

RESEARCH REPORT

Developmental Disabilities Resource Board of St. Charles County

Submitted to:

**Peg Capo, MBA, Executive Director
Developmental Disabilities Resource Board of St. Charles County
156 St. Peters Centre Blvd.
St. Peters, MO 63376**

Submitted by:

**Chris Sinnard, MMR
PRAGMATIC RESEARCH, INC.
200 SOUTH HANLEY ROAD, SUITE 420
ST. LOUIS, MO 63105
TEL. # (314) 863-2800
FAX. # (314) 863-2880
EMAIL: cs@pragmatic-research.com**

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Executive Summary

- **The DDRB is Interested in assessing the current needs of individuals with developmental disabilities in St. Charles so that it may update its strategic plan**
- **This quantitative research study aims to:**
 - Collecting pertinent information pertaining to the management problem and research objectives
 - Providing recommendations for further actions based on the research findings
- **Key Findings from the study are:**
 - About 30% of the sample indicated Autism Spectrum and/or Mental Retardation as their primary diagnosis
 - Under 18 skewed towards Autism Spectrum
 - Over 18 skewed towards Mental Retardation
 - The Overall Satisfaction level with services related to developmental disabilities averaged below a 4.0 (3.93) on a five-point scale, indicating room for improvement
 - Satisfaction is highest among individuals with Cerebral Palsy, Mental Retardation, and Down Syndrome
 - Satisfaction is lowest among those with Learning Disabilities and Head Injuries
 - Satisfaction is highest in St. Peters and Weldon Springs
 - Satisfaction is lowest in Lake St. Louis and St. Charles (South)
 - Satisfaction in St. Charles (North) is much higher than Satisfaction in St. Charles (South)
 - Service perceptions, usage, and needs vary depending on the age of the individual receiving services
 - Over one-third of the sample was below the age of 18
 - Those under 11 years of age averaged the lowest on overall satisfaction followed by those aged 11 to 18 years and less than 20% of individuals between the ages of 11 and 18 choose a five for overall satisfaction
 - Familiarity, likelihood to use, likelihood to recommend, and importance loaded on two to four underlying dimensions based on the strength of the factors
 - Likelihood to recommend loaded the strongest on two underlying dimensions. Dimensions are related to the age of the individual, with a youth dimension, an adult dimension, other measures indicated an older (over 35) dimension, as well dimensions that indicate more assistance vs. more independence
 - Individuals are most familiar with Case Management services and least familiar with Childcare services, service familiarity differs according to age
 - Individuals are most satisfied with Adult Day Program, Case Management, Residential/Group Home, and In Home Respite and least satisfied with Independent Living, Community Employment, Educational Advocacy, and Childcare
 - Services usage is expected to increase daily among
 - Residential/Group Home services
 - Transportation services
 - Independent Living services
 - Sheltered Workshop Employment services
 - Adult Day Program services
 - Adaptive Equipment services
 - Service usage is expected to increase weekly among
 - Community Employment
 - Therapy
 - Service usage is expected to increase monthly among
 - In Home Respite services
 - Service usage is expected to increase quarterly among
 - Facility/Center Based Respite services
 - Service usage is expected to increase yearly among
 - Childcare services
 - Educational Advocacy services
 - Case Management services

- **PRI Recommendations Include**
 - Segment service needs According to
 - Age (less than 18, 18 to 35, and over 35)
 - Youth orientated services include (less than 18):
 - Therapy
 - In Home Respite
 - Childcare
 - Adaptive Equipment
 - Educational Advocacy
 - Facility/Center Based Respite
 - Adult orientated services include
 - Sheltered Workshop Employment
 - Independent Living
 - Adult Day Program
 - Residential/Group Home
 - Community Employment
 - Services that span both service areas include
 - Transportation
 - Case Management
 - Future expected usage and performance
 - PRI recommends focusing on both the improvement of current transportation services as well as preparing to accommodate new users of Transportation services
 - Although future expected usage is very high, high relative importance indicates that increasing satisfaction with Transportation will increase satisfaction overall
 - Focus on accommodating future users of
 - Youth services
 - Therapy (moderate performance, low relative importance)
 - Adaptive Equipment (low relative importance, candidate for de-emphasis)
 - Adult services
 - Residential/Group Home (maintain performance)
 - Independent living (low performance, low relative importance)
 - Sheltered Workshop Employment (candidate for de-emphasis)
 - Adult Day Programs (maintain performance)
 - Focus on improving performance of
 - Youth services
 - Childcare (low performance, high relative importance)
 - Facility/Center Based Respite (low performance, low relative importance)
 - Educational Advocacy (low performance, high relative importance)
 - Adult services
 - Community Employment (low performance, low relative importance)
 - Case Management (high performance, high relative importance)
 - PRI recommends In Home respite as a potential candidate for de-emphasis
 - Prioritize improving service needs in the following regions
 - Lake St. Louis
 - St. Charles (South)
 - Wentzville
 - O'Fallon
 - Prioritize improving service needs among individuals less than 18 years old
 - Focus on smoothly transitioning from youth orientated services to adult orientated services with the aid of Case Management services
 - Prioritize improving service needs among individuals with Epilepsy, Autism, and Learning Disabilities
 - Prioritize improving communication with individuals with developmental disabilities
 - Many comments mentioned long waiting lists and a lack of communication from service providers
 - Many comments mentioned a lack of understanding when it comes to knowing exactly what services are and are not available to them
 - Prioritize providing information related to the following services
 - Youth services
 - Childcare
 - Therapy
 - Adaptive Equipment

- Educational Advocacy
 - In Home Respite
 - Comments indicate need for updated/accessible provider list/database
- Adult services
 - Community Employment
 - Individuals less than 18 years old also requested information for future reference
- Should the need arise, consider de-emphasizing services with above average satisfaction and low relative importance
 - In Home Respite
 - Adaptive Equipment
 - Sheltered Workshop Employment
- Further research recommendations include
 - Conducting focus groups with guardians of individuals less than 18 old
 - Attempt to determine what their current unmet needs are
 - Attempt to determine how to best transition individuals less than 18 years old into adult-oriented services without feeling like they have lost everything when they become adults
 - Conducting focus groups with guardians of individuals between the ages of 18 and 35
 - Attempt to determine what the biggest obstacles were when transitioning from youth-orientated services to adult-orientated services and what they perceive would have been (or still would/could be) the most effective way to overcome those obstacles

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I. Background and Research Objectives

- **Background:** To fulfill its mission, the DDRB is interested in assessing the current and future needs of St. Charles County citizens with developmental disabilities and their families and to gain a better understanding of the current service issues and barriers to services facing these individuals. The DDRB will use the needs assessment data to update its strategic plan.
- **Research Problem:** Assess overall effectiveness of programs and services among individuals in St. Charles County currently receiving services for developmental disabilities
- **Research Question 1:** How satisfied are individuals with developmental disabilities with the programs and services they have available?
 - **Research Objectives:**
 - RO1.1 Determine overall satisfaction with current services related to developmental disabilities
 - RO1.2 Determine satisfaction with current DD related services (services include adult day programs, residential services, advocacy services, supported daycare, early intervention, family support, transitional programs, respite, sheltered workshop employment, therapies, adaptive equipment, supported employment and recreation)
 - RO1.3 Determine likelihood to use current DD services
 - RO1.4 Determine likelihood to recommend current DD services to others
- **Research Question 2:** How important are the programs and services offered to citizens with developmental disabilities?
 - **Research Objectives:**
 - RO2.1 Determine relative importance of current DD services
- **Research Question 3:** Do citizens with developmental disabilities face any unmet needs?
 - **Research Objectives:**
 - RO3.1 Determine any unmet needs faced by citizens with developmental disabilities
- **Research Question 4:** What sources do citizens with developmental disabilities use to find information about developmental disabilities?
 - **Research Objectives:**
 - RO4.1 Determine which forms of media citizens with developmental disabilities use for information about developmental disabilities
- **Research Question 5:** Who are citizens with developmental disabilities?
 - **Research Objectives:**
 - RO5.1 Profile citizens with developmental disabilities based on demographics
 - RO5.2 Profile citizens with developmental disabilities based on specific service needs
 - RO5.3 Profile citizens with developmental disabilities based on issues
 - RO5.4 Profile citizens with developmental disabilities based on perceived barriers

Service Definitions

- **Residential/Group Homes**
 - A living arrangement in which the level of supervision and training support are developed around the individual's needs based on the Person Centered Plan. Individuals typically share a home with roommates and require 24 hours per day of supervision. Some providers in St. Charles County include Bethesda, Community Living (CLI), Emmaus Homes, Resources for Human Development (RHD), Willows Way.
- **Independent Living**
 - Individuals receive training in specific skill areas, developed around their Person Centered Plan, to assist them in living in the community. Individuals generally receive less than 10 hours a week of support and do not require overnight staffing support. Community Living (CLI), Life Skills (LSF) and Willows Way are St. Charles County Providers.
- **Community Employment**
 - A training and employment program in which an individual with a disability is hired by an employer to perform competitive full-time or part-time work, with assistance provided through an agency. The agency job coach provides training and follow up support at the work site to maintain the person's employment. Community Employment may include several individuals working together at a job site. Alternative Opportunities (AO), Boone Center (BCI), Community Living (CLI), Center for Head Injury, Life Skills (LSF), MERS/Goodwill, St. Louis Arc and Touch Point are St. Charles County Providers.
- **Sheltered Workshop Employment**
 - Individuals work in a facility generally doing assembly work for an organization. Individuals are paid on a piece rate of work completed, and not an hourly minimum wage. Boone Center (BCI) provides this service in St. Charles County.
- **Adult Day Program**
 - Typically this service is located outside of the home at a site which is staffed during typical business hours to provide training in various skill areas (communication, daily living, social and personal development). Community Living (CLI), Resources for Human Development (RHD) and Willows Way are St. Charles Providers.
- **Childcare**
 - Care provided to a child during the parents' work hours which require the provider to assist the child with additional staffing for successful inclusion in the program. Child Day Care Association (CDCA), Francis Howell Vacation Station (Preschool/Afterschool/Cycle Break), Community Living (CLI) SOAR Program, United Services and the YMCA are providers in St. Charles County.
- **In Home Respite**
 - Temporary, short-term, in home relief to the primary caregiver from the challenge of caring for a family member with a developmental disability. Community Living (CLI) is the program administrator in St. Charles County.
- **Facility/Center Based Respite**
 - Temporary, short term, out of home relief to the primary caregiver from the challenge of caring for a family member with a developmental disability. Community Living (CLI) Respite Home and Family Center, Children's Home Society and St. Louis Crisis Nursery are providers in St. Charles County.
- **Therapy**
 - Services provided by an Occupational, Physical, Speech or Behavior Therapist. Some providers in St. Charles County are Show Me Aquatics, Therapeutic Horsemanship and United Services.
- **Adaptive Equipment**
 - Devices that are used to assist with completing activities of daily living like bathing, dressing, grooming, toileting and feeding. These items may include wheelchairs, lifts, standing frames, gait trainers, augmentative communication devices, bath chairs, recreational items such as swings or tricycles and Home Modifications such as roll in showers, ramps and stair lifts. Adapt Ability is a provider in St. Charles County.
- **Transportation**
 - Services provided to transport individuals from home to work or community activities. Cabs, St. Charles City Area Transit (SCAT) and OATS are some of the providers in St. Charles County.
- **Educational Advocacy**
 - Services to support, secure or defend his/her own rights in the educational system. Family Advocacy and Community Training (FACT) is a provider in St. Charles County.

- **Case Management**
 - A service that is offered by the Department of Mental Health (DMH) for individuals birth through adulthood or by the Developmental Disabilities Resource Board (DDRB) who are 17 years or older. The Case Manager/Service Coordinator helps develop a Person Centered Plan and then monitors the person's treatment and habilitation to assure that the plan is followed and the individual's needs are met.

II. Methodology

- This study was a conclusive, descriptive and cross-sectional study conducted using a mail survey. Qualified respondents included an individual receiving services or their caretaker. 2,075 surveys were mailed out to reach a target population of 2,500, PRI received back 393 completed surveys for a response rate of 19.9%, which is very good. 356 completed surveys were used for the analysis (the rest were received after data collection had been closed), surpassing the goal of 333 completes needed for a 95% +/- 5% Confidence Interval.
- All completed questionnaires mailed back to PRI but not included in the analysis are still eligible for one of five chances to win \$100 if they opt in on the questionnaire, as well as being eligible to attend the focus groups.

III. Data Collection Instrument and Procedure

- The only source of data collection for this study was a mail survey
- The survey was pretested by DDRB personnel to ensure everything was clear, easy to follow, and appropriate for the questionnaire
- The mailing was sent out on the 6th of October, 2010, and data collection was open until November 12th, 2010
- All closed ended data was coded and entered into an SPSS spreadsheet
- All open ended data (Questions 11, 18, 19, and all Other categories) were entered into a separate spreadsheet. A code book was developed and responses were coded

IV. Tabulation and Data Analysis

1. Data Analysis Techniques

- **Descriptive Statistics:** Includes frequency distributions, means, variances, and other statistical measures. Used to describe the composition of the survey sample and provide preliminary data examinations
- **T-Test:** Statistical test to assess whether the means of two groups are statistically different than one another, e.g. Males vs. Females
- **Crosstab:** Cross-tabulations in order to examine frequencies of observations that belong to specific categories on more than one variable
- **Factor Analysis:** Used to determine underlying factors or dimensions in a set of measures or attributes, e.g. a set of ten measures may factor into two or three underlying dimensions. Also used to determine surrogate variables for other forms of analysis
- **Bivariate Correlation:** Bivariate (two variable) analysis that measures the strength of association between two variables on a scale of -1.0 to 1.0, where 1.0 means the two variables are perfectly correlated. The square of the bivariate correlation is an always positive number between 0 and 1.0 that is used to determine the amount of shared variance among the two variables being correlated.

