
California State Independent Living Council (SILC)

Needs Assessment For 2014-2016 State Plan For Independent Living (SPIL)



State Independent Living Council

SILC

California

TABLE OF CONTENTS

1. Executive Summary	1
2. Introduction	9
3. Findings	13
4. Conclusion	27
5. Appendix A	31
6. Appendix B	35

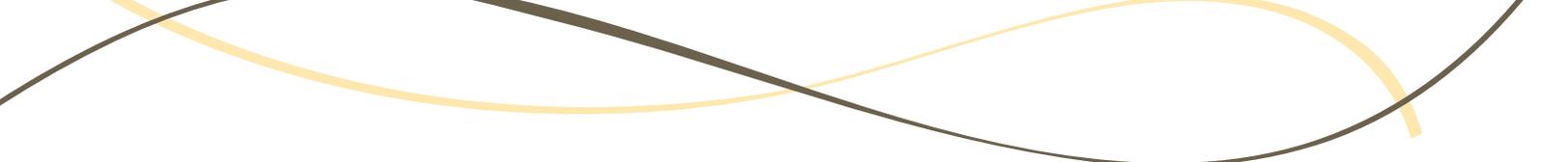
PREPARED BY:

Mission Analytics Group, Inc.
601 Montgomery Street, Ste. 400
San Francisco, CA 94111
(P) 415-814-1557
(F) 415-500-8290
www.mission-ag.com



1. EXECUTIVE SUMMARY

In 1973, Congress passed the landmark Rehabilitation Act. Title VII of the Act established a framework for the creation and funding of Independent Living Centers (ILCs) nationally. Title VII requires each State Independent Living Council (SILC) to report annually on its activities, expenditures, and the individuals it serves (in the so-called “704 reports,” after Section 704 of the Act). Title VII also requires SILCs to submit a State Plan for Independent Living (SPIL) every three years. In its SPIL, each SILC must identify statewide needs for independent living (IL) services. In 2013, California must submit a new SPIL for the period 2014-2016.



The SILC conducts a statewide needs assessment study every three years to identify underserved groups; this assessment then informs the SPIL. This year the SILC contracted with Mission Analytics Group, Inc. (Mission) to conduct the needs assessment. As a central element of the assessment, Mission analyzed existing data sources to identify the population groups and geographic areas most in need of additional IL services.

This document addresses four main questions:

1. Which geographic regions – defined as ILC catchment areas – are most in need of additional IL services?
2. By type of disability, which individuals are the most underserved in California?
3. Which racial and ethnic groups in California are the most in need of additional IL services?
4. What are the main challenges affecting access to IL services?

This report uses administrative data from the following sources:

- 704 reports
- The American Community Survey (ACS)
- The Department of Developmental Services (DDS)
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- The Department of Rehabilitation (DOR) Survey of Languages

This report also uses data from two surveys Mission conducted for the needs assessment – the first with ILC directors and the second with members of the wider IL network. Of the 28 surveys we distributed to ILC directors, we received 23 responses (an 82 percent response rate). We asked directors questions about their mission, the services they provide, and how comprehensively some groups receive services compared to others. The survey distributed to members of the IL network closely resembled the directors' survey. Invitations to complete the survey were widely distributed; any member of the IL network could respond. We received 49 responses. Like the directors' survey, the network survey asked questions that focused on how comprehensively some groups received services compared to others. The majority of individuals who completed the network survey identified as having a disability or as being an advocate. Among individuals with a disability, the majority reported having a physical disability.

Question 1: Which geographic regions are most in need of additional independent IL services?

To determine the share of the disabled population served by each ILC, we calculated a series of penetration rates. For each of these rates, the numerator was the number of individuals served, as indicated by the Centers' 704 reports. The denominator was the total number of individuals with disabilities in that ILC's catchment area. The calculation thus took the following form: numerator divided by denominator multiplied by 100 (to yield a percentage). After calculating penetration rates for each ILC, we ranked ILC penetrations rates from lowest to highest.

In 2010, ILCs in California served just over 30,000 individuals for a statewide penetration rate of 0.9 percent. There were 12 ILCs that had rates below the statewide average. We defined an area as "highly in need" if its penetration rate was less than 50 percent of the statewide average. Five ILCs had penetration rates below this more stringent threshold. All five have mid-size populations ranging from about 1.3 million to almost 2.2 million. The population of individuals with disabilities in these low-penetration areas ranges from around 150,000 to just over 200,000. Notably, all catchment areas identified as "highly in need" are located in inland areas of the state.

Because regions with small populations might plausibly have fewer services available, we examined the population density of ILC catchment areas. We separated ILCs into three groups by population density: low, medium, and high. As a general trend, the average penetration rate in these three groups increases along with population density.

We also examined the relationship between the share of individuals with disabilities who are living in poverty and the penetration rate of the region. We divided ILCs into three groups by penetration rate: low, medium, and high. Poverty rates for the three population density groups were 20.0 percent, 18.6 percent, and 17.7 percent, respectively. Although it was not possible to apply tests of statistical significance on a sample with just three groups, it appears that some ILCs that serve a higher share of individuals in poverty may face additional challenges in providing services to those individuals.

Question 2: By type of disability, which individuals most need additional IL services?

The second goal of this report is to identify which types of disabilities might most need additional IL services. We examined individuals with the following types of disabilities: hearing, cognitive, vision, physical, and mental health. With the exception of mental health, we used the same data sources mentioned in the first analysis. Since mental health information is not included in the ACS, we used the SAMHSA estimates of serious mental illness for California. For this question, our numerator was the number of individuals served with each type of disability. The denominator was the population of individuals with each type of disability. Because individuals with cognitive disabilities in California are likely to receive services through the DDS, we subtracted from the numerator the number of consumers actively served by the Regional Centers that contract with DDS.

ILCs in California serve many more individuals with physical disabilities than all other types combine. However, the penetration rate is highest for individuals with a mental health disability. The statewide penetration rate is lowest for individuals with hearing, cognitive, and visual disabilities.

To examine the perception of need from directors and the IL network, we asked each group to rank how comprehensively ILCs serve individuals with different types of disabilities. Both ILC directors and members of the IL network felt that individuals with physical disabilities are most comprehensively served, a finding that aligns with the higher penetration rate for physical disabilities. ILC directors also felt that individuals with cognitive, hearing, and vision disabilities are less comprehensively served, a finding that aligns with the lower penetration rates for individuals with these types of disabilities. There was just one notable discrepancy: Members of the IL network felt that individuals with mental health disabilities are the least comprehensively served, even though this group has the highest overall penetration rate.

