?

- <1> YES
- <2> NO
- <9> DK/NR

Q26. [Were you/Was Fname] assigned an [agency] employment services caseworker or counselor?

- <1> YES
- <2> NO (SKIP TO Q35)
- <9> DK/NR (SKIP TO Q35)

Q26a. Since the time [you/he/she] started using [agency], how many employment services caseworkers or counselors [have you/has he/she] had?\_\_\_\_\_

Q27. [Have you/Has Fname] met with [your/his/her] most recent [agency] employment services caseworker or counselor by phone, in-person or both?

- <1> PHONE
- <2> IN-PERSON
- <3> BOTH
- <4> HAS NOT HAD CONTACT
- <9> DK/NR

The next questions ask about the person at [agency] who helps [you/Fname] with employment services. The questions ask about [your/his/her] employment services counselor but you might think of that person as [your/his/her] caseworker, job coach, or as someone at [agency] who helps [you/Fname] with [agency] employment services. I will read a list of statements, please tell me whether [you/you think Fname would] strongly agree, agree, disagree, or strongly disagree with each one.

	SA	AGREE	DIS	SD	DK/NR	N/R
<b>CUSTOMER SERVICE</b>						
Q28. When I ask my counselor a question, I get a response in a reasonable amount of time.	1	2	3	4	9	0
Q29. My counselor does not listen to me when I express my needs or goals.	1	2	3	4	9	0
Q30. My counselor takes into account my job preferences.	1	2	3	4	9	0
Q31. My counselor talks with me often enough to understand my employment issues.	1	2	3	4	9	0
Q32. My counselor takes too long to help me with my employment issues.	1	2	3	4	9	0
<b>EMPLOYEE TRAINING</b>						
Q33. My counselor knows about the programs offered by [agency] that can help me.	1	2	3	4	9	0
Q34. My counselor knows about the programs of other agencies that could help me.	1	2	3	4	9	0

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Please think about [your/Fname] employment services experience with [agency]. I will read a list of statements, please tell me whether [you/you think Fname would] strongly agree, agree, disagree, or strongly disagree with each one.

	SA	AGREE	DIS	SD	DK/NR	N/A
<b>POLICY CONSIDERATIONS</b>						
Q35. I am not satisfied with the programs [agency] offers to help me find a job.	1	2	3	4	9	0
Q36. It is difficult to find the types of help I need at [agency].	1	2	3	4	9	0
Q37. [Agency] has resources to offer people with my type of disability.	1	2	3	4	9	0
Q38. [Agency] welcomes the input of parents about employment services.	1	2	3	4	9	0
Q39. I am not satisfied with the help provided by the [agency] job coach.	1	2	3	4	9	0
Q40. [Agency] rules tend to make it hard for me to get the types of help I need.	1	2	3	4	9	0
Q41. I feel [agency] is not as committed as it should be to helping me find a job.	1	2	3	4	9	0

	SA	AGREE	DIS	SD	DK/NR	N/A
<b>JOB PLACEMENT</b>						
Q42. [Agency] has helped identify potential jobs that are the types of jobs I want.	1	2	3	4	9	0
Q43. [Agency] has helped identify potential jobs that could lead to the types of work I would really like to do in the future.	1	2	3	4	9	0
Q44. I felt like the [agency] pressured me into taking a job that I did not want.	1	2	3	4	9	0
Q45. [Agency] did not explain to me how employment could impact my benefits.	1	2	3	4	9	0

Q46. Thinking specifically about [your/Fname's] efforts to get a job, do **you** have any suggestions of how [agency] could do a better job of helping [you/Fname]? RECORD RESPONSE.

Education

The next several questions are about [your/Fname’s] education.

Q47. [Are you/Is Fname] currently enrolled in GED, college, university, or job training classes? (check all that apply)

- <1> GED (SKIP TO 49a)
- <2> Community college or 2-year college (SKIP TO 49a)
- <3> 4-year college or university (SKIP TO 49a)
- <4> Job training classes (SKIP TO 49a)
- <5> Vocational school (TYPE: \_\_\_\_\_) (SKIP TO 49a)
- <6> Other (SPECIFY: \_\_\_\_\_) (SKIP TO 49a)
- <7> No (Not Enrolled)
- <9> DK/NR

Q48. IF NOT ENROLLED, ASK: [Have you/Has Fname] been enrolled in any GED, college, university or job training classes since leaving high school? (check all that apply)

- <1> GED
- <2> Community college or 2-year college
- <3> 4-year college or university
- <4> Job training classes
- <5> Vocational school (TYPE: \_\_\_\_\_)
- <6> Other (SPECIFY: \_\_\_\_\_)
- <6> No (Not Enrolled)
- <9> DK/NR

Q49a. [Do you/Does Fname] want to continue [your/his/her] education?