V. Detailed Results

1. Composition of the Sample

- Respondents were asked for basic demographic information, birthdate, gender, and primary diagnosis. Respondents were also asked location information (Zip Code), as well as who completed the survey (the individual, a parent/guardian, a friend, or an agency staff member/caregiver).

Gender

69.1% of the total sample (n=246) answered gender. (Fig 1a and Table 1a)

- 58% of the total consisted of males
- 42% consisted of females

Fig 1a. Gender (Those Answering)

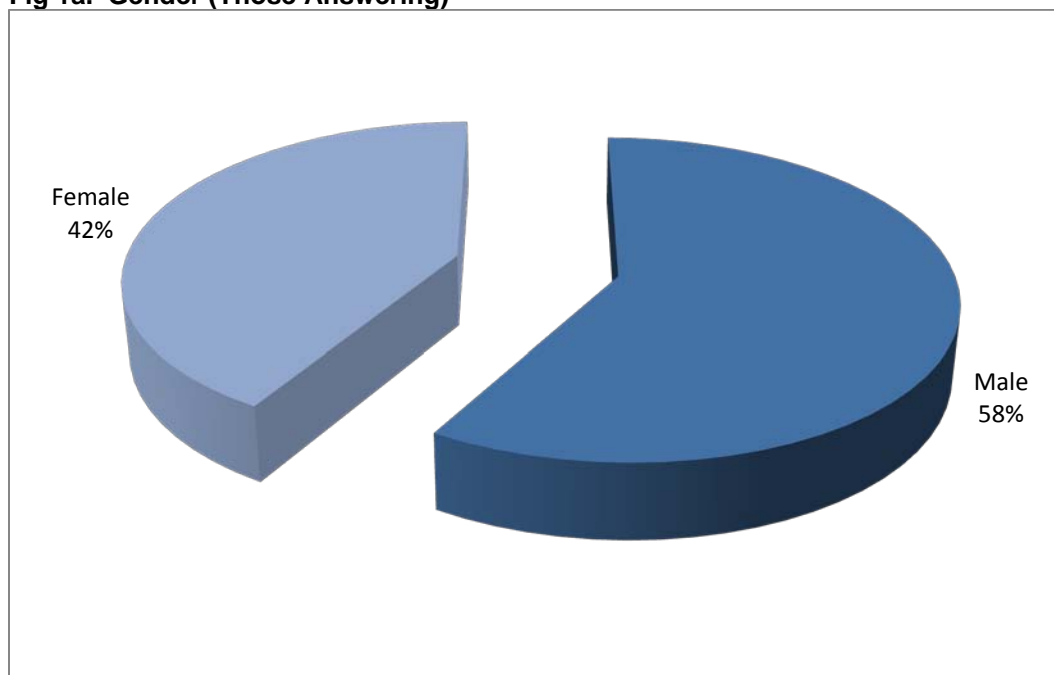


Table 1a. Gender

	Frequency	Percent	Valid Percent
Male	144	40.4	58.5
Female	102	28.7	41.5
Total Answering	246	69.1	100.0
Missing	110	30.9	
Total	356	100.0	

Age

68.8% of the sample answered year of birth (n=245), which was converted to Age in Years. (Fig 2a and Table 2a)

- Average respondent age is 26 years old, with respondents ranging between three and 85 years of age

Fig 2a. Age in Years

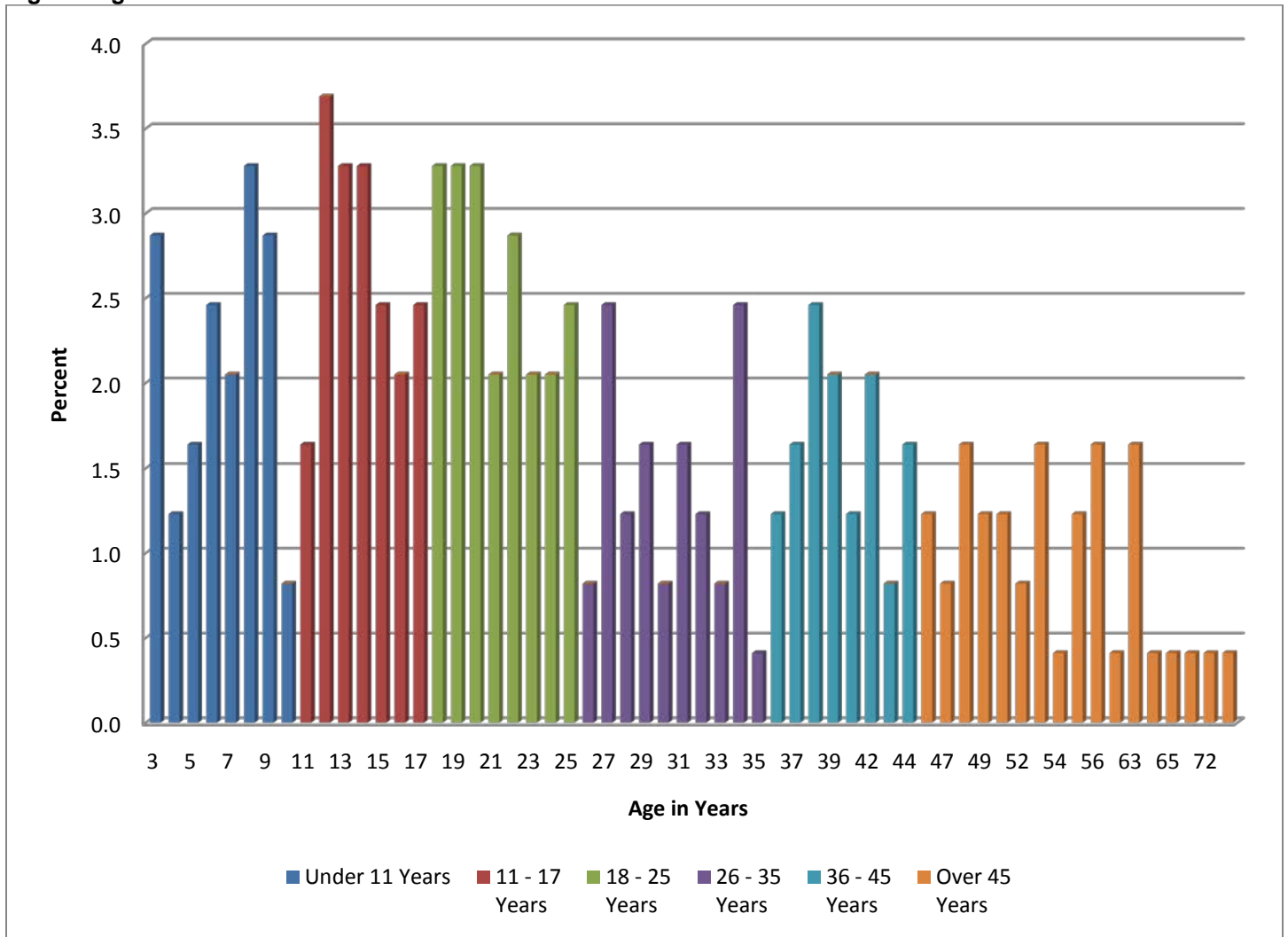


Table 2a. Age (Recoded from Year of Birth)

	Valid	Missing	Min Age	Max Age	Average Age	Std. Dev.	Std. Error
Age in Years	245	111	3	85	26.36	16.650	1.066

For analysis, two sets of ordinal age scales were formed based on age range distributions. The first set consists of three values: (Fig 2a, 2b, and 2c, and Table 2b and 2c)

- 0-17 Years (Under 18)
- 18-35 Years
- 36+ Years (Over 35)

The second set consists of the first set further broken down into six values:

- 0-10 Years
- 11-17 Years
- 18-25 Years
- 26-35 Years
- 36-45 Years
- 46+ Years

Fig 2b. Age Breakdown (Three Ordinal)

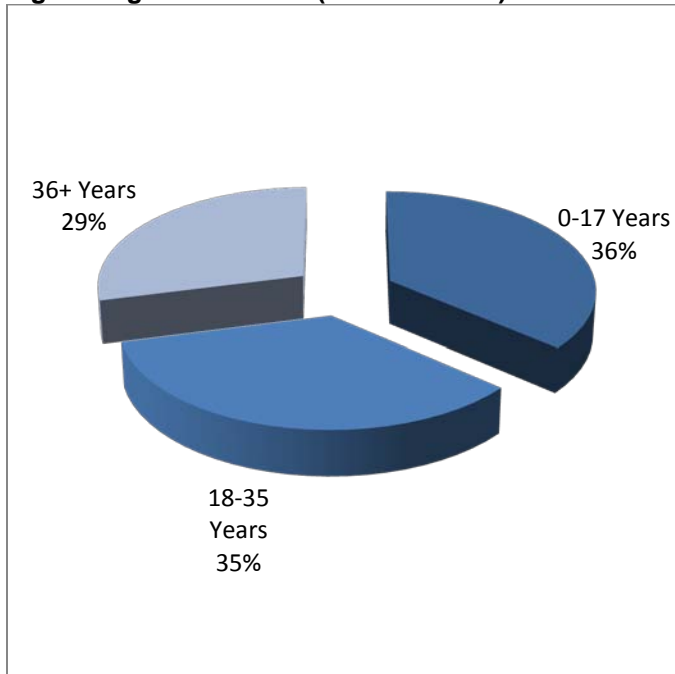


Fig 2c. Age Breakdown (Six Ordinal)

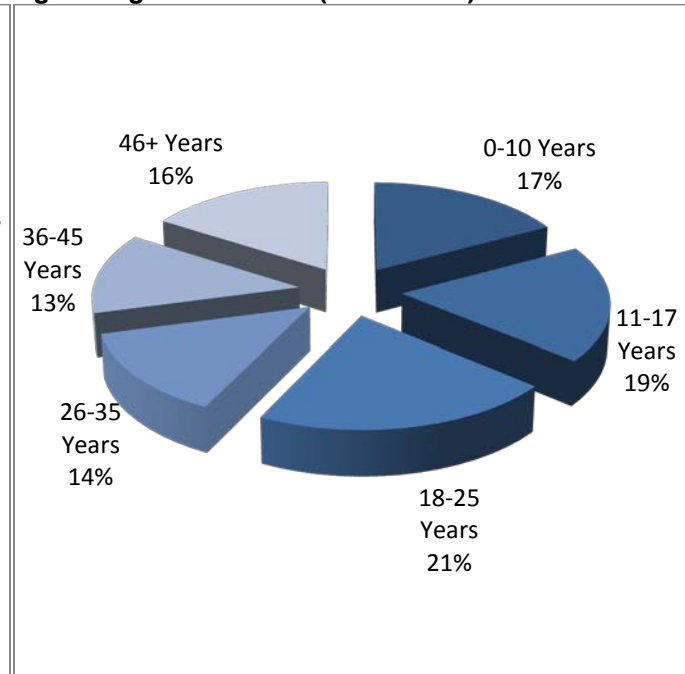


Table 2b. Age Ranges (Three Item Ordinal)

	Frequency	Percent	Valid Percent
0-17 Years	89	25.0	36.3
18-35 Years	85	23.9	34.7
36+ Years	71	19.9	29.0
Total Answering	245	68.8	100.0
Missing	111	31.2	
Total	356	100.0	

Table 2c. Age Ranges (Six Item Ordinal)

	Frequency	Percent	Valid Percent
0-10 Years	42	11.8	17.2
11-17 Years	46	12.9	18.9
18-25 Years	52	14.6	21.3
26-35 Years	33	9.3	13.5
36-45 Years	32	9.0	13
46+ Years	39	11.0	16
Total Answering	244	68.5	100
Missing	112	31.5	
Total			

Geographic Location

70.2% of the sample (n=250) indicated zip code. (Fig 3a and Table 3a)

- St. Charles was divided by zip code into north (63301) and south (63303).
 - St. Charles north and south together account for 28.8% (n=72) sample
- St. Peters accounts for 21.6% (n=54)
- Weldon Springs accounts for 12.8% (n=32)
- O'Fallon accounts for 12.0% (n=30)
- Dardenne Prairie accounts for 10.8% (n=27)
- Wentzville accounts for 7.2% (n=18)
- Lake St. Louis accounts for 4.0% (n=10)
- Only 2.8% of the sample (n=7) gave zip codes that were not in those eight regions

Fig 3a. Location Percentages (Those Answering)