Finally, we gathered information from DOR on individuals served in 2011 with traumatic brain injury (TBI); individuals needing assistive technologies (AT); and older individuals who are blind (OIB). The IL network served an estimated 953 individuals with TBI and 6,968 individuals needing AT, and 7,268 individuals served by the OIB program. Because we lack data on the total number of individuals to use as a denominator (specifically, the total number of eligible individuals by catchment area), we cannot calculate penetration rates for these groups.

Question 3: Which racial and ethnic groups most need additional IL services?

The third goal of the needs assessment is to determine whether some individuals with disabilities are underserved as a function of their race or ethnicity. We first calculated a penetration rate for each racial and ethnic group. For each group, the numerator was the number of individuals served by ILCs across the state. The denominator was the total number of individuals with a disability in that group minus the corresponding number of individuals served by DDS (i.e., in the same racial or ethnic group).

The penetration rate across racial and ethnic groups was 0.7 percent. Aside from individuals with two or more races listed, Asian Americans with a disability had the lowest penetration rate at 0.3 percent. African Americans had the highest penetration rate at 2.4 percent.

We also examined penetration rates by race at the ILC level. Because the ACS does not provide cross-tabulations of disability and race/ethnicity by county, we assumed that individuals from different racial and ethnic categories are equally likely to have different types of disabilities. ILCs with below-average overall penetration rates are likely to have below-average penetration rates in all racial categories, suggesting that no single racial category drives the lower rates. Across all ILCs, penetration rates for both Asians and Hispanics are particularly low, and it is common for an ILC to have low penetration rates for both ethnic groups. Of the 15 ILCs with below-average penetration rates among individuals of Asian descent, all but three also have below-average penetration rates among individuals who identify as Hispanic or Latino.

We also examined the perception of need from ILC directors and members of the IL network. Specifically, we asked each group to rank order how comprehensively ILCs serve individuals of different racial and ethnic groups. The ILC directors and the IL network agreed on all rankings of service by race/ethnicity. Both the ILC directors and the IL network felt that Asian Americans are the most in need of additional services. This finding aligns with the lower penetration rates for Asian Americans across ILCs. Both the ILC directors and the members of the IL network felt that Hispanics were more comprehensively served than penetration data suggest. The directors and the network also perceived African Americans as being less comprehensively served; by contrast, our data suggest that African Americans have the highest penetration rates. This discrepancy may be caused by the overall numbers of individuals served by certain races. For example, the ILCs served a higher number of Hispanics than African Americans. However, in



California there are more than 900,000 Hispanic individuals with a disability compared to fewer than 300,000 African American individuals with a disability. Even though ILCs serve more Hispanic individuals, the penetration rate is much lower. ILC directors may believe that the number of African Americans they *could* be serving is larger than the actual number of African Americans in the population.

We asked directors to provide information on the languages into which they translate materials for ILC consumers. Almost every ILC translates materials into Spanish, and nearly one in three translates materials into Chinese. The next most common languages are Tagalog and Vietnamese. Less than 10 percent of ILCs translate materials into Armenian, Cambodian, Russian, Japanese, or Korean. In general, the ILC directors' perceptions of how comprehensively they serve individuals who speak these languages reflect how commonly they provide translated materials. Members of the IL network, however, perceived Tagalog as the least comprehensively served language, indicating that there may be more need for materials in this language than are currently available.

Finally, we reviewed the policy recommendations from the 2012 California Youth Leadership Forum (YLF). The YLF recommended that students should be able to meet their foreign language requirement by taking American Sign Language (ASL) and Braille classes. A change in education policy may be exceptionally helpful to non-native speakers of ASL. For example, an individual who speaks Spanish Sign Language (SSL) may greatly benefit from being able to use school language requirements to learn ASL. In addition, hearing students who take ASL will be better prepared to enter the workforce as providers of supportive services to all individuals who speak ASL (both with disabilities and without disabilities).

Given the current methods for collecting data on threshold languages, the need for translation into ASL and Braille may be underestimated. In particular, individuals looking for materials in ASL (videos with signed captioning) may find it difficult to request those materials because requests are taken in part by phone. While we assume that most ILCs have TTY capabilities, some individuals who are deaf or hard of hearing may lack the assistive technology (AT) to use TTY services.



Question 4: What are the main challenges affecting access to, and delivery of, IL services?

An additional goal of this report is to identify the major challenges that both clients and providers of IL services encounter in the areas of access and delivery. We asked respondents in the IL network to rank six possible barriers to accessing IL services. Transportation, location, and cost were identified as the most serious challenges to accessing IL services. Interestingly, however, when individuals were asked to describe how easy it is to access the services they need, 68.1 percent reported that it was either easy or moderately easy to access the services they need.

Both ILC directors and members of the IL network were also asked to rank the difficulties posed by several common barriers to delivering IL services. Individuals in the IL network indicated that access to transportation and distance between individuals and services were the main issues preventing providers of IL services from delivering services to all eligible individuals.



This page left blank intentionally.



2. INTRODUCTION

In 1973, Congress passed the landmark Rehabilitation Act. Title VII of the Act established a framework for the creation and funding of ILCs nationally. Title VII requires each State Independent Living Council (SILC) to report annually on its activities, expenditures, and the individuals it serves (in the so-called “704 reports,” after Section 704 of the Act). Title VII also requires SILCs to submit a State Plan for Independent Living (SPIL) every three years. In its SPIL, each SILC must identify statewide needs for IL services. In 2013, California must submit a new SPIL for the period 2014-2016.



The SILC conducts a statewide needs assessment study every three years to identify underserved groups; this assessment then informs the SPIL. This year the SILC contracted with Mission Analytics Group, Inc. (Mission) to conduct the needs assessment. As a central element of the assessment, Mission analyzed existing data sources to identify the population groups and geographic areas most in need of additional IL services.

The needs assessment addresses four main questions:

1. Which geographic regions – defined as ILC catchment areas – are most in need of additional IL services?
2. By type of disability, which individuals are the most underserved in California?
3. Which racial and ethnic groups in California are the most in need of additional IL services?
4. What are the main challenges affecting access to, and delivery of, IL services?

Methodology

In order to provide a comprehensive assessment of need, we used existing data and collected additional survey data. Whenever possible, we attempted to look across data sources to identify areas of agreement. This section describes our data sources and methodology.

Administrative Data to Calculate a Penetration Rate

This report uses administrative data from 704 reports, ACS, DDS, and SAMHSA. Using these data sets, we calculated a “penetration rate” for each ILC catchment area, for individuals with each type of disability, and for each category of race and ethnicity. The penetration rate is the share of the total population of individuals with disabilities who have received services. For each of these rates, the *numerator* was the number of individuals served, as indicated by the centers’ 704 reports. The *denominator* was the total number of individuals with disabilities in that ILC’s catchment area. (For a listing of ILCs and their catchment areas, please see Table 1.)¹ The calculation thus took the following form: numerator divided by denominator multiplied by 100 (to yield a percentage). After calculating penetration rates for each ILC, we ranked ILC penetrations rates from lowest to highest and then inspected these rankings for trends.