- <1> YES
- <2> NO (SKIP TO Q58)
- <9> DK/NR (SKIP TO Q58)

Q49b. [Do you/Does Fname] know that some state agencies offer assistance for continuing [your/his/her] education?

- <1> YES
- <2> NO
- <9> DK/NR

Q50a. [Have you/Has Fname] contacted any of the following organizations or programs for education assistance?

	YES	NO	DK/NR
a. The Department of Aging and Disability Services, sometimes referred to as DADS or “Dads”	1	2	9
b. The Department of State Health Services, sometimes referred to as DSHS or “Dishes”	1	2	9
c. The Department of Assistive and Rehabilitative Services, sometimes referred to as DARS or “Dars”	1	2	9
d. The Texas Workforce Commission, sometimes referred to as TWC or “Workforce center” or “employment office”	1	2	9

Q50b. [Have you/Has Fname] contacted any other organization or program for education assistance? For example, a community center, Goodwill, MHMR, a waiver program, or any other education-related program?

- <1> YES [SPECIFY \_\_\_\_\_] (SKIP TO Q51)
- <2> NO
- <9> DK/NR

Q50c. (IF HAVEN'T CONTACTED ANY ORGANIZATION OR PROGRAM) Please tell us why [you/he/she] did not try to get education assistance?

POSSIBLE PROBES: Can you give me an example of that? What do you mean?

RECORD RESPONSE THEN SKIP TO Q61.

Q51. IF MORE THAN ONE STATE AGENCY IS LISTED IN Q50a & Q50b) Which organization or program [have you/has Fname] had the most contact with regarding education assistance?

- <1> Department of Aging and Disability Services, (DADS)
- <2> Department of State Health Services, (DSHS Dishes)
- <3> Department of Assistive and Rehabilitative Services (DARS)
- <4> The Texas Workforce Commission, (TWC or "Workforce center" or employment office")
- <5> OTHER [SPECIFY \_\_\_\_\_]
- <9> DK/NR (GET THEM TO PICK ONE)

FOR THE NEXT SET OF QUESTIONS USE THE ORGANIZATION OR PROGRAM LISTED IN Q51

Please only use [your/Fname's] experiences with [agency] when answering the following questions.

Q52. [Were you/Was Fname] assigned an [agency] caseworker or counselor to help [you/him/her] with education services?

- <1> YES
- <2> NO (SKIP TO Q53)
- <9> DK/NR (SKIP TO Q53)

Q52a. How many [agency] education services caseworkers or counselors [have you/has Fname] had? \_\_\_\_\_

Q52b. IF EMPLOYMENT QUESTIONS WERE COMPLETED, ASK: [Were any of these/Was this] counselor(s) the same counselor(s) [you/Fname] had for employment services?

- <1> YES
- <2> NO
- <9> DK/NR

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Please think about [your/Fname’s] experience with [agency]’s education services. I will read a list of statements, and ask whether [you/you think Fname would] strongly agree, agree, disagree, or strongly disagree with each one.

	SA	AGRE E	DI S	SD	DK/N R	N/A
<b>CUSTOMER SERVICE</b>						
Q53. My phone calls to [agency] about my education assistance are returned in a reasonable amount of time.	1	2	3	4	9	0
Q54. The amount of time it takes [Agency] to provide tuition assistance seems reasonable.	1	2	3	4	9	0
Q55. [Agency] does not help me get the resources I need to go to school.	1	2	3	4	9	0
<b>POLICY CONSIDERATIONS</b>						
Q56. I am not satisfied with the programs [agency] offers to support my efforts to further my education.	1	2	3	4	9	0
Q57. It is difficult to find the types of educational assistance I need at [agency].	1	2	3	4	9	0

OPEN1. Do you have any suggestions for how [agency] could have done a better job in helping [you/Fname] get education assistance? RECORD ANSWER.