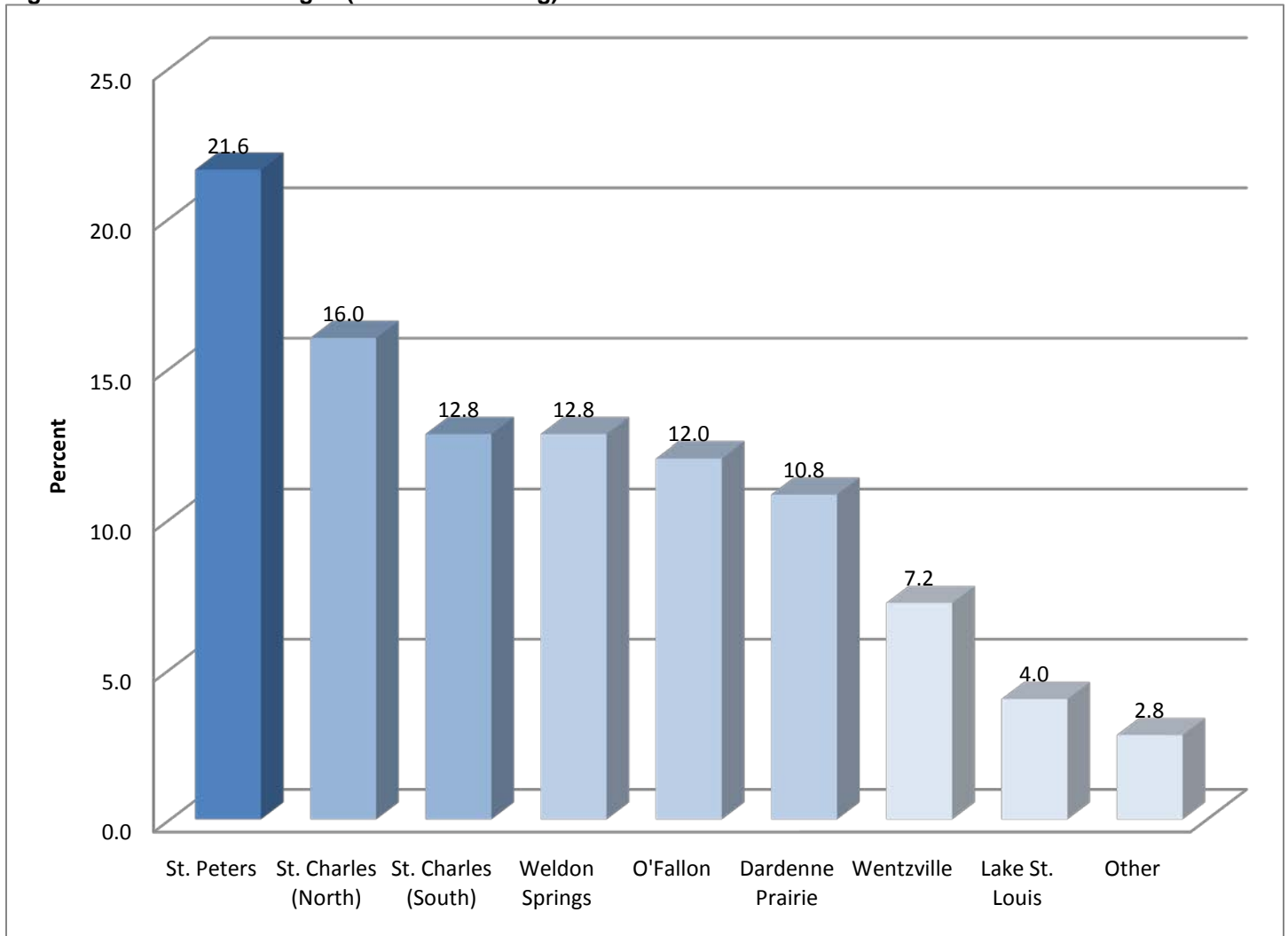


Table 3a. Location (by Zip Code):

	Frequency	Percent	Valid Percent
St. Peters	54	15.2	21.6
St. Charles (North)	40	11.2	16.0
St. Charles (South)	32	9.0	12.8
Weldon Springs	32	9.0	12.8
O'Fallon	30	8.4	12.0
Dardenne Prairie	27	7.6	10.8
Wentzville	18	5.1	7.2
Lake St. Louis	10	2.8	4.0
Other	7	2.0	2.8
Total Answering	250	70.2	100.0
Missing	106	29.8	
Total	356	100.0	

Diagnosis

Respondents were asked to mark their primary diagnosis. However, most respondents marked more than one diagnosis as their primary. (Fig 4a and Table 4a)

- 0.6% of the sample didn't answer (n=2 respondents)
- 31.6% of the sample (n=112) indicated Autism Spectrum
- 29.9% of the sample (n=106) indicated Mental Retardation
- 22% of the sample (n=78) indicated Learning Disability
- 21.8% of the sample (n=77) indicated another diagnosis not listed
- 13% of the sample (n=46) indicated Down Syndrome
- Less than 10% of respondents indicated the following:
 - Cerebral Palsy (7.6%, n=27)
 - Epilepsy (7.0%, n=25)
 - Head Injury (2.8% n=10)

Fig 4a. Diagnosis (Those Answering)

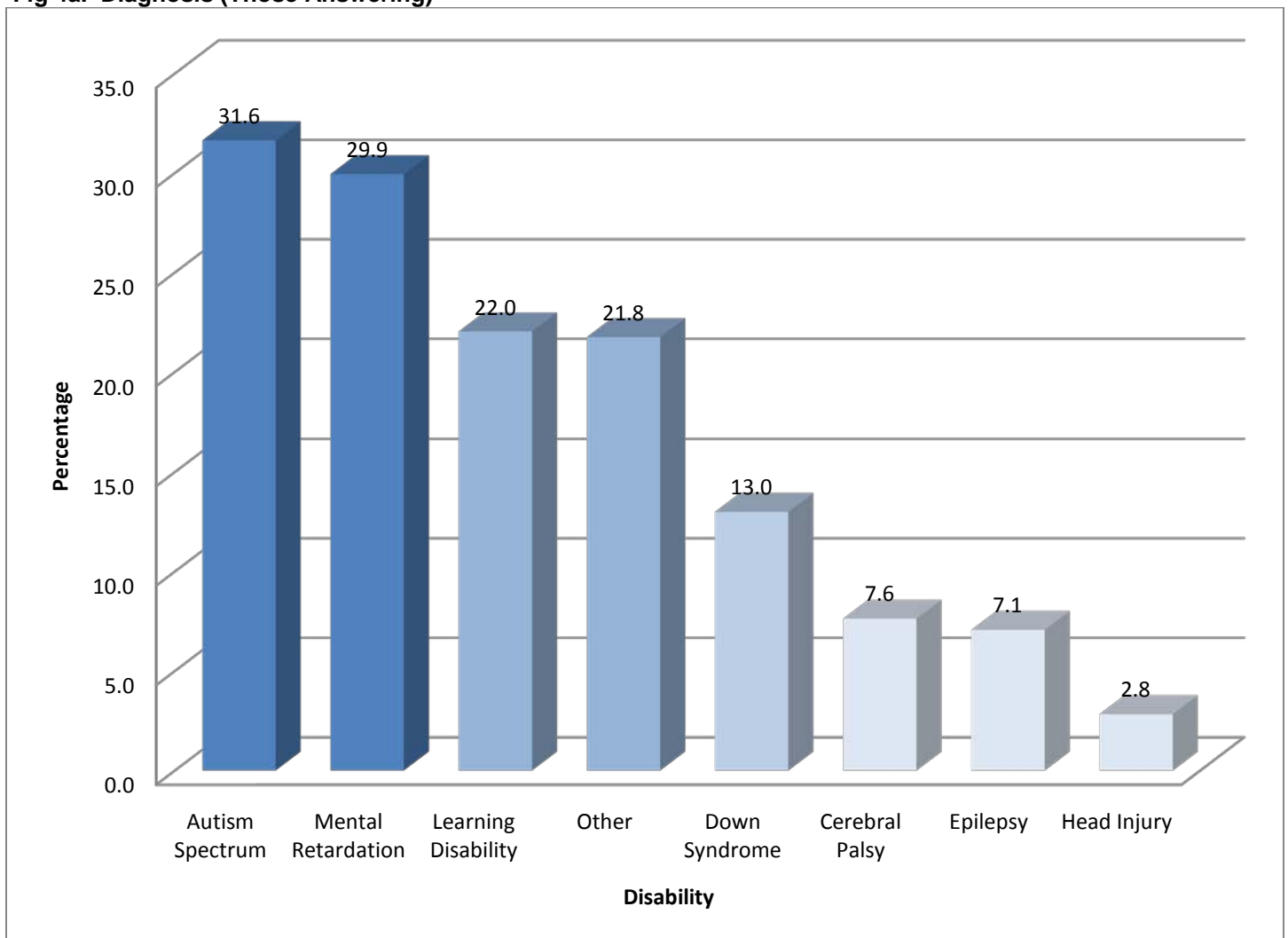


Table 4a. Diagnosis:

	Frequency	Percent	Valid Percent
Autism Spectrum	112	31.5	31.6
Mental Retardation	106	29.8	29.9
Learning Disability	78	21.9	22.0
Other	77	21.6	21.8
Down Syndrome	46	12.9	13.0
Cerebral Palsy	27	7.6	7.6
Epilepsy	25	7.0	7.1
Head Injury	10	2.8	2.8
Missing	2	0.6	-

Respondent diagnoses were cross tabbed with overall satisfaction and gender and tested for significance. (Fig 4b and Table 4b)

- 42.3% of the respondents that indicated Mental Retardation indicated that they were Very Satisfied
- When broken down by gender (Fig 4c and Table 4b):
 - Males have a higher incidence of Autism Spectrum (37.8% of males vs. only 16% of females) when compared to females
 - Females have a much higher incidence of Learning Disabilities (31% in females vs. only 16.1% in males).

Fig 4b. Diagnosis by Top Box (Satisfaction)

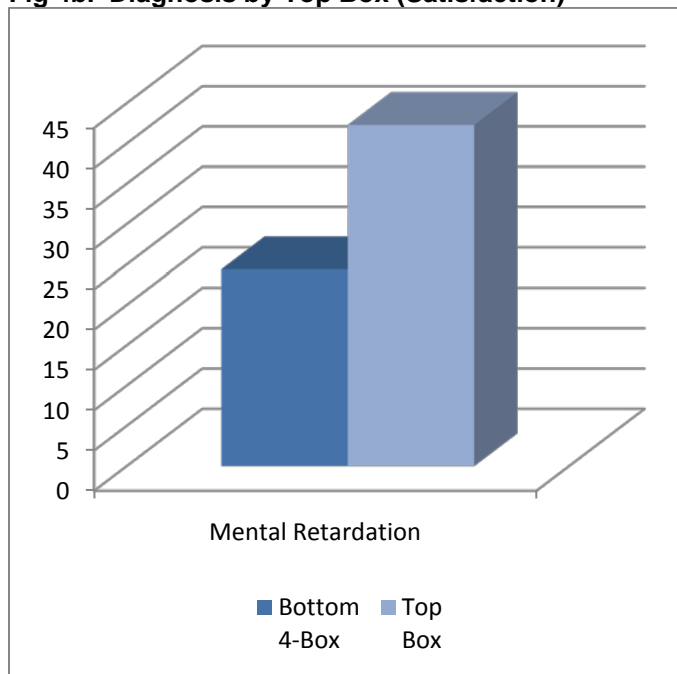


Fig 4c. Diagnosis by Gender

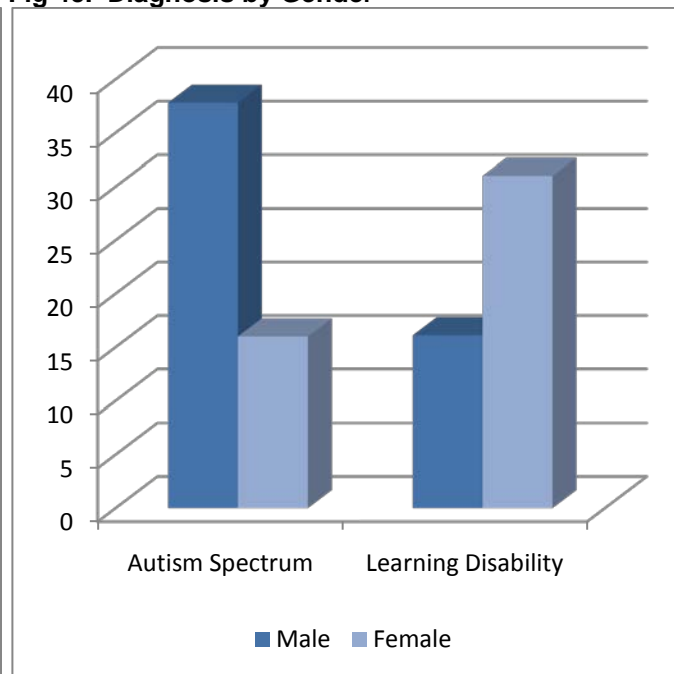


Table 4b. Diagnosis by Satisfaction and Gender (%)

	Total Sample	Bottom 4-Box	Top Box	Male	Female
	A	C	B	D	E
Mental Retardation	30	24.4	42.3	25.2	32
Autism Spectrum	31.7	35	27.9	37.8	16
Learning Disability	22.1	21.8	16.2	16.1	31

Upper case letters indicate significance at the 90% level.