For example, for the numerator for the calculation by ILC region, we used the number of individuals served by each ILC. For the denominator, we used the number of individuals with a disability in each ILC catchment area minus the number of individuals who were



active consumers of services funded by DDS in 2010. (We assume that individuals who are already receiving services through California's 21 Regional Centers will typically not seek additional IL services, and we have, therefore, excluded them from the overall disability population.) Dividing the numerator by the denominator leaves us with the share of individuals with disabilities who are currently receiving IL services through the ILC system. In two counties, Alameda and Los Angeles, services are provided by multiple ILCs. We thus calculated penetration rates for these counties as a whole (i.e., not by ILC catchment area).

Additional Administrative Data

We also used additional administrative data to examine possible factors that may affect penetration rates at ILCs. We included data on share of the population in poverty, population change in the region between 2000 and 2010, population density, and state and federal resources. For additional information on languages spoken in California, DOR provided us with their 2012 Survey of Languages.

¹We used the ACS one-year estimates whenever possible. For counties with populations of less than 20,000 individuals we used the 2008 to 2010 ACS three-year estimates. Six counties were excluded from the estimates because their populations were so small the ACS does not report the number of individuals with disabilities. These counties were Alpine, Inyo, Mariposa, Modoc, Sierra, and Trinity: <http://www.census.gov/acs/www/>

²The number of individuals with DDS active cases comes from the Monthly Consumer Caseload Report, Through January 2010 from DDS. http://www.dds.ca.gov/FactsStats/Caseload_Main.cfm.

Survey Data from ILC Directors and the ILC Network

Finally, we conducted two electronic surveys – one distributed to ILC directors and the other distributed to members of the wider IL network. Of the 28 surveys distributed to ILC directors, we received 23 responses (an 82 percent response rate). We asked directors questions about their mission, the services they provide, and how comprehensively some groups receive services compared to others. The second survey was similar to the director survey and was distributed to members of the wider IL network. Any interested person was invited to respond to the network survey. We received 49 survey responses. Like the directors' survey, the network survey asked questions that focused on how comprehensively some groups received services compared to others. The majority of individuals who completed the network survey identified as having a disability or being an advocate. Among individuals with a disability, the majority have a physical disability.

For more information on demographics of individuals who completed the survey, please see Appendix A. For copies of the two surveys, please see Appendix B.

Data Limitations

The range of questions we could address was limited by the availability of existing data sets. For example, stakeholders suggested adding information on individuals with HIV/AIDS, but ILCs do not collect this information in the 704 reports, so we were not able to calculate a penetration rate. Despite these limitations, we integrated feedback from the community into the needs assessment process whenever possible.



3. FINDINGS

This section presents the findings of the needs assessment report and seeks to address which individuals in California are most in need of additional IL services by geographic region, type of disability, and race and ethnicity. To answer these questions, we use data from the Cumulative Statewide California Independent Living Report for Federal Fiscal Year 2009/2010 (a compilation of data from 704 reports) and from the 2010 ACS (conducted by the Census Bureau).

Question 1: Which geographic regions are most in need of additional IL services?

To determine which geographic regions are most in need of additional IL services, we calculated a penetration rate for each ILC which tells us what share of the disabled population in that region was served by the ILC. After calculating penetration rates for each ILC, we ranked penetrations rates from lowest to highest.

Table 1 shows the ILCs penetration rate compared to the statewide average. A negative percentage indicates an ILC's penetration rate is below the state average. A positive percentage indicates a penetration rate above the state average. For example, a minus 44 percent means that an ILC's penetration rate is 44 percent below the statewide average.

In 2010, ILCs in California served just over 30,000 individuals for a statewide penetration rate of 0.9 percent. Twelve ILCs had rates below this level. We defined an area as "highly in need" if its penetration rate was less than 50 percent of the statewide average. Five ILCs had penetration rates below this level.

The remaining 10 ILCs had rates above the statewide average. Marin Center for Independent Living had the highest penetration rate in the state; however, Marin also happened to be the geographic area with the lowest number of disabled individuals not receiving DDS services. The two counties with more than one ILC (Alameda and Los Angeles) both had penetration rates above the statewide rate (though it is possible that the penetration rates of some ILCs in these counties were lower than average.)

Table 1: ILC Penetration Rates Relative to the Statewide Average, Ranked Lowest to Highest

ILC	Counties in Catchment Area	Percent Above or Below State Average
Resources for Independence, Central Valley	Fresno, Kings, Madera, Merced, Tulare	-69.1%
Community Access Center	Riverside	-60.4%
Disability Resource Agency for Independent Living	Amador, Calaveras, Mariposa, San Joaquin, Stanislaus, Tuolumne	-54.2%
Rolling Start, Inc.	Inyo, Mono, San Bernardino	-52.9%
Resources for Independent Living	Sacramento, Yolo	-51.9%
Placer Independent Resource Services	Alpine, El Dorado, Placer	-44.5%
Access to Independence of San Diego, Inc.	Imperial, San Diego	-43.8%
Independent Living Resource Center, Inc, Santa Barbara	San Luis Obispo, Santa Barbara, Ventura	-41.1%
Independent Living Resource Center San Francisco	San Francisco	-34.1%
Independent Living Resources of Solano, Contra Costa	Contra Costa, Solano	-32.6%
Silicon Valley Independent Living Center	Santa Clara	-30.0%
Tri-County Independent Living Center, Inc.	Del Norte, Humboldt, Trinity	-4.0%
Statewide	California	-
Independent Living Services of Northern CA	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama	+5.2%
Central Coast Center for Independent Living	Monterey, San Benito, Santa Cruz	+8.7%
Independent Living Center of Kern County	Kern	+17.1%
Los Angeles ILCs	Los Angeles	+34.4%
Disability Services & Legal Center	Lake, Mendocino, Napa, Sonoma	+56.3%
Alameda ILCs	Alameda	+74.6%
The Dayle McIntosh Center for the Disabled	Orange	+112.5%
Center for the Independence of Individuals with Disabilities	San Mateo	+123.2%
FREED Center for Independent Living	Colusa, Nevada, Sierra, Sutter Yuba	+178.4%
Marin Center for Independent Living	Marin	+256.7%

Across California, the number of individuals living in ILC catchment areas ranges from just over 150,000 (for Tri-County Independent Living, Inc.) to almost 10 million (for all Los Angeles catchment areas combined). All five ILCs with the lowest penetration rates have mid-sized populations ranging from about 1.3 million to almost 2.2 million. The population of individuals with disabilities in these low-penetration areas ranges from around 150,000 to just over 200,000. Notably, all catchment areas identified as “highly in need” are located in inland areas of the state. We also examined the population density of ILC catchment areas to see whether low penetration rates might be associated with low population density (since regions with smaller populations might have fewer services available).³ We separated ILCs into three distinct groups by population density: low, medium, and high. The data in Table 2 suggest that penetration rates rise with population density.