Thinking about the schools [you/Fname] attended or wanted to attend, please rate the following statements [as you think Fname would answer ]on the same scale of strongly agree, agree, disagree, or strongly disagree.

<b>EDUCATIONAL INSTITUTIONS</b>						
Q58. My post-secondary school is/was accommodating of my unique needs.	1	2	3	4	9	0
Q59. My high school is/was accommodating of my unique needs.	1	2	3	4	9	0
Q60. I am not satisfied with the range of educational opportunities open to me.	1	2	3	4	9	0

Health Care

Now I have a question about different kinds of health plans or health insurance, including those provided by the government.

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Q61. As I read, please tell me whether or not [you have/Fname has] each type of health plan.

	YES	NO	DK/NR
a. Health insurance through [your/his/her] employer	1	2	9
b. Health insurance provided through [your/his/her] parent's employer	1	2	9
c. Health insurance provided through someone else's work (for example, [your/his/her spouse])	1	2	9
d. Health insurance [you/he/she] purchased [myself/himself/herself]	1	2	9
e. Medicaid	1	2	9
f. Medicare	1	2	9
g. Other (Specify: _____)	1	2	9

(IF NONE ARE "YES", PROBE TO BE SURE THE PERSON HAS NO HEALTH INSURANCE OR HEALTH PLAN)

Q62. IF (Q61b = 1) ASK: [Have you/Has Fname] made any plans for health care coverage if [you/he/she] become(s) ineligible for [your/his/her] parents' health insurance?

- <1> YES
- <2> NO (SKIP TO Q63)
- <9> DK/NR (SKIP TO Q63)

Q62a. What type of coverage [do you/does Fname] plan to get if [you/he/she] become(s) ineligible for [your/his/her] parents' health insurance?

- <1> INSURANCE THROUGH MY EMPLOYER
- <2> INSURANCE THROUGH SOMEONE ELSE'S EMPLOYER
- <3> INSURANCE THAT I PURCHASE INDEPENDENTLY
- <4> MEDICAID
- <5> MEDICARE
- <6> OTHER \_\_\_\_\_
- <9> DK/NR

Q63. Would you say [your/Fname's] healthcare coverage is excellent, good, adequate, or poor?

- <1> EXCELLENT
- <2> GOOD
- <3> ADEQUATE
- <4> POOR
- <9> DK/NR

Q64. [Do you/Does Fname] have a doctor?

- <1> YES
- <2> NO (SKIP TO Q65)
- <9> DK/NR (SKIP TO Q65)



Q64a. IF YES, Is the doctor a pediatric doctor or a doctor for adults?

- <1> PEDIATRIC DOCTOR
- <2> DOCTOR FOR ADULTS
- <9> DK/NR

Q65. How difficult has it been to find doctors who accept [your/Fname's] insurance? Overall, would you say it has been very easy, easy, neither easy nor difficult, difficult, or very difficult?

- <1> VERY EASY
- <2> EASY
- <3> NEITHER EASY NOR DIFFICULT
- <4> DIFFICULT
- <5> VERY DIFFICULT
- <9> DK/NR

Q66. [Do you/Does Fname] know some state agencies offer help getting health care coverage?

- <1> YES
- <2> NO
- <9> DK/NR

Q67a. [Have you/Has Fname] contacted any of the following organizations or programs for help getting health care coverage?

	YES	NO	DK/NR
a. The Department of Aging and Disability Services, sometimes referred to as DADS or "Dads"	1	2	9
b. The Department of State Health Services, sometimes referred to as DSHS or "Dishes"	1	2	9
c. The Department of Assistive and Rehabilitative Services, sometimes referred to as DARS or "Dars"	1	2	9
d. Health and Human Services Commission, sometimes referred to as HHSC	1	2	9

Q67b. [Have you/has Fname] contacted any other organization or program for help getting health care coverage? For example, a community center, Goodwill, MHMR, a waiver program, or any other healthcare-related program?

- <1> YES [SPECIFY \_\_\_\_\_] (SKIP TO 68)
- <2> NO
- <9> DK/NR

Q67c. (IF HAVEN'T CONTACTED ANY ORGANIZATION OR PROGRAM) Please tell us why [you/Fname] did not ask for help getting health care coverage?