Respondent diagnosis were cross tabulated with age and tested for significance. (Fig 4d and 4e and Table 4d)

- Autism Spectrum was indicated by 50% of respondents less than 18 years of age (compared to only 23.8% for those 18-35 and 10.1% for those over 35 years)
- Mental Retardation was indicated by over 77% of respondents 18 years or older (40.6% for those over 35 and 33.3% for respondents between 18 and 35 years of age)
- Incidence of Cerebral Palsy is highest in the over 35 age group at 13% (it's highest being over 45 years at 16.2%)
- Epilepsy is highest among those between 18 and 35 years of age at 9.5% (It's highest being 26-35 years at 15.6%)

Fig 4d. Diagnosis by Age (Under 18 Years)

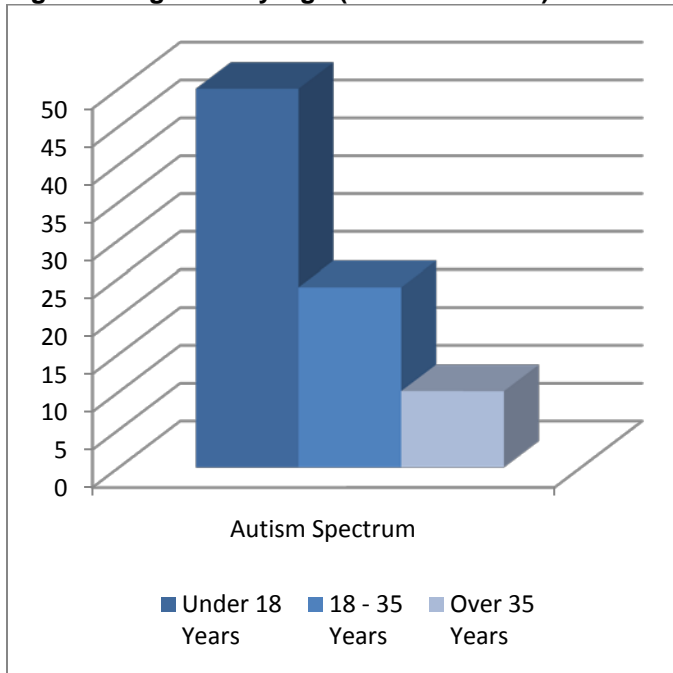


Fig 4e. Diagnosis by Age (18 Years and Over)

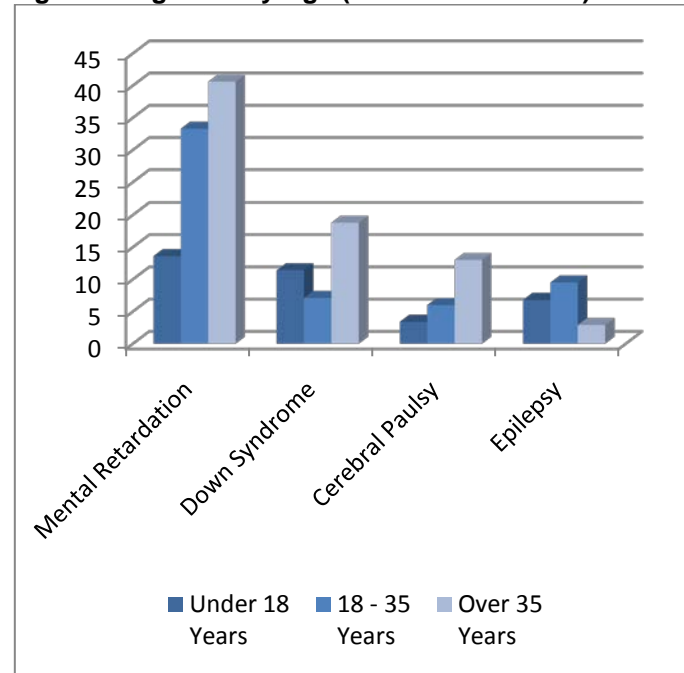


Table 4d. Diagnosis by Age (%)

	Under 18 Years	18 - 35 Years	Over 35 Years	Under 11 Years	11 - 17 Years	18 - 25 Years	26 - 35 Years	36 - 45 Years	Over 45 Years
	F	G	H	I	J	K	L	M	N
Mental Retardation	13.6	33.3	40.6	7	20	28.8	40.6	15.6	62.2
		F	F		I	I	IJM		IJKLM
Autism Spectrum	50	23.8	10.1	48.8	51.1	30.8	12.5	21.9	
	GH	H		KLM	KLM	L			
Down Syndrome	11.4	7.1	18.8	7	15.6	3.8	12.5	21.9	16.2
			G		K			IK	K
Cerebral Palsy	3.4	6	13	2.3	4.4	5.8	6.2	9.4	16.2
			F						IJ
Epilepsy	6.8	9.5	2.9	9.3	4.4	5.8	15.6	3.1	2.7
		H					MN		

Upper case letters indicate significance at the 90% level.

Respondent diagnosis were cross tabulated by region and tested for significance. (Fig 4f and Table 4f)

- St. Charles (North) has the highest incidence of Mental Retardation at 42.5% and Cerebral Palsy at 20.0%
- Dardenne Prairie has the highest incidence of Autism Spectrum at 44.4% followed by St. Peters at 37.7%
- Weldon Springs has the highest incidence of Down Syndrome at 22.6%, which is also its same incidence of Autism Spectrum.

Fig 4f. Diagnosis by Region

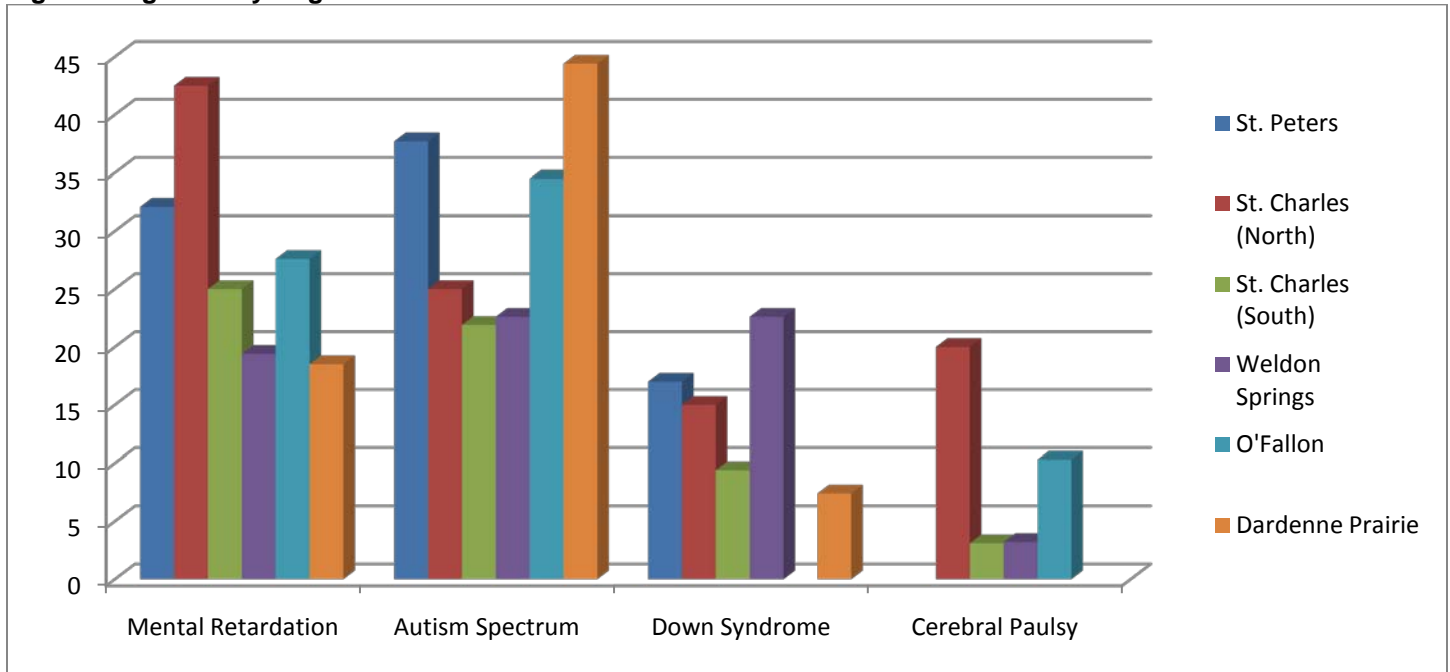


Table 4f. Diagnosis by Region (%)

	St. Peters (O)	St. Charles (North) (P)	St. Charles (South) (Q)	Weldon Springs (R)	O'Fallon (S)	Dardenne Prairie (T)	Wentzville (U)	Lake St. Louis (V)	Other (W)
Mental Retardation	32.1	42.5 RT	25	19.4	27.6	18.5	27.8	20	42.9
Autism Spectrum	37.7 U	25	21.9	22.6	34.5	44.4 PQRUW	16.7	20	14.3
Down Syndrome	17	15	9.4	22.6 TU		7.4	5.6	20	
Cerebral Palsy		20 QRU	3.1	3.2	10.3		5.6	10	28.6

Upper case letters indicate significance at the 90% level.

Questionnaire Completion

Respondents were asked who completed the questionnaire. (Fig 5a and Table 5a)

- 75.6% of those answering were Parents/Guardians (n=269).
- 12% were the individuals themselves (n=42)
- 10% were Agency staff/Caregivers (n=37)
- 2% were completed by friends (n=7). (Fig 6a and Table 6a)

Fig 5a. Please indicate who is completing the survey:

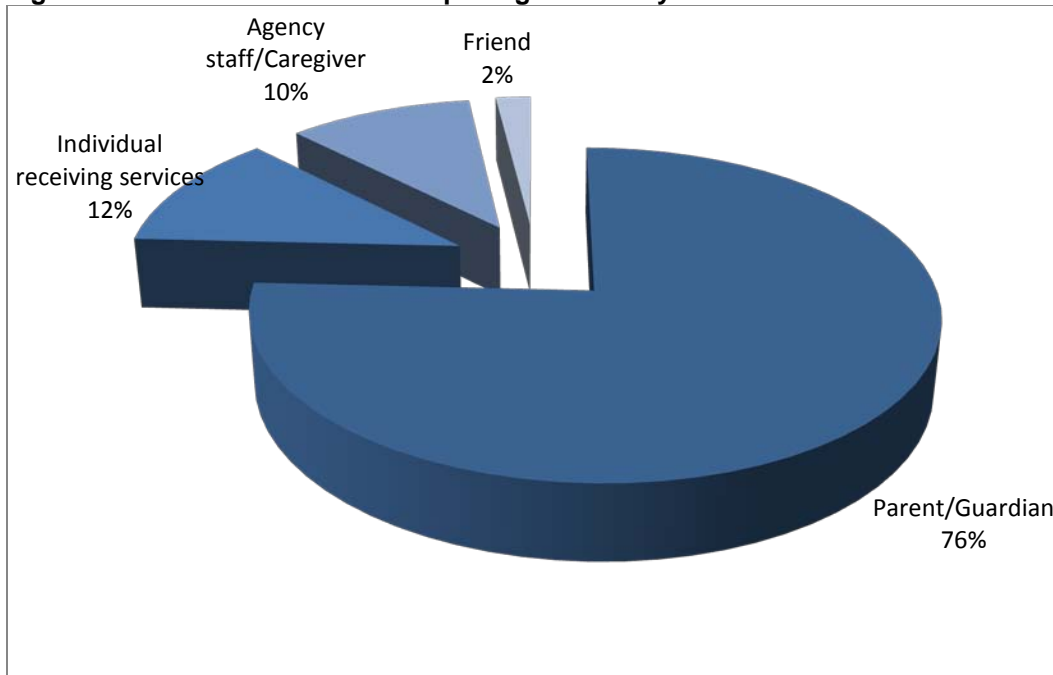


Table 5a. Please indicate who is completing the survey:

	Frequency	Percent	Valid Percent
Parent/Guardian	269	75.6	75.8
Individual receiving services	42	11.8	11.8
Agency staff/Caregiver	37	10.4	10.4
Friend	7	2.0	2.0
Total Answering	355	99.7	100.0
Missing	1	0.3	
Total	356	100.0	

2. Overall Satisfaction with Services Related to Developmental Disability

Respondents were asked to rate their overall satisfaction with the services related to developmental disabilities on a 1 to 5 scale, with 1 being “Not at All Satisfied” and 5 being “Very Satisfied” (Fig 6a and Table 6a and 6b).

- 87.1% of respondents answered (n=310)
- **Overall Satisfaction: 3.93**
- **Top-Box Score: 36.5%** (36.5% of those answering choose 5 for Overall Satisfaction)

Fig 6a. Overall Satisfaction (Those Answering)

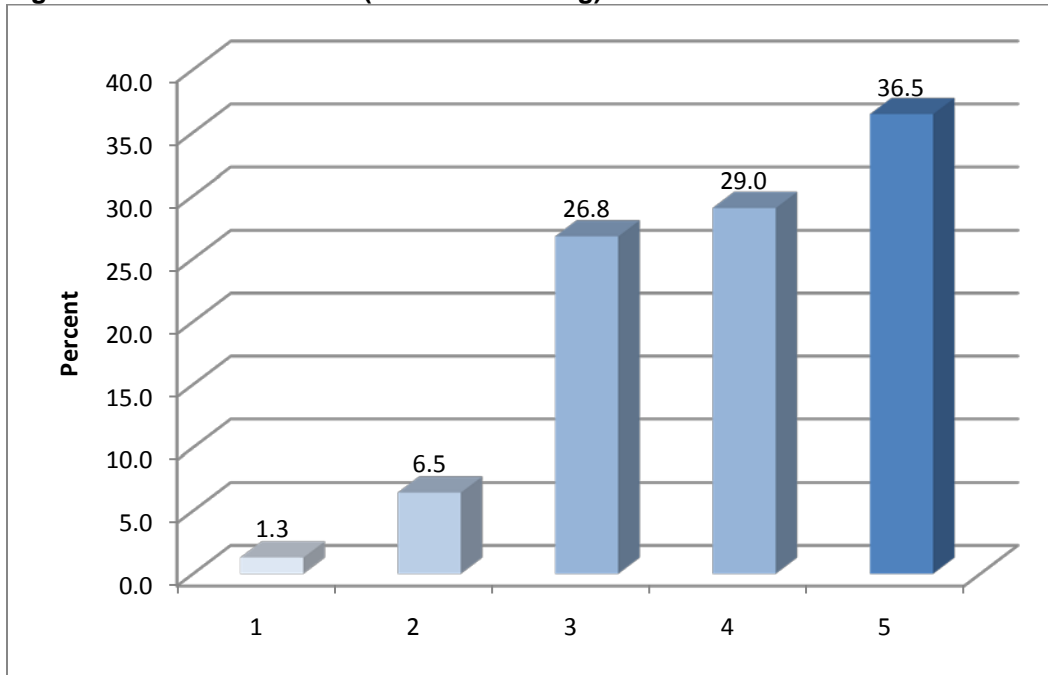


Table 6a. How SATISFIED are you OVERALL with the services related to developmental disabilities?

	N	Mean	Std. Deviation	Std. Error Mean
Overall Satisfaction	310	3.93	1.002	0.057

Table 6b. How SATISFIED are you OVERALL with the services related to developmental disabilities?