Table 2: Average Population Density and Average Penetration Rates

Population Density (# ILCs)	Average Population Density	Average Penetration Rate	Average Difference from Statewide Penetration Rate
Lowest (7)	204	0.9%	+5.6%
Medium (7)	654	1.0%	+16.2%
High (8)	2,860	1.1%	+24.5%

We also examined whether there may be any relationship between the share of individuals with disabilities who are living in poverty and the penetration rate of the region. We divided ILCs into three groups by poverty rates: low, medium, and high. Table 3 shows the average penetration and poverty rates for these three groups, along with the average difference between the penetration rates for ILCs in each group and the average statewide penetration rate. The ILCs with the lowest penetration rates also had the highest share of individuals in poverty (19.4 percent). The share of individuals in poverty is lower for the medium group (18.6 percent) and lowest for the highest penetration rate (17.7 percent).

³We found California county density information through the California State Association of Counties, which calculated density based on population estimates from the California Department of Finance and square mileage numbers from the California State Controller’s Office. www.counties.org.

Although we could not test for statistical reliability with just three cases, the general trend suggests that some ILCs may find it more challenging to deliver services when the region they serve has a higher share of individuals with disabilities living in poverty.

Table 3: Average Share in Poverty and Average Penetration Rates

Penetration Rate (# ILCs)	Average Poverty Rate	Average Penetration Rate	Average Difference from Statewide Penetration Rate
Low (7)	19.4%	0.4%	-53.8%
Medium (7)	18.6%	0.7%	-18.3%
High (8)	17.7%	1.6%	+106.7%

Question 2: By type of disability, which individuals most need additional IL services?

The second goal of this report is to identify which types of disabilities might most need additional IL services. We examined individuals with the following types of disabilities: hearing, cognitive, vision, physical, and mental health. With the exception of mental health, we used the same data sources mentioned in the first analysis. Because mental health information is not included in the ACS, we used the SAMHSA estimates of serious mental illness for California.⁴ For this question, our numerator was the number of individuals served with each type of disability. The denominator was the population of individuals with each type of disability. (For individuals with cognitive disabilities, we once again subtracted consumers actively being served by DDS.) Table 4 shows the penetration rate by individuals with each type of disability.

⁴We used estimates from the SAMHSA, California 2010 Mental Health National Outcome Measures (NOMS): <http://www.samhsa.gov/dataoutcomes/urs/2010/California.pdf>.

Table 4: Service Penetration Rate for California, by Disability Type, 2010

Type of Disability	ILC Consumers Served 09/10	Statewide Disability Population (Cognitive Minus DDS)	Penetration Rate
Hearing	1,288	1,017,075	0.1%
Cognitive	2,417	1,182,828	0.2%
Vision	1,861	666,519	0.3%
Physical	11,888	1,941,798	0.6%
Mental Health	6,322	596,244	1.1%
Multiple	5,062	N/A (not reported in ACS)	N/A
Other	1,168	N/A (not reported in ACS)	N/A
Individuals with at Least One Disability Type	30,006	5,404,464	0.6%

The overall penetration rate across all disability types is 0.4 percent. It is important to note that limitations in the data artificially depress this rate. The individuals served by type of disability (the numerator) is an unduplicated count of individuals with disabilities. The 704 data identifies individuals with more than one type of disability as “multiple”; it also includes a category of “other.” However, the ACS does not include a category for “other,” nor does it include a category for multiple disabilities. Under the ACS counting system, an individual with any disability could have more than one type. In other words, the number of individuals with disabilities according to ACS includes *duplicated* counts. Thus, while there are approximately 3.6 million unique individuals with disabilities in California, the total “instances of disability” is roughly 5.5 million (including more than 596,000 for individuals with a mental health disability from the SAMHSA data). Because each disability type under ACS includes individuals with multiple disabilities, the penetration rates for each group appear artificially depressed. However, we can still compare the *relative* penetration rates across disability types.

ILCs in California serve many more individuals with physical disabilities than all other types combined; however, the penetration rate was highest for individuals with a mental health disability. The statewide penetration rates were lowest for individuals with hearing, cognitive, and visual disabilities.

The share of individuals with more than one type of disability increases dramatically for the population over 65 years old. In California, more than half of the population over 65 has more than one type of disability. By comparison, among individuals ages 18 to 64,

only 28 percent have more than one type of disability. There are more than 1.3 million individuals in California with more than one type of disability. In 2010, ILCs served 5,062 individuals with multiple disabilities, yielding a penetration rate of 0.4 percent, below the average of 0.4 percent for individuals with all disabilities.

We also examined *perceptions* of need from ILC directors and the wider IL network by asking each group to rank order how comprehensively ILCs serve individuals with different types of disabilities. We asked these groups to rank services on a scale of 1 (most comprehensive) to 5 (least comprehensive). The data from these rankings are presented in Tables 5 and 6. Both ILC directors and members of the IL network felt that individuals with physical disabilities are most comprehensively served, which aligns with the higher penetration rate for physical disabilities. The ILC directors also felt that individuals with cognitive, hearing, and vision disabilities are less comprehensively served, which aligns with the lower penetration rates for individuals with these types of disabilities. The only notable discrepancy was that members of the ILC network felt that individuals with mental health disabilities are the least comprehensively served, even though this group has the highest overall penetration rate.

**Table 5: Perceptions of ILC Directors:
Comprehensiveness of Services by Disability Type**

Individuals with Type of Disability	Average Ranking	Level of Service
Physical	1.45	Most
Mental Health	2.27	
Cognitive	3.36	
Hearing	3.86	
Vision	4.05	Least

**Table 6: Perceptions of IL Network:
Comprehensiveness of Services by Disability Type**

Individuals with Type of Disability	Average Ranking	Level of Service
Physical	1.68	Most
Cognitive	3.00	
Hearing	3.36	
Vision	3.47	
Mental Health	3.49	Least

Finally, we gathered information from DOR on individuals served in 2011 with TBI and individuals needing AT. We also gathered data on the number of individuals served in 2011 who are OIB. The IL network served an estimated 953 individuals with TBI and 6,968 needing AT. The OIB program served 7,268 individuals. Because we lack data on the total number of individuals to use as a denominator (specifically, the total number of eligible individuals by catchment area), we cannot calculate penetration rates for these groups.