POSSIBLE PROBES: Can you give me an example of that? What do you mean?  
RECORD RESPONSE THEN SKIP TO Q70

Q68. IF MORE THAN ONE STATE AGENCY IS LISTED IN Q67a & Q67b) Which organization or program [have you/has Fname] had the most contact with for help getting health care coverage?

- <1> Department of Aging and Disability Services, (DADS)
- <2> Department of State Health Services, (DSHS Dishes)
- <3> Department of Assistive and Rehabilitative Services (DARS)
- <4> Health and Human Services Commission, sometimes (HHSC)
- <5> OTHER [SPECIFY \_\_\_\_\_]
- <9> DK/NR (GET THEM TO PICK ONE)

FOR THE NEXT SET OF QUESTIONS USE THE ORGANIZATION OR PROGRAM LISTED IN Q68

Please only use [your/Fname's] experiences with [agency] when answering the following questions.

Q69. Overall, was [agency] very helpful, somewhat helpful, not helpful or not at all helpful in helping [you/Fname] get health care coverage?

- <1> VERY HELPFUL
- <2> SOMEWHAT HELPFUL
- <3> NOT HELPFUL
- <4> NOT AT ALL HELPFUL
- <9> DK/NR

Q69a. Do **you** have any suggestions for how [agency] could have done a better job in helping [you/Fname] get health care coverage? RECORD ANSWER.

### Housing

Now I will ask you some questions about [your/Fname's] living arrangement and housing goals.

Q70. [Do you/Does Fname] currently live by [yourself/himself/herself], with [your/his/her] parents, in a group home, with a roommate but not in a group home, or some other living arrangement?

- <1> ALONE
- <2> WITH PARENTS
- <3> GROUP HOME
- <4> WITH ROOMMATE BUT NOT IN A GROUP HOME
- <5> OTHER \_\_\_\_\_
- <9> DK/NR

Q71. [Are you/Is Fname] satisfied with [your/his/her] current living arrangement or would [you/he/she] prefer to seek another type of living arrangement?

- <1> SATISFIED WITH CURRENT ARRANGEMENT (SKIP TO Q72)
- <2> PREFER ANOTHER TYPE OF LIVING ARRANGEMENT
- <9> DK/NR

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Q71a. Would [you/he/she] prefer to live alone, with parents, in a group home, with a roommate but not in a group home or something else?

- <1> ALONE
- <2> WITH PARENTS
- <3> GROUP HOME
- <4> WITH ROOMMATE BUT NOT IN GROUP HOME
- <5> OTHER \_\_\_\_\_
- <9> DK/NR

Q72. [Do you/Does Fname] know some state agencies offer help with housing?

- <1> YES
- <2> NO
- <9> DK/NR

Q73a. [Have you/has Fname] contacted any of the following organizations or programs for help with housing?

	YES	NO	DK/NR
a. The Department of Aging and Disability Services, sometimes referred to as DADS or “Dads”	1	2	9
b. The Department of State Health Services, sometimes referred to as DSHS or “Dishes”	1	2	9
c. The Department of Assistive and Rehabilitative Services, sometimes referred to as DARS or “Dars”	1	2	9

Q73b. [Have you/Has Fname] contacted any other organization or program for help with housing? For example, a local housing authority or program?

- <1> YES [SPECIFY \_\_\_\_\_] (SKIP TO Q74)
- <2> NO
- <9> DK/NR

Q73c. (IF HAVEN’T CONTACTED ANY ORGANIZATION OR PROGRAM) Please tell us why [you/Fname] did not try to get help with housing?

POSSIBLE PROBES: Can you give me an example of that? What do you mean?  
RECORD RESPONSE THEN SKIP TO Q76

Q74. IF MORE THAN ONE STATE AGENCY IS LISTED IN Q73a & Q73b) Which organization or program [have you/has Fname] had the most contact with for help with housing?