	Frequency	Percent	Valid Percent
5 – Top Box	113	31.7	36.5
4	90	25.3	29.0
3	83	23.3	26.8
2	20	5.6	6.5
1	4	1.1	1.3
Total Answering	310	87.1	100.0
Missing	46	12.9	
Total	356	100.0	

The mean score of 3.93 was tested against $H_0 = 3.0$ and $H_1 > 3.0$ using a one sample t-test. The result was found to be statistically significant ($\text{sig} < .05$) therefore H_0 is rejected and H_1 is accepted. (Table 6c)

Table 6c. One Sample Test

Test Value = 3						
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Satisfaction: Overall	16.319	309	0.000	0.929	0.82	1.04

Overall Satisfaction was cross tabulated with disability (Fig 6b and Table 6d).

- Respondents with Cerebral Palsy are the most satisfied, with an average overall satisfaction score of 4.12
- Mental Retardation and Down Syndrome also scored above a 4.0, indicating high levels of satisfaction
- The following scored lower than the overall satisfaction score:
 - Epilepsy
 - Autism Spectrum
 - Other ailments
 - Learning Disability
 - Head Injury
- Head Injury scored the lowest and was the only service to score below a 3.5

Fig 6b. Overall Satisfaction by Disability

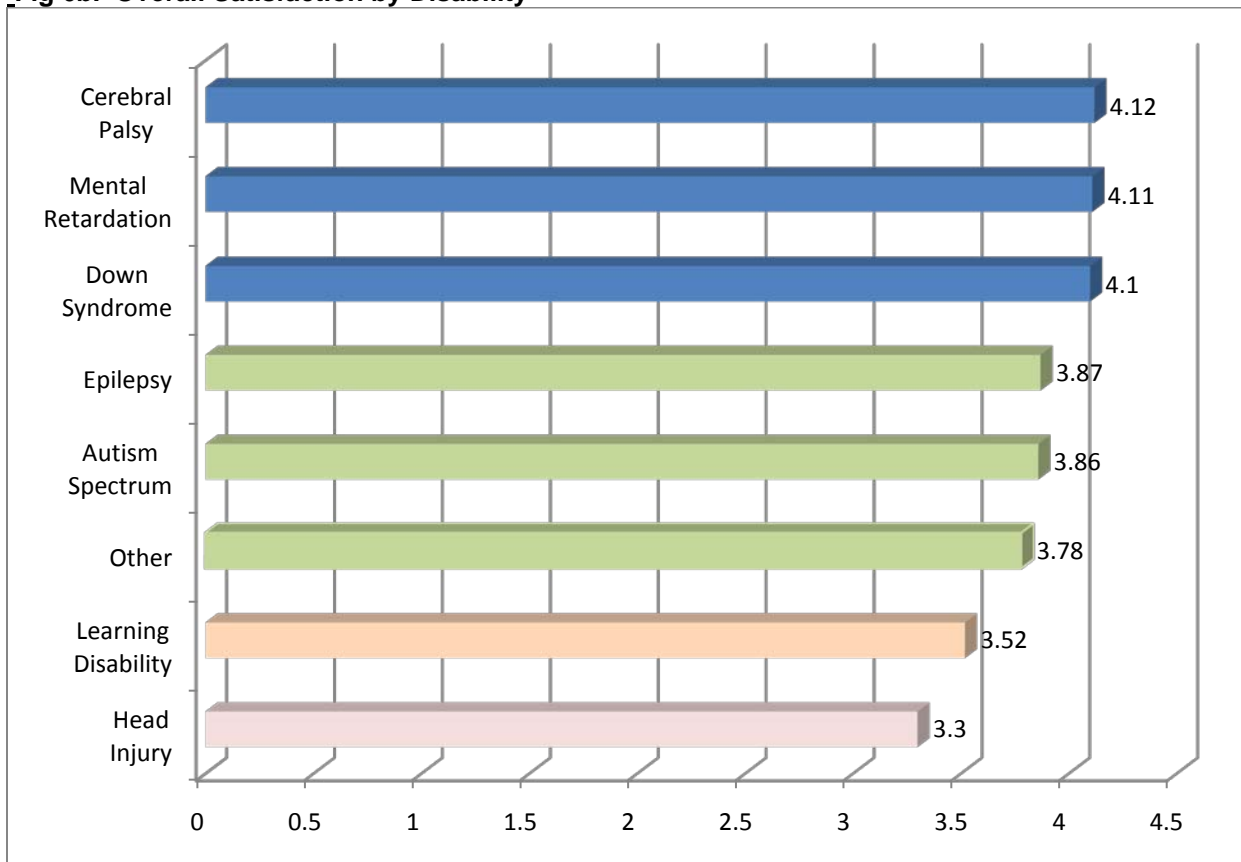


Table 6d. Overall Satisfaction by Disability

	Mental Retardation	Autism Spectrum	Down Syndrome	Cerebral Palsy	Head Injury	Epilepsy	Learning Disability	Other
	M	N	O	P	Q	R	S	T
Total Answering	95	100	41	25	10	23	61	63
Overall Sat	4.11	3.86	4.1	4.12	3.3	3.87	3.52	3.78
Std. Dev	1.08	0.98	0.94	0.97	1.06	1.06	1.22	0.85
Std. Error Mean	0.11	0.1	0.15	0.19	0.33	0.22	0.16	0.11

Overall satisfaction was cross tabulated by Region and tested for significance. (Fig 6c and Table 6e)

- St. Peters and Weldon Springs have the highest levels of overall satisfaction
- Respondents are also highly satisfied with St. Charles North, and Dardenne Prairie
- O’Fallon and Wentzville scored well but both averaged slightly less than 4.0 overall
- St. Charles South and Lake St. Louis are the areas least satisfied with the services related to developmental disabilities

Fig 6c. Overall Satisfaction by Region

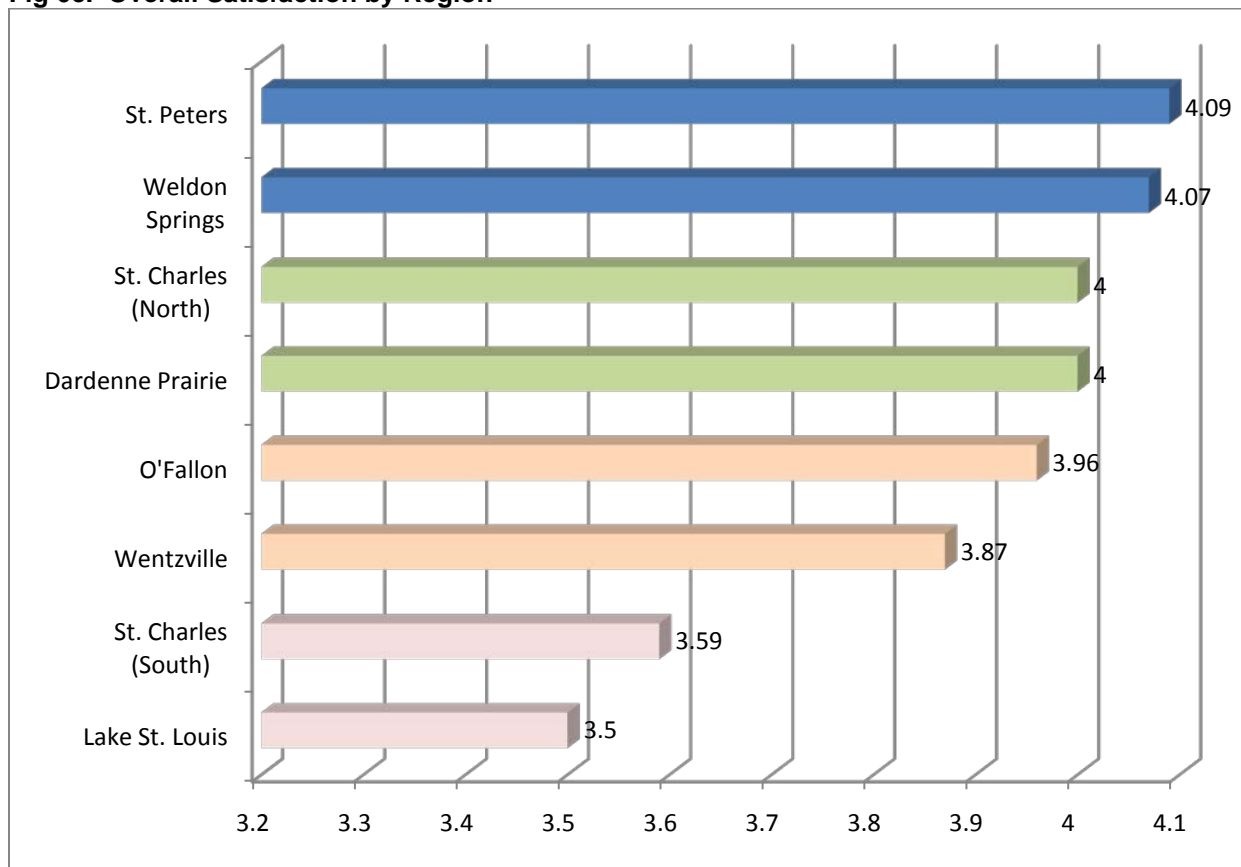


Table 6e. Overall Satisfaction by Region

	St. Peters	St. Charles (North)	St. Charles (South)	Weldon Springs	O'Fallon	Dardenne Prairie	Wentzville	Lake St. Louis	Other
	O	P	Q	R	S	T	U	V	W
Total Answering	46	37	29	29	25	23	15	10	4
Overall Sat	4.09	4	3.59	4.07	3.96	4	3.87	3.5	4
	QV			QV					
Std. Dev	0.86	1.15	0.98	0.88	0.93	0.95	1.06	0.85	1.41
Std. Error Mean	0.13	0.19	0.18	0.16	0.19	0.2	0.27	0.27	0.71

Upper case letters indicate significance at the 90% level.

Overall Satisfaction was cross tabulated with the age categories and tested for statistical significance.

- Respondents over 45 years of age are more satisfied overall than any other age group, with an average score of 4.44, while younger age groups are less satisfied
- Those under 11 years old had the lowest satisfaction score at 3.77 (fig 6d and Table 6f)

Fig 6d. Overall Satisfaction by Age

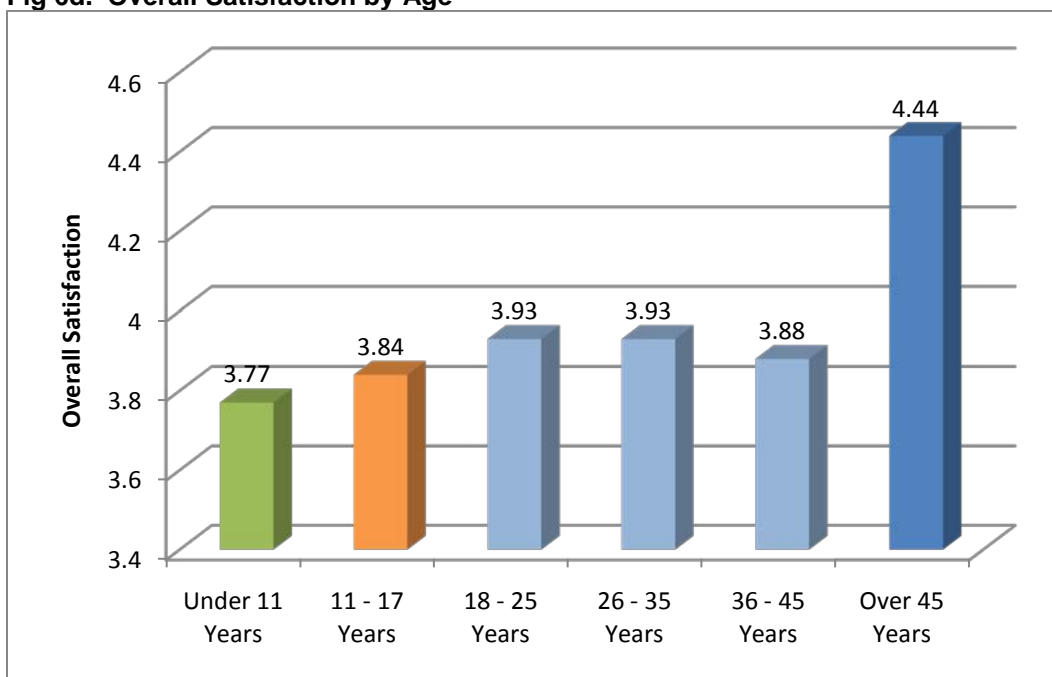


Table 6f. Overall Satisfaction by Age

	Under 18 Years	18 - 35 Years	Over 35 Years	Under 11 Years	11 - 17 Years	18 - 25 Years	26 - 35 Years	36 - 45 Years	Over 45 Years
	F	G	H	I	J	K	L	M	N
Total Answering	82	72	57	39	43	42	30	25	32
Overall Sat	3.8	3.93	4.19	3.77	3.84	3.93	3.93	3.88	4.44
			F						IJKLM
Std. Dev	0.89	0.97	1.08	1.01	0.78	0.92	1.05	1.05	1.05
Std. Error Mean	0.1	0.11	0.14	0.16	0.12	0.14	0.19	0.21	0.18

Upper case letters indicate significance at the 90% level.

A frequency distribution of Overall Satisfaction by Age cross tabulation shows that the groups under the age of 26 (which also happens to be the mean respondent age) choose 3 for Overall Satisfaction (Fig 6e and Table 6g).