Question 3: Which racial and ethnic groups most need additional IL services?

The final goal of the needs assessment is to determine whether some individuals with disabilities are underserved as a function of their race or ethnicity. Table 7 shows the penetration rate for each racial and ethnic group. For each group, the numerator was the number of individuals served by ILCs across the state. The denominator was the total number of individuals with a disability in that group minus the corresponding number of individuals served by DDS (i.e., individuals in the same racial or ethnic group).

Table 7: Service Penetration Rate for California, by Race and Ethnicity, 2010

Race/Ethnicity	Total Consumers Served 09/10	Statewide Disability Population (Minus DDS)	Penetration Rate
Asian	1,092	338,649	0.3%
White	13,565	2,407,144	0.6%
Hispanic or Latino of any Race	6,943	934,986	0.7%
American Indian or Alaska Native	491	46,812	1.1%
Native Hawaiian or Pacific Islander	295	12,523	2.4%
Black or African American	6,500	270,438	2.4%
Two or More Races	287	139,985	0.2%
Race or Ethnicity Unknown	833	N/A	N/A
All Races and Ethnicities	30,006	4,150,535	0.7%

The penetration rate across all racial and ethnic groups was 0.7 percent. Aside from individuals with two or more races listed, Asian Americans with a disability had the lowest penetration rate at 0.3 percent. African Americans had the highest penetration rate at 2.4 percent. Limitations in the data may artificially depress these rates. While the 704 data and the census data have the same racial and ethnic categories, they do not use them



in the same ways. The ACS form allows respondents to check off more than one race. Moreover, the category of “Hispanic or Latino of any race” is used by the Census Bureau as an “overlay” on race (i.e., an individual can identify as White *and* Latino, or as Black or African-American *and* Latino). But ILCs take a different approach. The total number of individuals served by ILCs across racial and ethnic categories (including individuals whose race or ethnicity is unknown) sums to the total number of individuals served across ILCs, ignoring race and ethnicity (30,006). As recorded by ILCs, racial and ethnic categories are always mutually exclusive. By contrast, the denominator, derived from the ACS, is much higher than the total number of people in the state with a disability (3.6 million statewide compared to 4.1 million reported in the table).

We also examined the issue of penetration rates by race at the ILC level. Because the ACS does not provide cross-tabulations of disability and race/ethnicity by county, we had to derive estimates of these counts from population counts by county and racial and ethnic counts by county, assuming that individuals from different racial and ethnic categories are equally likely to have disabilities. Using these estimated county-level figures, we then estimated counts of race and ethnicity by ILC catchment area. Next, we determined the penetration rates by race for each ILC by dividing the number of individuals served in each racial or ethnic group by the estimated total numbers of individuals with disabilities in each racial or ethnic group. Note that it was not possible to estimate these figures for the ILCs in the two counties that are served by multiple ILCs – Los Angeles and Alameda. These ILCs are thus excluded from our analysis.

ILCs with below-average overall penetration rates are likely to have below-average penetration rates in all racial categories, suggesting that no single racial category drives the lower rates. Across all ILCs, penetration rates for both Asians and Hispanics are particularly low, and it is common for an ILC to have low penetration rates for both ethnic groups. Of the 15 ILCs with below-average penetration rates among individuals of Asian descent, all but three also have below-average penetration rates among individuals who identify as Hispanic or Latino.

We examined perceptions of need among ILC directors and members of the IL network by asking them to rank order how comprehensively ILCs serve individuals of different racial and ethnic groups. Members of each group were asked to rank services from 1 (“most comprehensive”) to 5 (“least comprehensive”). The data from these questions are presented in Tables 8 and 9.

The ILC directors and the network agreed on all rankings of service by race/ethnicity. Both the ILC directors and members of the IL network felt that Asian Americans are the most in need of additional services. This finding corresponds to the lower penetration rates for Asian Americans across ILCs. Both ILC directors and members of the IL network felt that Hispanics were more comprehensively served than the penetration data suggest. Both ILC directors and members of the IL network also felt that African Americans are less comprehensively served; by contrast, our data suggest that African Americans have the highest penetration rates of service. This discrepancy may be caused by the raw numbers of individuals served in each racial or ethnic group. For example, the ILCs served more Hispanics than African Americans. However, in California there are over 900,000 Hispanic individuals with a disability compared to fewer than 300,000 African American individuals with a disability. Even though the ILC network serves more Hispanics, the penetration rate is much lower. The perceptions of directors may be influenced by a discrepancy between the number of individuals they serve and their sense of how many individuals they *could* be serving.

**Table 8: Perceptions of ILC Directors:
Comprehensiveness of Services by Race/Ethnicity**

Race/Ethnicity	Average Rating	Level of Service
White/Caucasian	1.4	Most
Hispanic/Latino	2.0	
Black/African American	3.1	
Asian	3.5	Least

**Table 9: Perceptions of ILC Network:
Comprehensiveness of Services by Race/Ethnicity**

Race/Ethnicity	Average Rating	Level of Service
White/Caucasian	1.6	Most
Hispanic/Latino	2.2	
Black/African American	2.9	
Asian	3.3	Least

Language Needs

To assess languages spoken by individuals who seek services in California, we used data from DOR's 2012 Language Survey Results. This survey, completed by DOR's Office of Civil Rights, was conducted over a two week period between July and August 2012 in accordance with the Bilingual Services Language Program. Staff at DOR used a tally log to track languages spoken by anyone contacting DOR during the data collection period. Any member of the public who contacted DOR by email, phone, or in-person was included in the survey. DOR staff recorded the language used during the communication. As shown in Table 10, the vast majority of contacts were in English, followed by Spanish and ASL. Just under 7 percent of contacts were in Spanish and 3 percent of contacts were in ASL. However, these numbers likely do not reflect all of the languages spoken by individuals. For example, a person who speaks ASL and requests assistance by email would be marked as English. Similarly, a person who speaks Cantonese as his or her first language, but communicated with DOR in English would also be marked as English. Additionally, languages spoken may differ by region. To get information by ILC catchment area, we also relied on our survey of ILC directors and the IL network.