- <1> Department of Aging and Disability Services, (DADS)
- <2> Department of State Health Services, (DSHS Dishes)
- <3> Department of Assistive and Rehabilitative Services (DARS)
- <4> The Texas Workforce Commission, (TWC or “Workforce center” or employment office”)
- <5> OTHER [SPECIFY \_\_\_\_\_]
- <9> DK/NR (GET THEM TO PICK ONE)

FOR THE NEXT SET OF QUESTIONS USE THE ORGANIZATION OR PROGRAM LISTED IN Q74

Please only use [your/Fname's] experiences with [agency] when answering the following questions.

Q75. Was [agency] very helpful, somewhat helpful, not helpful or not at all helpful with housing?

- <1> VERY HELPFUL
- <2> SOMEWHAT HELPFUL
- <3> NOT HELPFUL
- <4> NOT AT ALL HELPFUL
- <9> DK/NR

Q75a. Do **you** have any suggestions for how [agency] could have done a better job in helping you with housing? RECORD ANSWER.

Transportation

The next set of questions is about transportation services.

Q76. If [you/Fname] need(s) to go somewhere that is several miles away from [your/his/her] home, how [do you/does he/she] typically get there?

- <1> WALK
- <2> BICYCLE
- <3> CITY BUS OR RAIL
- <4> TAXI
- <5> STS (SPECIAL TRANSPORTATION SERVICES)
- <6> DRIVE MY OWN CAR
- <7> DRIVEN PLACES BY A FRIEND OR RELATIVE
- <8> OTHER (SPECIFY: \_\_\_\_\_)
- <9> DK/NR

Q77. Is there a city bus or rail stop near where [you/Fname] live(s)?

- <1> YES
- <2> NO
- <9> DK/NR

Q78. Overall, how difficult is it for [you/Fname] to get transportation? Would you say it's not at all difficult, a little difficult, moderately difficult or very difficult?

- <1> NOT AT ALL DIFFICULT
- <2> A LITTLE DIFFICULT
- <3> MODERATELY DIFFICULT
- <4> VERY DIFFICULT
- <9> DK/NR

Community Integration

Please consider [your/Fname's] interactions with friends, family, neighbors, and others in [your/his/her] community when answering the following set of questions.

Q79. In a typical week, how often [do you/does Fname] interact with a family member, friend, or neighbor (for example, on the phone, face to face, or by e-mail)? Would you say it's almost every day, several times a week, a few times a week, once a week or less, rarely, or never?

- <1> ALMOST EVERY DAY
- <2> SEVERAL TIMES A WEEK
- <3> A FEW TIMES A WEEK
- <4> ONCE A WEEK OR LESS
- <5> RARELY
- <6> NEVER
- <9> DK/NR

Q80. In a typical week, how often [do you/does Fname] go somewhere away from [your/his/her] home? Would you say almost every day, several times a week, a few times a week, once a week or less, rarely, or never?

- <1> ALMOST EVERY DAY
- <2> SEVERAL TIMES A WEEK
- <3> A FEW TIMES A WEEK
- <4> ONCE A WEEK OR LESS
- <5> RARELY
- <6> NEVER
- <9> DK/NR

Q81. Would you say [you are/Fname is] very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with how often [you/he/she] interact(s) with friends, family, neighbors, and others in [your/his/her] community?

- <1> VERY SATISFIED
- <2> SOMEWHAT SATISFIED
- <3> SOMEWHAT DISSATISFIED
- <4> VERY DISSATISFIED
- <9> DK/NR

Q82. [Do you/Does Fname] experience feelings of loneliness or isolation? Would you say never, rarely, sometimes, often or always?

- <1> NEVER
- <2> RARELY
- <3> SOMETIMES
- <4> OFTEN
- <5> ALWAYS
- <9> DK/NR

SUMMARY ON STATE AGENCY EXPERIENCE REGARDING ALL SERVICES  
(EMPLOYMENT, EDUCATION, HEALTH, HOUSING, TRANSPORTATION, ETC.)

APPENDIX B

Q83. Thinking over [your/Fname's] interactions with all state agencies after high school, how difficult has it been to know which agency to go to for the type of services [you/he/she need(s)]? Would you say it has been very easy, easy, neither easy nor difficult, difficult, or very difficult?

- <1> VERY EASY
- <2> EASY
- <3> NEITHER EASY NOR DIFFICULT
- <4> DIFFICULT
- <5> VERY DIFFICULT
- <9> DK/NR

Thank you very much for the time you have spent with me on the phone today, and for answering our questions. We will give this information to the Texas Health and Human Services Commission to help provide better services to people in Texas who need them.