Fig 6e. Overall Satisfaction by Age Frequency Distributions

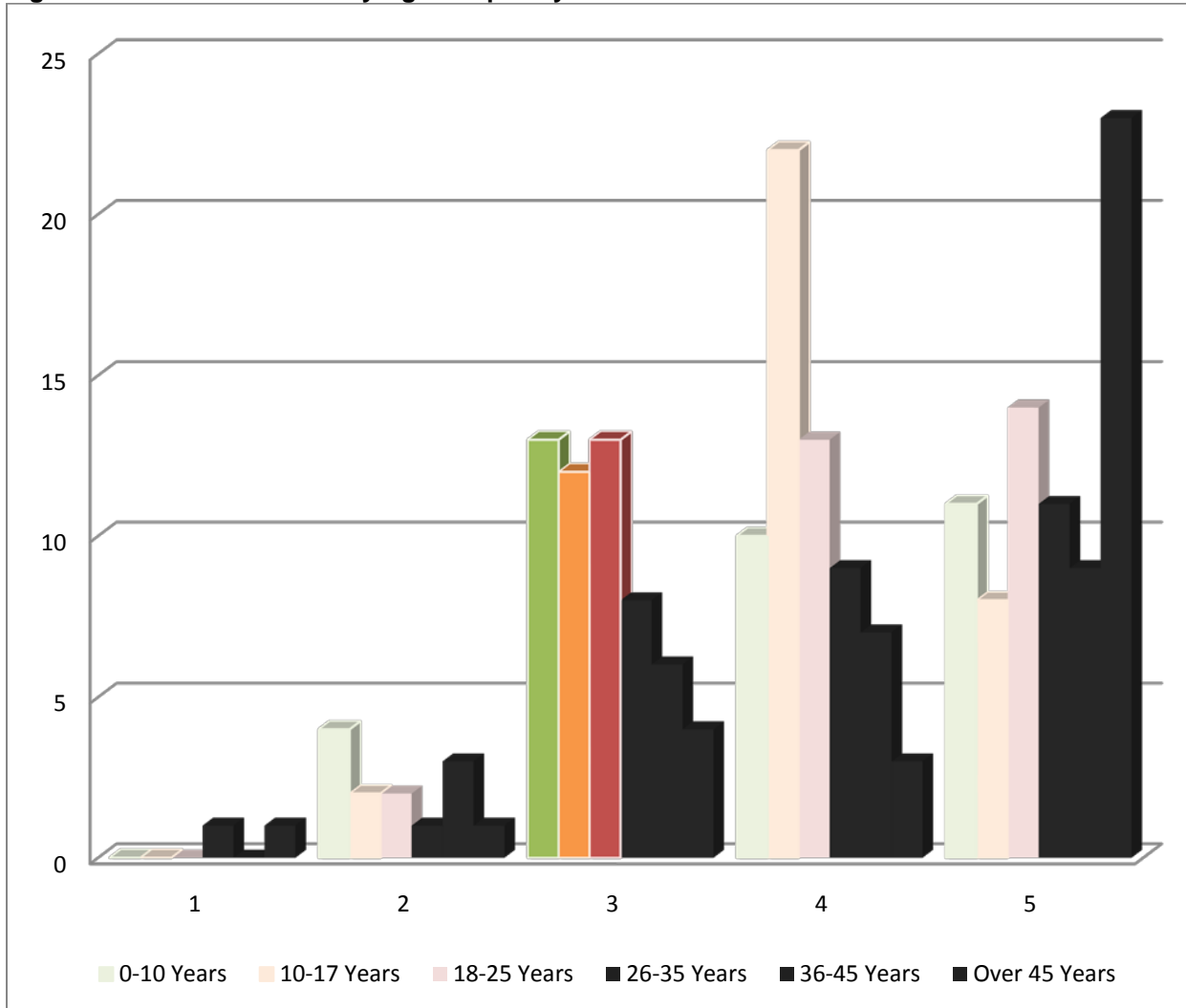


Table 6g. Overall Satisfaction by Age

	0-10 Years	10-17 Years	18-25 Years	26-35 Years	36-45 Years	Over 45 Years	Total
5	11	8	14	11	9	23	76
4	10	22	13	9	7	3	64
3	13	12	13	8	6	4	56
2	4	2	2	1	3	1	13
1	0	0	0	1	0	1	2
Total	38	44	42	30	25	32	211

Top Box scores were also computed over the cross tabulated age ranges. (Fig 6f and Table 6h)

- The 10-17 year old group score the lowest with only 18.2% (n=8) choosing 5 out of 5 for Overall Satisfaction.
- The 0-10 years group and 18-25 years group also scored lower with only 28.9% (n=11) of 0-10 years group and 33.3% (n=14) of and the 18-25 years group, indicating lower satisfaction among age segments below the mean of 26 years old.

Fig 6f. Overall Satisfaction Top Box Percentages by Age

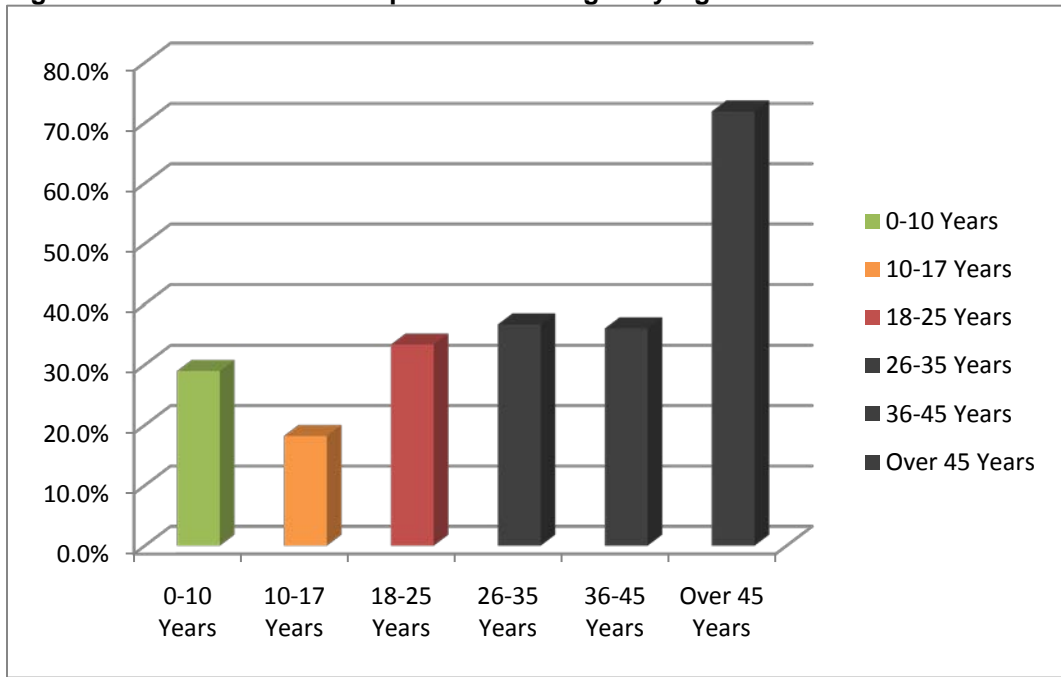


Table 6h. Overall Satisfaction Top Box by Age

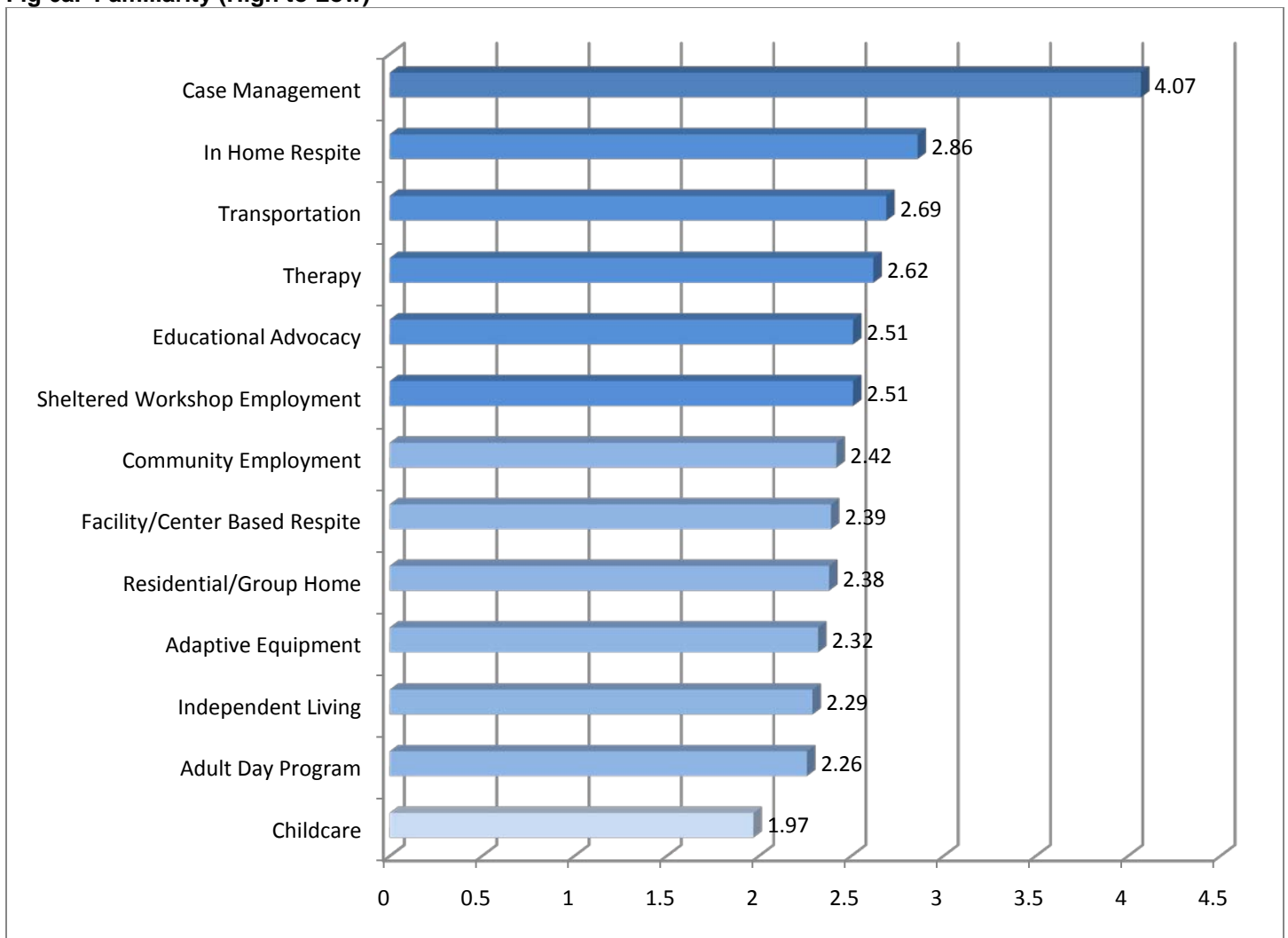
	Top Box Count	Total Count	Top Two-Box
0-10 Years	11	38	28.9%
10-17 Years	8	44	18.2%
18-25 Years	14	42	33.3%
26-35 Years	11	30	36.7%
36-45 Years	9	25	36.0%
Over 45 Years	23	32	71.9%
Total	76	211	36.0%

3. Familiarity

Respondents were asked how familiar they were with the services related to developmental disabilities using a 1 to 5 scale with 1 being “Not at all Familiar” and 5 being “Very Familiar”. (Fig 6a)

- Case Management scored the highest with a mean score of 4.07
- The following services averaged above a 2.5:
 - In Home Respite
 - Transportation
 - Therapy
 - Educational Advocacy
 - Sheltered Workshop
- The following services scored above a 2.0:
 - Community Employment
 - Facility/Center Based Respite
 - Residential/Group Home
 - Adaptive Equipment
 - Independent Living
 - Adult Day Program
- Childcare was the least familiar service and the only one to average less than a 2.0 on familiarity

Fig 6a. Familiarity (High to Low)



The mean familiarity scores were all tested against $H_0 = 3.0$ and $H_1 > 3.0$ using a one sample t-test. All results except In Home Respite were found to be statistically significant ($\text{sig} < .05$) therefore H_0 is rejected and H_1 is accepted for those services. (Table 8a)

Table 6a. One-Sample Test (Familiarity)

Test Value = 3.0										
	N	Mean	Std. Dev.	Std. Error Mean	t	df	Sig. (2-tailed)	Mean Difference	95% C.I. of the difference	
									Lower	Upper
Residential/Group Home	338	2.38	1.451	0.079	-7.795	337	0.000	-0.615	-0.77	-0.46
Independent Living	340	2.29	1.368	0.074	-9.513	339	0.000	-0.706	-0.85	-0.56
Community Employment	330	2.42	1.423	0.078	-7.427	329	0.000	-0.582	-0.74	-0.43
Sheltered Workshop Employment	339	2.51	1.543	0.084	-5.843	338	0.000	-0.490	-0.65	-0.32
Adult Day Program	340	2.26	1.515	0.082	-8.949	339	0.000	-0.735	-0.90	-0.57
Childcare	330	1.97	1.310	0.072	-14.243	329	0.000	-1.027	-1.17	-0.89
<i>In Home Respite</i>	336	2.87	1.687	0.092	-1.456	335	0.146	-0.134	-0.31	0.05
Facility/Center Based Respite	337	2.39	1.522	0.083	-7.374	336	0.000	-0.611	-0.77	-0.45
Therapy	334	2.62	1.551	0.085	-4.516	333	0.000	-0.383	-0.55	-0.22
Adaptive Equipment	335	2.32	1.489	0.081	-8.403	334	0.000	-0.684	-0.84	-0.52
Transportation	341	2.69	1.523	0.082	-3.768	340	0.000	-0.311	-0.47	-0.15
Educational Advocacy	334	2.51	1.418	0.078	-6.329	333	0.000	-0.491	-0.64	-0.34
Case Management	348	4.06	1.205	0.065	16.417	347	0.000	1.060	0.93	1.19

A Factor Analysis was performed on service familiarity. (Table 6b and Table 6c).