Table 10: Survey Results from 2012 DOR Language Survey

Language	Number	Share of Total
English	81,046	88.6%
Spanish	6,241	6.8%
American Sign Language	2,780	3.0%
Vietnamese	239	0.3%
Tagalog	221	0.2%
Cantonese	209	0.2%
Mandarin	144	0.2%
Farsi	138	0.2%
Korean	118	0.1%
Cambodian	108	0.1%
Armenian	88	0.1%
Other	120	0.1%
Total	91,452	



To determine whether ILC directors felt that individuals' language needs were being met, we asked them about the languages they translate materials into. Almost every ILC translates materials into Spanish, and almost one in three translates materials into Chinese. The next most common languages are Tagalog and Vietnamese. Less than 10 percent of ILCs translate materials into Armenian, Cambodian, Russian, Japanese, or Korean. In general the ILCs directors' perceptions of how comprehensively they serve individuals who speak these languages aligns with the likelihood that those materials would be translated. By contrast, members of the IL network felt that Tagalog was the least comprehensively served language, indicating that the demand for materials in this language may exceed the current supply.

Finally, we reviewed the policy recommendations from the 2012 California Youth Leadership Forum (YLF). The YLF recommended that students should be able to meet their foreign language requirement by taking ASL and Braille classes. A change in education policy may be exceptionally helpful to non-English sign language users. For example, an individual who speaks SSL may greatly benefit from being able to use school language requirements to learn ASL. In addition, hearing students who take ASL will be better prepared to enter the workforce as providers of supportive services to all individuals who speak ASL (both with disabilities and without disabilities).

Given the current methods for collecting data on languages, the need for translation into ASL and Braille may be underestimated. In particular, individuals looking for materials in ASL (videos with signed captioning) may find it harder to request those materials because requests are taken in part by phone. While we assume that most ILCs have TTY capabilities, some individuals who are deaf or hard of hearing may lack the AT to use TTY services.

Question 4: What are the main challenges affecting access to, and delivery of, IL services?

An additional goal of this report was to identify the major challenges that both providers and consumers encounter in the delivery and receipt of IL services. In order to identify the major challenges involved in accessing IL services, we included a survey question asking respondents in the IL network to indicate from a list any issues that they considered to be barriers to accessing IL services. (Note that respondents had the option to choose more than one barrier.) Table 11 shows the complete list of possible barriers, along with the share of individuals who indicated that these barriers make it more difficult to access services. Among the candidate barriers, transportation, location, and cost were identified most frequently.

Table 11: Perceptions of IL Network: Barriers to Accessing IL Services

Barriers to Services	# Responses	Share*
Transportation	27	57.4%
Location	20	42.6%
Cost	20	42.6%
Disability Access	9	19.1%
Language	5	10.6%
Other	7	14.9%

**Shares do not add up to 100% because individuals can fit into more than one category*

A separate question asked individuals to indicate how easy it is to access the services they need on a scale of 1 (“not at all easy”) to 5 (“extremely easy”). The data from these responses appear in Table 12. Notably, 68.1 percent reported that it was either easy or moderately easy to access those services.

Table 12: Perceptions of ILC Network: Ability to Access Needed Services

Ability to Access Services	# Responses	Share
Extremely Easy	0	0.0%
Easy	13	27.7%
Moderately Easy	19	40.4%
Slightly Easy	9	19.1%
Not at all Easy	6	12.8%

We next looked at the barriers that make it difficult for providers to deliver IL services. To address this issue, we asked both ILC directors and members of the IL network to rank a set of possible common barriers on a scale of 1 (“most difficult”) to 6 (“least difficult”); respondents also had the opportunity to add comments in a free-text field. The data from the rankings appear in Tables 13 and 14.

As Table 13 shows, respondents in the IL network reported that access to transportation and distance between individuals and services were the main barriers impeding the ability of IL providers to comprehensively serve all eligible individuals. In the words of one member of the IL network, “Four of the eight counties we serve require at least a two-hour drive to either of our two offices. In effect, we are unable to serve people in these

counties in any direct manner.” This indicates that in areas that are less densely populated or have inadequate public transportation systems, it becomes considerably more difficult to reach the eligible population.

**Table 13: Perceptions of ILC Network:
Barriers to ILCs Comprehensively Serving Individuals**

Barriers to Services	Average Rating	Impact of Barrier
Access to Transportation	2.6	Most
Distance Between Individuals and Services	3.3	
Language Access	3.3	
Disability Access	3.4	
High Levels of Poverty in the Region	3.8	
Rapid Population Growth in Region	4.6	Least

1 = “most difficult”; 6 = “least difficult”

As Table 14 shows, ILC directors ranked access to transportation and distance between individuals and services as the most difficult challenges to reaching all eligible individuals. Notably, several ILC directors mentioned these same challenges in their open-ended responses. ILC providers in rural or less densely populated areas often find it difficult to reach all the individuals they intended. As one director wrote, “It’s too far for staff to travel and often impossible to travel in winter snow. The public transit is completely disconnected, so consumers cannot come to us.”

**Table 14: Perceptions of ILC Directors:
Barriers to ILCs to Comprehensively Serve Individuals**

Barriers to Providing Services	Average Rating	Impact of Barrier
Access to Transportation	2.8	Most
Distance between Individuals and Services	2.9	
High Levels of Poverty in the Region	3.1	
Language Access	3.5	
Disability Access	4.1	
Rapid Population Growth in Region	4.7	Least

1 = “most difficult”; 6 = “least difficult”



4. CONCLUSION

The aim of the needs assessment was to identify the population groups and geographic areas most in need of additional IL services. Through administrative and survey data, we identified groups that are less comprehensively served than others.

This report focused on four central questions:

1. Which geographic regions – defined as ILC catchment areas – are most in need of additional services?
2. By type of disability, which individuals most need additional IL services?
3. Which racial and ethnic groups most need additional IL services?
4. What are the main challenges affecting access to, and delivery of, IL services?

We summarize our findings below.

Question 1: Which geographic regions are most in need of additional independent living services?

- In 2010, ILCs in California served just over 30,000 individuals for a statewide penetration rate of 0.9 percent.
- Twelve ILCs had rates below the statewide average. We defined an area as “highly in need” if its penetration rate was less than 50 percent of the statewide average. Five ILCs had penetration rates below this level.
- All five catchment areas identified as “highly in need” are located in inland areas of the state. We examined the population density of ILC catchment areas to see whether low penetration rates might be associated with low population density (since regions with lower populations might have fewer services available). We separated ILCs by population density to create three distinct groups by population density: low, medium, and high. Although there were too few cases to establish a statistically reliable correlation, we noted that population density and penetration rates seem to go up in tandem.
- We also examined whether there may be any relationship between the share of individuals with disabilities who are living in poverty and the penetration rate of the region. We divided ILCs into three groups by penetration rate: low, medium and high. The ILCs with the lowest penetration rates also seem to have the highest share of individuals in poverty (almost 20 percent). Although we could not conduct a test of statistical reliability, this trend may indicate that some ILCs face additional barriers when the region they serve has a higher share of individuals with disabilities living in poverty.

Question 2: By type of disability, which individuals most need additional IL services?