INTERVIEWER: RECORD INTERVIEWEE GENDER

- <1> FEMALE
- <2> MALE
- <9> DK/NR

## APPENDIX C: 2007 AMERICAN COMMUNITY SURVEY DEFINITIONS

The following U.S. Census Bureau ACS definitions can be found in the “American Community Survey/Puerto Rico Community Survey 2007 Subject Definitions document located at:

[http://www.census.gov/acs/www/Downloads/2007/usedata/Subject\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf).<sup>61</sup>

**Disability:** “The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job.”

**Educational attainment:** “Respondents are classified according to the highest degree or the highest level of school completed. The question included instructions for persons currently enrolled in school to report the level of the previous grade attended or the highest degree received.”

**Employment:** The recoded 2007 ACS employment data included in this report counts both employed civilians and people on active duty in the Armed Forces among the “employed.” This is different from the “employment status” 2007 Subject Definitions document. The following question used in the 2007 ACS survey questionnaire (Person question 23) matches that which is reflected in this report. The survey questionnaire can be found on the US. Census Bureau website located at:

<http://www.census.gov/acs/www/Downloads/SQuest07.pdf>

“Last week, did this person do any work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.”<sup>62</sup>

**Living quarters:** “Living quarters are classified as either housing units or group quarters. Living quarters are usually found in structures intended for residential use, but also may be found in structures intended for nonresidential use as well as in places such as tents, vans, and emergency and transitional shelters.” This report only includes occupied living quarters.

**Group quarters (GQ):** “A group quarters is a place where people live or stay that is normally owned or managed by an entity or organization providing housing and/or services for the residents. These services may include custodial or medical care as well as other types of assistance, and residency is commonly restricted to those receiving these services. People living in group quarters usually are not related to each other.”

**Housing unit:** “A housing unit may be a house, an apartment, a mobile home, a group of rooms or a single room that is occupied...as separate living quarters. Separate living quarters are those in which the occupants live separately from any other individuals in the building and which have direct access from outside the building or through a common hall.”

<sup>61</sup> United States Census Bureau, 2007, American Community Survey (ACS), ACS /Puerto Rico Community Survey Subject Definitions.

[http://www.census.gov/acs/www/Downloads/2007/usedata/Subject\\_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2007/usedata/Subject_Definitions.pdf). Last viewed April 3, 2009.

<sup>62</sup> United States Census Bureau, 2007, American Community Survey (ACS).

<http://www.census.gov/acs/www/Downloads/SQuest07.pdf>. Last viewed April 3, 2009.

APPENDIX C



**APPENDIX D: 2007 NATIONAL HEALTH INTERVIEW SURVEY  
LIMITATION QUESTIONS**

The National Health Interview Survey, conducted by the Centers for Disease Control, uses the following questions to determine if a person has a limitation. These questions can be found on pages 29-37 of the 2007 NHIS Person File Variable Layout document, located on the NHIS website at:

[ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHIS/2007/personsx\\_layout.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2007/personsx_layout.pdf).<sup>63</sup> Although the questions below are addressed to “this person,” the actual questions are written to ask the respondent about their own limitation or those of family members.

- 1) Is this person limited in the kind or amount of play activities he/she can do because of a physical, mental, or emotional problem?
- 2) Does this person receive Special Education or Early Intervention Services?
- 3) Because of a physical, mental, or emotional problem, does this person need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home?
- 4) Because of a physical, mental, or emotional problem, does this person need help of other persons in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- 5) Does a physical, mental, or emotional problem keep this person from working at a job or business?
- 6) Is this person limited in the kind or amount of work they can do because of a physical, mental, or emotional problem?
- 7) Because of a health problem, does this person have difficulty walking without using any special equipment?
- 8) Is this person limited in any way because of difficulty remembering or because they experience periods of confusion?
- 9) Is this person limited in any way in any activities because of physical, mental, or emotional problems?

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<sup>63</sup> Center for Disease Control, 2007, National Health Interview Survey Person File Variable Layout document, [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/NHIS/2007/personsx\\_layout.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2007/personsx_layout.pdf), 29-37. Last viewed April 3, 2009.