- A KMO value of 0.803 and a p-value of $< .05$ for Bartlett's Test of Sphericity means that the relationship (shared variance) among the variables is strong
- The results of the factor analysis show the services loading strongly onto three underlying dimensions of familiarity
 - Dimension one consists of In Home Respite, Facility/Center Based Care, Therapy, Childcare, Adaptive Equipment, and Educational Advocacy
 - Dimension two consists of Community Development, Sheltered Workshop Employment, and Independent Living
 - Dimension three consists of Adult Day Programs, Residential/Group Home, Transportation, and Case Management
- Those that are familiar with a service within a dimension are also likely to be familiar with the other services in the same dimension, e.g. if a respondent is highly familiar with In Home Respite then they will likely be familiar with all the other services in Dimension 1, based on the strength of the loading (closer to 1 indicates higher strength, results are sorted from strongest loading to lowest per dimension). Dimensions with high loading values in more than one dimension are applicable to both dimensions but typically load weak on both (.4 to .6 on both dimensions) as opposed to loading strong on one and weak on the other(s) (e.g. $\sim .8$ on one dimension and $\sim .2$ on another).

Table 6b. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.803
Bartlett's Test of Sphericity	Approx. Chi-Square	1,402.018
	df	78
	Sig.	0.000

Table 6c. Rotated Component Matrix(a) - Familiarity

	Dimensions		
	Under 18	18-35	Over 35
In Home Respite	0.798	0.038	-0.067
Facility/Center Based Respite	0.712	0.258	0.224
Therapy	0.703	-0.213	0.257
Childcare	0.693	0.218	0.019
Adaptive Equipment	0.631	-0.203	0.503
Educational Advocacy	0.623	0.336	0.069
Community Employment	0.092	0.838	0.160
Sheltered Workshop Employment	0.052	0.715	0.300
Independent Living	0.184	0.661	0.331
Adult Day Program	0.137	0.143	0.775
Residential/Group Home	-0.022	0.295	0.748
Transportation	0.194	0.190	0.671
Case Management	0.058	0.186	0.520

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.

Cross tabulating familiarity and the age categories shows that the familiarity dimensions are divided among age, with Under 18 loading on (being most familiar) Dimension 1, 18-35 loading on Dimension 2, and 35+ loading on Dimension 3 (Fig 6b, 6c, and 6d and Table 6d).

Fig 6b. Familiarity by Age (Under 18 Years) - Dimension 1

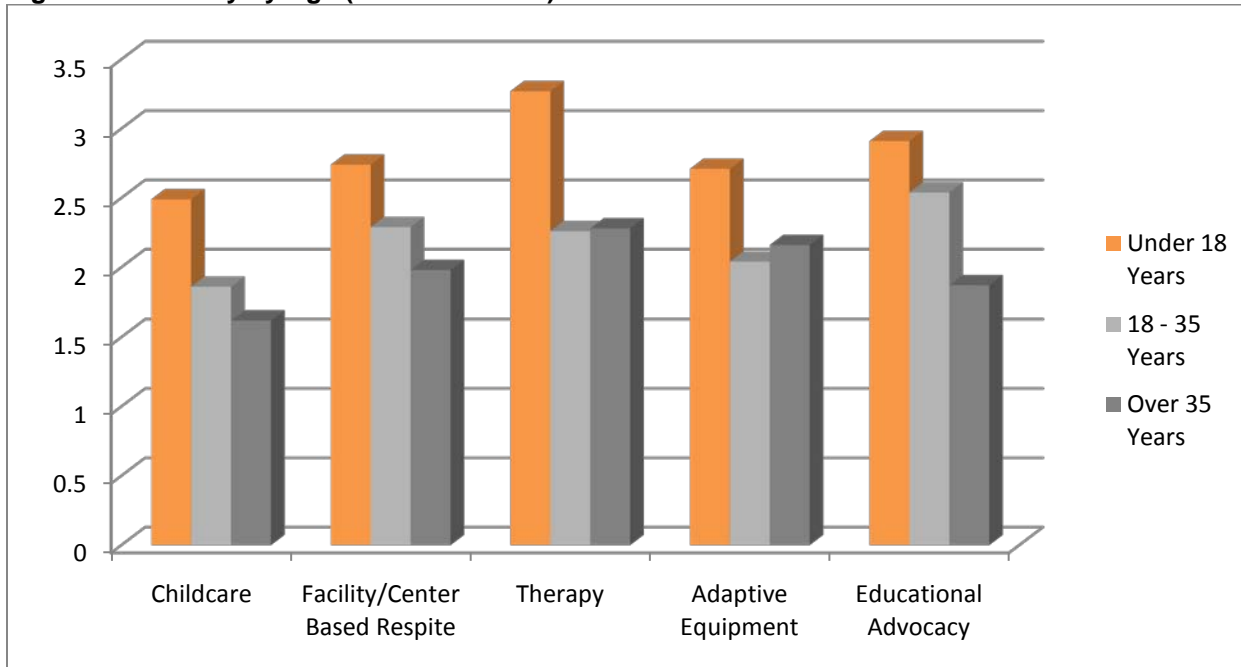


Fig 6c. Familiarity by Age (18 – 35 Years) - Dimension 2

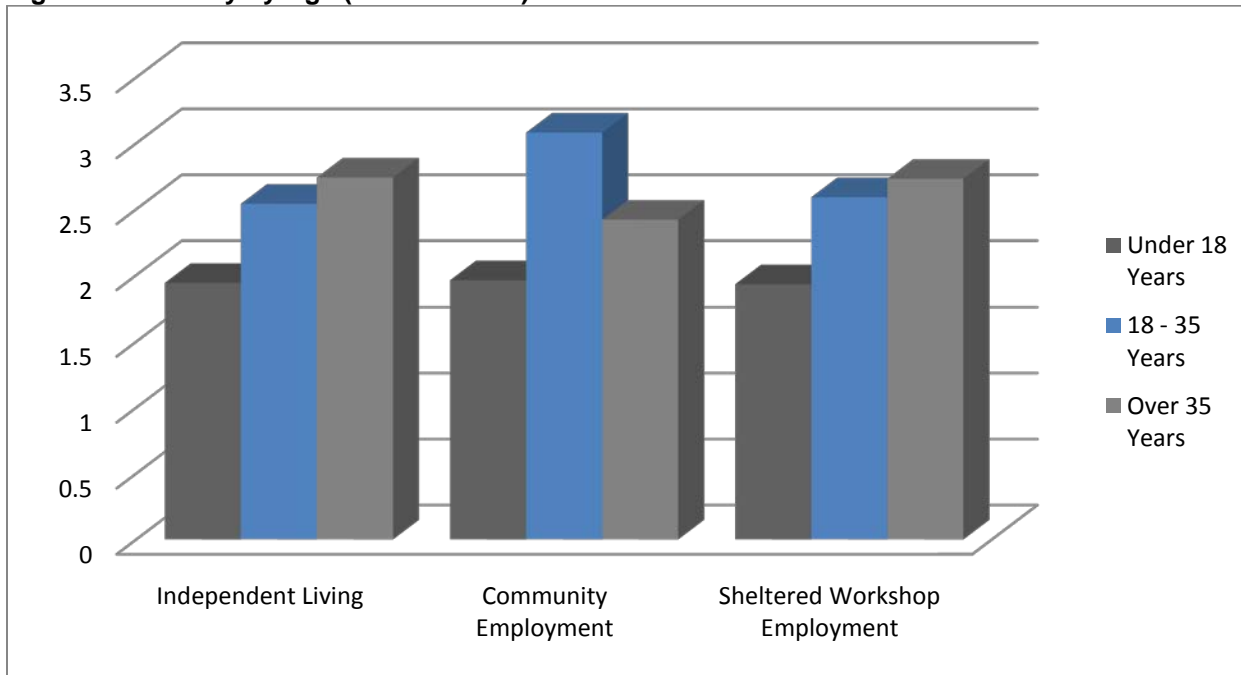


Fig 6d. Familiarity by Age (Over 35 Years) - Dimension 3

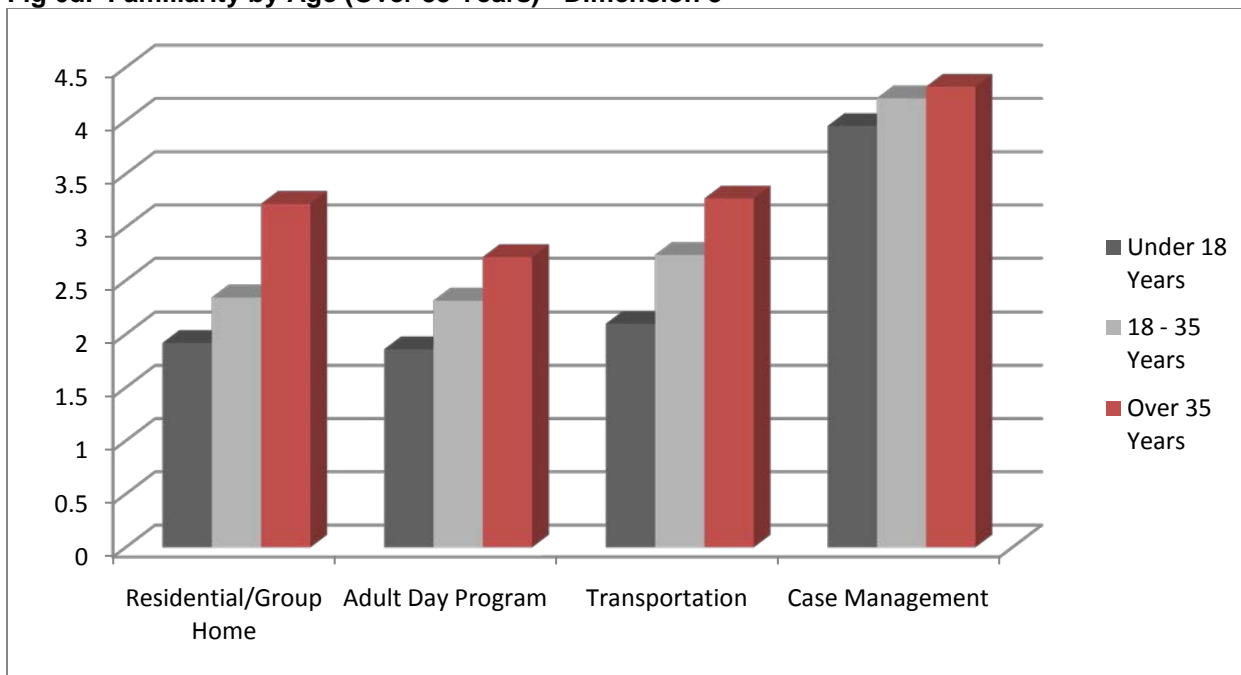


Table 6d. Familiarity by Age

	Under 11 Years	11 - 17 Years	18 - 25 Years	26 - 35 Years	36 - 45 Years	Over 46 Years
	I	J	K	L	M	N
Childcare	2.33	2.64	1.9	1.79	1.87	1.39
	LN	KLMN	N		N	
Facility/Center Based Respite	2.6	2.88	2.17	2.5	2.19	1.79
	N	KMN		N		
Therapy	3.16	3.38	2.17	2.43	2.34	2.22
	KLMN	KLMN				
Adaptive Equipment	2.81	2.6	1.87	2.36	2.2	2.12
	KN	K				
Independent Living	1.85	2.02	2.29	2.97	2.97	2.53
				IJK	IJK	I
Community Employment	1.85	2.07	2.98	3.25	2.68	2.16
			IJN	IJN	IJ	
Sheltered Workshop Employment	1.9	1.95	2.37	2.97	2.87	2.61
				IJK	IJ	IJ
Residential/Group Home	1.85	1.98	2	2.96	2.57	3.79
				IJK	IJK	IJKLM
Adult Day Program	1.93	1.79	1.87	3.14	2.56	2.86
				IJK	IJK	IJK
Transportation	2.05	2.14	2.46	3.24	3.47	3.09
				IJK	IJK	IJK
Case Management	3.86	4.05	4.14	4.34	4.19	4.44
						I

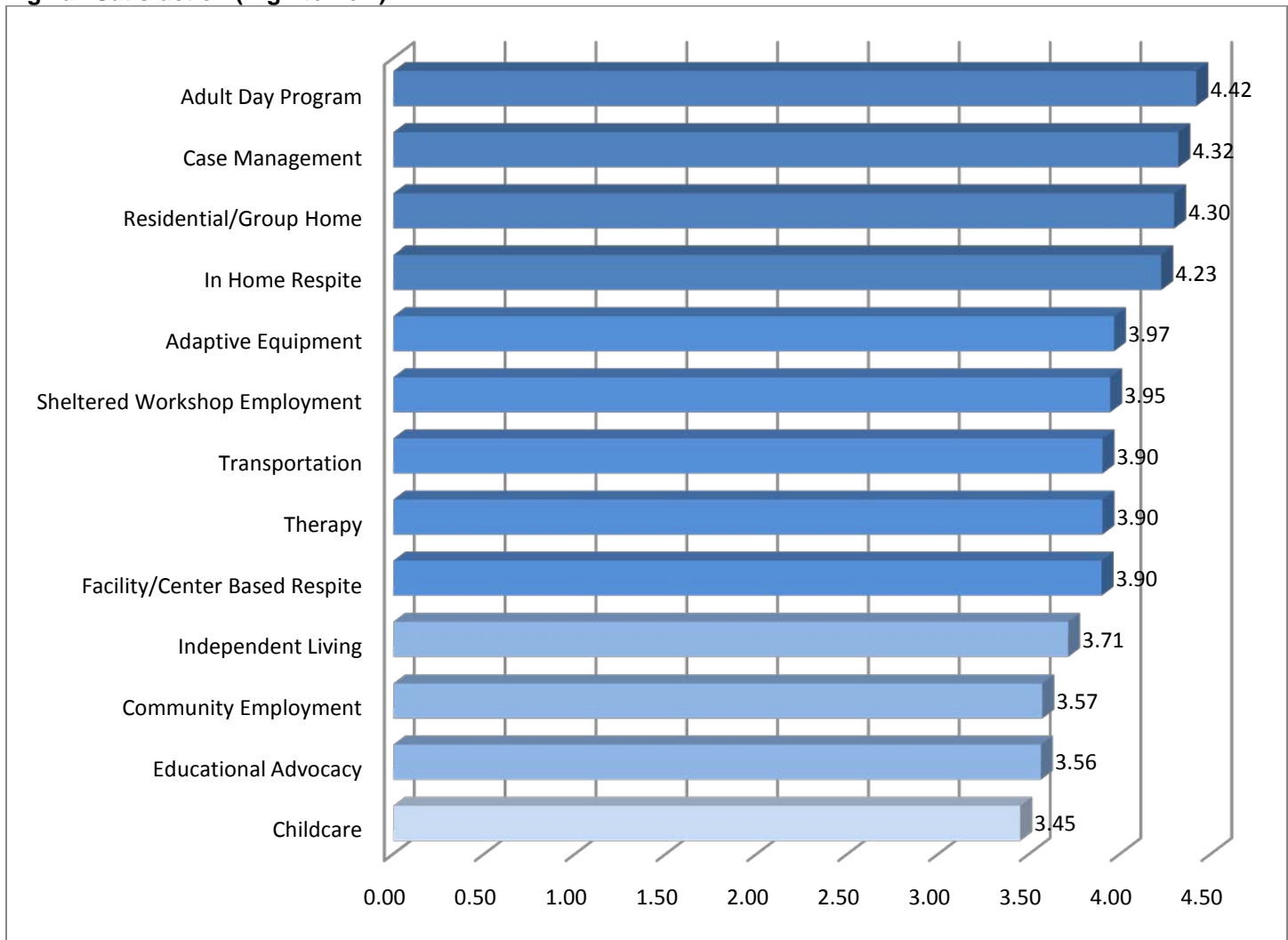
Upper case letters indicate significance at the 90% level.