- ILCs in California serve many more individuals with physical disabilities than all other types combined. However, the penetration rate is highest for individuals with a mental health disability. The statewide penetration rates are lowest for individuals with hearing, cognitive, and visual disabilities.
- Both ILC directors and respondents from the IL network felt that individuals with physical disabilities are most comprehensively served; this finding aligns with the higher penetration rate for physical disabilities. ILC directors also felt that individuals with cognitive, hearing, and vision disabilities are less comprehensively served; this, too, aligns with the lower penetration rates for individuals with these types of disabilities. The only notable discrepancy was that members of the IL network felt that individuals with mental health disabilities are least comprehensively served, even though this group has the highest overall penetration rate.
- According to DOR, ILCs served an estimated 953 individuals with TBI and 6,968 individuals with AT. The OIB program served 7,268 individuals. Because we did not have data on the number of individuals in these groups who are served by ILCs, we could not calculate penetration rates.

Question 3: Which racial and ethnic groups most need additional IL services?

- The penetration rate across racial and ethnic groups is 0.7 percent. Aside from individuals with two or more races listed, Asian Americans with a disability have the lowest penetration rate at 0.3 percent. African Americans have the highest penetration rate at 2.4 percent.
- Across all ILCs, penetration rates for both Asians and Hispanics are particularly low, and it is common for an ILC to have low penetration rates for both ethnic groups. Of the 15 ILCs with below-average penetration rates among individuals of Asian descent, all but three also have below-average penetration rates among individuals who identify as Hispanic or Latino.
- Both the ILC directors and respondents from the wider IL network felt that Asian Americans are the most in need of additional services. This finding aligns with the lower penetration rates for Asian Americans across ILCs.

- Almost every ILC translates materials into Spanish, and almost one in three translates materials into Chinese. The next most common languages are Tagalog and Vietnamese. Less than 10 percent of ILCs translate materials into Armenian, Cambodian, Russian, Japanese, or Korean.
- The ILC network perceived Tagalog as the least comprehensively served, indicating that there may be more need for materials in this language than currently available.
- Findings from the 2012 California Youth Leadership Forum (YLF) suggest that ASL and Braille should fulfill foreign language requirements. Because it may sometimes be difficult for individuals speaking ASL to indicate their desire for materials in ASL, the need for translation into that language may be underestimated.

Question 4: What are the main challenges affecting access to, and delivery of, IL services?

- Both ILC directors and members of the IL network identified transportation, location, and cost as the most commonly shared challenges among people accessing IL services.
- Despite the existence of barriers to service, 68.1 percent of respondents in the IL network reported that it was either easy or moderately easy to access the services they need.
- ILC directors and members of the IL network both ranked access to transportation and distance between individuals and services as the main barriers impeding the ability of ILCs to comprehensively serve all the individuals they intend to serve.

Next Steps

The findings from this needs assessment will be incorporated into the 2014-2016 SPIL.



5. APPENDIX A

Table A.1: Demographics of Individuals Completing Network Survey

	Number	Share*
Person with a Disability	31	66.0%
Advocate	28	59.6%
Social Service Provider for People with Disabilities	14	29.8%
Person with Limitations in Daily Life Activities	8	17.0%
Family Member of a Person with a Disability	6	12.8%
Person with a Chronic Health Condition	5	10.6%
Other	7	14.9%

**Shares do not add up to 100% because individuals can fit into more than one category*

Table A.2: Individuals by Disability Type Completing Network Survey

	Number	Share*
Physical	28	59.6%
Mental Health	10	21.3%
Hearing	5	10.6%
Vision	5	10.6%
Cognitive	4	8.5%
Other	4	8.5%
Not Applicable	11	23.4%

**Shares do not add up to 100% because individuals may have more than one disability*

Table A.3: Race/Ethnicity Distribution of Individuals Completing Network Survey

	Number	Share*
White/Caucasian	33	70.2%
Hispanic/Latino	9	19.1%
Black/African American	3	6.4%
Asian	2	4.3%
American Indian/Alaska Native	2	4.3%
Native Hawaiian/Pacific Islander	0	0.0%
Other	1	2.1%

**Shares do not add up to 100% because individuals can fit into more than one race*

**Table A.4: Perception of ILC Network:
How Comprehensive the Services the ILC Provides (by Language)**

	Average Rating*	
Spanish	1.5	Most
Chinese	3.5	
Armenian	3.6	
Cambodian	3.8	
Vietnamese	4.0	
Korean	4.3	
Tagalog	4.4	Least

**Ratings describe 1 as being most comprehensively served, meaning that individuals in that population receive many, if not most, of the services they require, as opposed to 7 being the least comprehensively served.*

Table A.5: Percentage of ILC Centers that Offer ILC Materials Translated (By Language) from Survey of ILC Directors

	Percentage
Spanish	95.5%
Chinese	31.8%
Tagalog	22.7%
Vietnamese	22.7%
Armenian	9.1%
Cambodian	9.1%
Russian	9.1%
Japanese	4.5%
Korean	4.5%

Table A.6: Perception of ILC Directors: How Comprehensive are the Services the ILC Provides (by Language)

	Average Rating*	
Spanish	1.14	Most
Chinese	3.46	
Vietnamese	3.69	
Tagalog	3.80	
Cambodian	4.31	
Korean	4.62	
Armenian	4.86	Least

**Ratings describe 1 as being most comprehensively served, meaning that individuals in that population receive many, if not most, of the services they require as opposed to 7 being the least comprehensively served.*



6. APPENDIX B

SILC Needs Assessment: Survey for ILC Directors

Introduction

Thank you for participating in the California State Independent Living Council (SILC) Needs Assessment Survey. This survey is designed to gather feedback from each Independent Living Center (ILC) in California about groups that are underserved. Your survey responses will be an important part of the SILC Needs Assessment conducted by Mission Analytics Group, Inc. This needs assessment will inform the State Plan for Independent Living (SPIL)..

Please choose one representative from your ILC to complete the survey. In most cases, this person will be the director. Our plan is to get one survey from each ILC, so survey answers equally represent the opinions of the agencies. We expect this survey to take 10-20 minutes to complete. We thank you in advance for your assistance.

Should others in your agency wish to participate in the survey, we will distribute another survey on underserved populations for the larger ILC network.

Please contact me if you have questions or you would like to have the link to the other network survey.

Thank you,
Kira Gunther
Mission Analytics Group, Inc
Phone: 415-796-0165
Email: kgunther@mission-ag.com

- 
1. What is the name of your ILC?
 2. What is your position in the ILC?
 3. Briefly describe your job duties.
 4. What is your ILC's Mission Statement?
 5. How is the mission of your ILC constrained by resource limitations?
 6. How is the mission of your ILC constrained by the ability to recruit and retain qualified staff?
 7. In the absence of resource limitations, what services would you offer that you do not currently offer?
 8. If you did not face resource limitations, how would you change your outreach efforts?
 9. What languages do you currently translate ILC materials into? (Check all that apply.)
 - a. Armenian
 - b. Cambodian
 - c. Chinese
 - d. Japanese
 - e. Korean
 - f. Spanish
 - g. Tagalog
 - h. Vietnamese
 - i. Russian
 - j. None
 - k. Other (please specify)



10. We recognize that although ILCs aim to serve all populations, your ILC may serve some groups more comprehensively than others. The next three questions will address how comprehensively you serve some groups compared to others.

Please rank order the following populations in terms of how comprehensively your ILC serves them (with 1 being most comprehensively served, meaning the individuals in this population receive many, if not most, of the services they require).

Please rank by language spoken. Choose ranks by selecting from the drop boxes next to each language name. Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

If you believe a language is not spoken in your area, you may select "N/A" ("not applicable").

- a. Armenian
- b. Cambodian
- c. Chinese
- d. Korean
- e. Spanish
- f. Tagalog
- g. Vietnamese

11. Please rank order the following populations in terms of how comprehensively your ILC serves them (with 1 being most comprehensively served, meaning that individuals in this population receive many, if not most, of the services they require.)



Please rank by individuals with types of disabilities. Choose ranks by selecting from the drop box next to each disability type. Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

- a. Hearing
- b. Cognitive
- c. Vision
- d. Physical
- e. Mental health

12. Please rank order the following populations in terms of how comprehensively your ILC serves them (with 1 being most comprehensively served, meaning that individuals in this population receive many, if not most, of the services they require).

Please rank individuals by race/ethnicity. Choose ranks by selecting from the drop box next to each race/ethnicity. Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

- a. Asian
- b. Black/ African American
- c. Hispanic/ Latino
- d. White/ Caucasian



13. Please rank order the barriers that make it most difficult to comprehensively serve all populations in your region (with 1 being the most serious barrier). Choose ranks by selecting from the drop box next to each type of barrier.

Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2."

If you change your rankings, the order of the items in the list will also change.

- a. Disability access
- b. Language access
- c. Access to transportation
- d. Rapid population growth in region
- e. Distance between individuals and services
- f. High levels of poverty in region

SILC Needs Assessment: Survey for ILC Network

Introduction

Thank you for participating in the California State Independent Living Council (SILC) Needs Assessment Survey. This survey is designed to gather feedback from individuals who are affiliated with an Independent Living Center (ILC) in California. The survey asks about groups that are underserved. Your survey responses will be an important part of the SILC Needs Assessment conducted by Mission Analytics Group, Inc. This needs assessment will inform the State Plan for Independent Living (SPIL).

We expect this survey to take 5-15 minutes to complete, and we thank you in advance for your assistance.

Please contact me if you have questions.

Thank you,
Kira Gunther
Mission Analytics Group, Inc
Phone: 415-796-0165
Email: kgunther@mission-ag.com

- 
1. Which ILC do you receive most of your services from?
 2. How would you describe yourself? (Check all that apply.)
 - a. Person with a disability
 - b. Person with a chronic health condition
 - c. Person with limitations in daily life activities
 - d. Family member of a person with a disability
 - e. Social service provider for people with disabilities
 - f. Advocate
 - g. Other (please specify)
 3. If you are a person with a disability, please check the type(s) of disability you have. (Check all that apply; if none apply, check "not applicable.")
 - a. Hearing
 - b. Cognitive
 - c. Vision
 - d. Physical
 - e. Mental health
 - f. Not applicable
 - g. Other (please specify)
 4. What is your race/ethnicity? (Check all that apply.)
 - a. Asian
 - b. American Indian/ Alaska Native
 - c. Black/ African American
 - d. Hispanic/ Latino
 - e. Native Hawaiian/ Pacific Islander
 - f. White/ Caucasian
 - g. Decline to state
 - h. Other (please specify)

5. Please consider the populations listed below. Rank these populations according to how comprehensively you believe they are served by the ILC (with 1 being most comprehensively served, meaning that individuals in that population receive many, if not most, of the services they require).

Please rank by language spoken. Choose ranks by selecting from the drop boxes next to each language name. Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

If you believe that a language is not spoken in your area, you may choose N/A ("not applicable").

- a. Armenian
- b. Cambodian
- c. Chinese
- d. Korean
- e. Spanish
- f. Tagalog
- g. Vietnamese

6. Please consider the populations listed below. Rank these populations according to how comprehensively you believe they are served by the ILC (with 1 being most comprehensively served, meaning that individuals in this population receive many, if not most, of the services they require).

Please rank by individuals with type of disability. Choose ranks by selecting from the drop boxes next to each disability type. Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

- a. Hearing
- b. Cognitive
- c. Vision
- d. Physical
- e. Mental health

- 
7. Please consider the populations listed below. Rank these populations according to how comprehensively you believe they are served by the ILC (with 1 being most comprehensively served, meaning individuals in this population receive many, if not most, of the services they require).

Please rank by race/ethnicity. Choose ranks by selecting from the drop boxes next to each race/ethnicity. Note that the order of the choices will change depending on your choice.

For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

- a. Asian
- b. Black/ African American
- c. Hispanic/ Latino
- d. White/ Caucasian

8. Please consider the following barriers to providing services to consumers of ILC services. Please rank these barriers according to how difficult they make it for the ILC to comprehensively serve all individuals it intends to serve (with 1 being the greatest barrier).

Please rank by type of barrier. Choose ranks by selecting from the drop boxes next to each type of barrier. Note that the order of the choices will change depending on your choice. For example, the item you rank as "1" will appear at the top of the list, followed by the item you rank as "2." If you change your rankings, the order of the items in the list will also change.

- a. Disability access
- b. Language access
- c. Access to transportation
- d. Rapid population growth in region
- e. Distance between individuals and services
- f. High levels of poverty in region



9. How easy is it to get social services need?

- a. Extremely easy
- b. Easy
- c. Moderately easy
- d. Slightly easy
- e. Not at all easy

10. Which of the following challenges make it difficult for you to get the services you need? (Check all that apply.)

- a. Location
- b. Transportation
- c. Cost
- d. Language
- e. Disability access
- f. Other (please specify)

11. Please let us know if you have other comments regarding underserved populations in California.

State Independent Living Council

VOICE: (866) 866-SILC • (866) 866-7452 • (916) 445-0142

TTY: (866) SILC-TTY • (866) 745-2889

FAX: (916) 445-5973

1600 K Street, Suite 100
Sacramento, CA 95814

www.calsilc.org