4. Satisfaction

Respondents were asked to rate the services they use on a scale from 1 to 5, with 1 being “Not at All Satisfied” and with 5 being “Very Satisfied”. (Fig 7a)

- Adult Day Program averaged the highest out of all services with a score of 4.42
- The following services all scored above a 4.0:
 - Case management
 - Residential/Group Home
 - In Home Respite
- The following services scored below 4.0 and above 3.90:
 - Adaptive Equipment
 - Sheltered Workshop Employment
 - Transportation
 - Therapy
 - Facility/Center Based Respite
- The following services scored lower than 3.9 but above 3.5:
 - Independent Living
 - Community Employment
 - Educational Advocacy
- Childcare was the only service that averaged less than a 3.5 on satisfaction

Fig 7a. Satisfaction (High to Low)



The mean satisfaction scores were all tested against $H_0 = 3.0$ and $H_1 > 3.0$ using a one sample t-test. All results except Childcare were found to be statistically significant ($\text{sig} < .05$) therefore H_0 is rejected and H_1 is accepted for those services. (Table 7a)

Table 7a. One-Sample Test (Satisfaction)

Test Value = 3.0										
	N	Mean	Std. Dev.	Std. Error Mean	t	df	Sig. (2-tailed)	Mean Difference	95% C.I. of the difference	
									Lower	Upper
Residential/Group Home	57	4.30	1.117	0.148	8.771	56	0.000	1.298	1.00	1.59
Independent Living	49	3.71	1.369	0.196	3.651	48	0.001	0.714	0.32	1.11
Community Employment	63	3.57	1.467	0.185	3.092	62	0.003	0.571	0.20	0.94
Sheltered Workshop Employment	73	3.95	1.452	0.170	5.562	72	0.000	0.945	0.61	1.28
Adult Day Program	62	4.42	1.001	0.127	11.167	61	0.000	1.419	1.17	1.67
<i>Childcare</i>	<i>40</i>	<i>3.45</i>	<i>1.484</i>	<i>0.235</i>	<i>1.918</i>	<i>39</i>	<i>0.062</i>	<i>0.450</i>	<i>-0.02</i>	<i>0.92</i>
In Home Respite	128	4.23	1.199	0.106	11.578	127	0.000	1.227	1.02	1.44
Facility/Center Based Respite	49	3.90	1.461	0.209	4.302	48	0.000	0.898	0.48	1.32
Therapy	103	3.90	1.225	0.121	7.481	102	0.000	0.903	0.66	1.14
Adaptive Equipment	90	3.97	1.194	0.126	7.680	89	0.000	0.967	0.72	1.22
Transportation	124	3.90	1.303	0.117	7.719	123	0.000	0.903	0.67	1.13
Educational Advocacy	94	3.56	1.258	0.130	4.346	93	0.000	0.564	0.31	0.82
Case Management	299	4.32	0.988	0.057	23.110	298	0.000	1.321	1.21	1.43

4a. Performance/Importance Analysis

Satisfaction with each service was correlated with Overall Satisfaction and the correlation coefficient was squared to give the amount of shared variance between satisfaction with each service and Overall Satisfaction for a measure of relative importance. Performance vs. Importance was then graphed on those two dimensions. (Fig 7b and Table 7b)

Fig 7b. Performance vs. Importance Services Chart



Table 7b. Overall Satisfaction Correlations

Satisfaction	N	Performance (Satisfaction)	Pearson Correlation	Correlation Squared
Residential/Group Home	54	4.32	0.45	0.21
Independent Living	43	4.30	0.15	0.02
Community Employment	59	3.90	0.37	0.14
Sheltered Workshop Employment	65	3.95	0.38	0.14
Adult Day Program	58	3.90	0.46	0.21
Childcare	36	3.71	0.49	0.24
In Home Respite	115	3.56	0.31	0.10
Facility/Center Based Respite	44	3.45	0.35	0.12
Therapy	95	3.57	0.32	0.10
Adaptive Equipment	82	4.42	0.22	0.05
Transportation	112	4.23	0.53	0.28
Educational Advocacy	87	3.97	0.45	0.20
Case Management	268	3.90	0.54	0.29

- **Lower Priority Services:**

- High Importance and High Performance (No Changes):
 - Case Management
 - Adult Day Programs
 - Residential/Group Home
- Low Importance and High Performance (Deemphasize):
 - Sheltered Workshop Employment
 - In Home Respite
 - Adaptive Equipment

- **Higher Priority Services:**

- High Importance and Low Performance (Stronger Focus):
 - Transportation
 - Childcare
 - Educational Advocacy
- Low Importance and Low Performance (Weaker Focus)
 - Community Employment
 - Facility/Center Based Respite
 - Therapy
 - Independent Living

Lower priority services can be either left to continue performing well in the case of high importance, i.e. Case Management, Adult Day Programs, and Residential Group Home, or can be used to allocate resources to higher priority services that are not performing as well in the case of lower importance, e.g. allocating resources from Sheltered Workshop Employment, In Home Respite, and Adaptive Equipment to Transportation, Childcare, Educational Advocacy services or to Community Employment, Facility/Center Based Respite, Therapy, and Independent Living services.

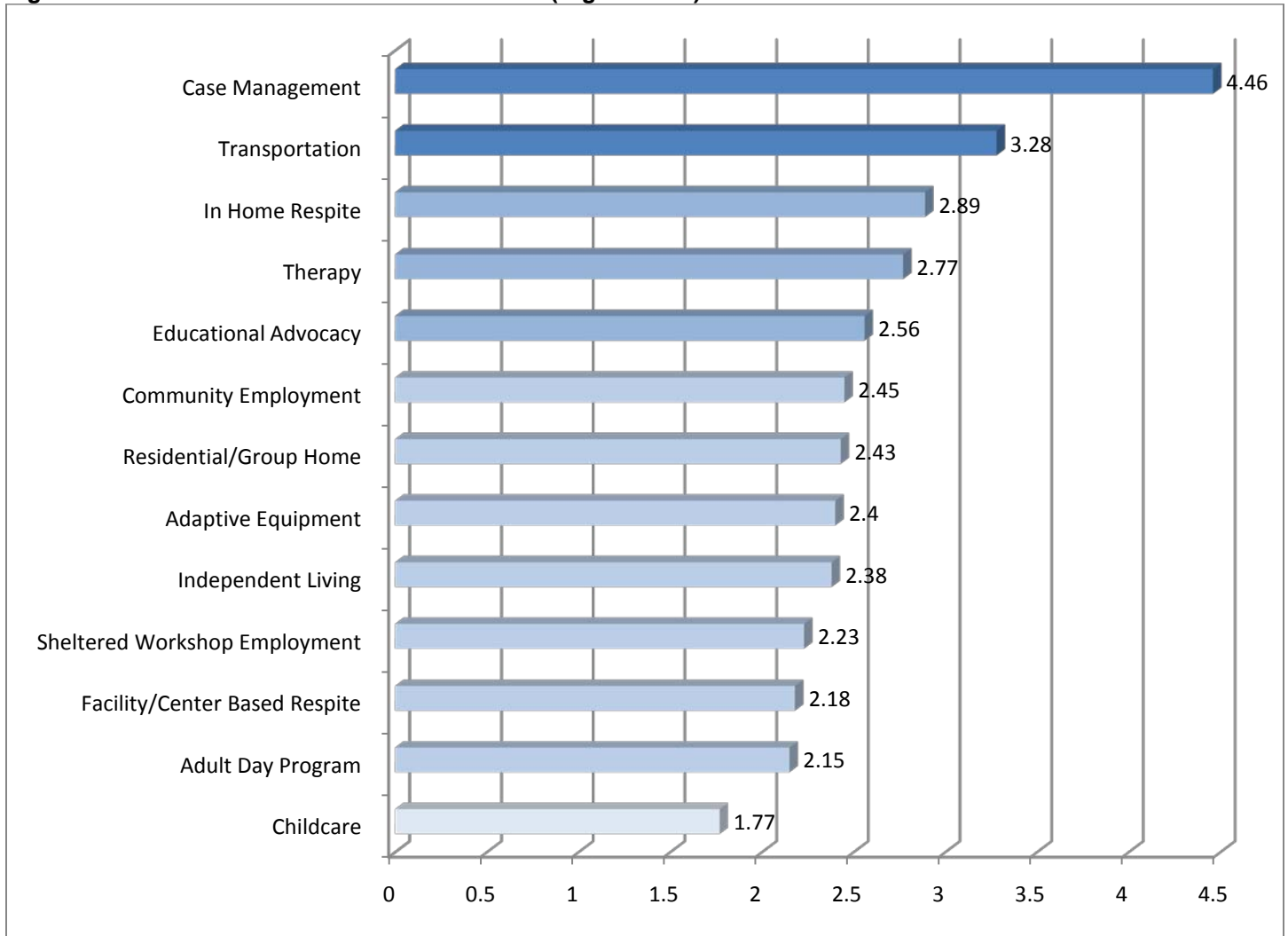
Childcare Satisfaction was not shown to be statistically different than the midpoint, but among those that answered the correlation between Childcare Satisfaction and Overall Satisfaction is statistically significant, with Childcare Satisfaction contributing to 24% of the variability in Overall Satisfaction. A qualitative analysis of Overall Satisfaction cross tabulated with Childcare Satisfaction shows that a large number of responses fall along the identity, indicating correlation.

5. Likelihood to Use in the Next Five Years

Respondents were asked to rate how likely they are to use the services related to developmental disabilities within the next five years using a 1 to 5 scale, with 1 being “Not at all Likely”, and 5 being “Very Likely”. (Fig 8a)

- Case Management is the service most likely to be used by a wide margin (over a point) at 4.46
- Transportation was second most likely with an average score of 3.28
- The following services all scored above a 2.5:
 - In Home Respite
 - Therapy
 - Educational Advocacy
- The following services scored between a 2.0 and a 2.5:
 - Community Employment
 - Residential/Group Home
 - Adaptive Equipment
 - Independent Living
 - Sheltered Workshop Employment
 - Facility/Center Based Respite
 - Adult Day Program
- Childcare was the only service to average less than 2.0, making it the least likely service to be used within the next five years.

Fig 8a. Likelihood to Use in the Next Five Years (High to Low)



The mean likelihood scores were all tested against $H_0 = 3.0$ and $H_1 < 3.0$ (for all but Transportation and Case Management) or $H_1 > 3.0$ (for Transportation and Case Management) using a one sample t-test. All results except In Home Respite were found to be statistically significant ($\text{sig} < .05$) therefore H_0 is rejected and H_1 is accepted for those services. (Table 8a)

Table 8a. One-Sample Test (Likelihood to Use in the Next Five Years)

Test Value = 3.0										
	N	Mean	Std. Dev.	Std. Error Mean	t	df	Sig. (2-tailed)	Mean Difference	95% C.I. of the difference	
									Lower	Upper
Residential/Group Home	321	2.43	1.694	0.095	-6.062	320	0.000	-0.573	-0.76	-0.39
Independent Living	315	2.37	1.696	0.096	-6.577	314	0.000	-0.629	-0.82	-0.44
Community Employment	320	2.44	1.714	0.096	-5.872	319	0.000	-0.563	-0.75	-0.37
Sheltered Workshop Employment	321	2.22	1.684	0.094	-8.251	320	0.000	-0.776	-0.96	-0.59
Adult Day Program	321	2.14	1.660	0.093	-9.248	320	0.000	-0.857	-1.04	-0.67
Childcare	311	1.77	1.437	0.081	-15.156	310	0.000	-1.235	-1.40	-1.07
<i>In Home Respite</i>	321	2.88	1.849	0.103	-1.177	320	0.240	-0.121	-0.32	0.08
Facility/Center Based Respite	316	2.18	1.555	0.087	-9.403	315	0.000	-0.823	-0.99	-0.65
Therapy	322	2.76	1.717	0.096	-2.467	321	0.014	-0.236	-0.42	-0.05
Adaptive Equipment	317	2.39	1.720	0.097	-6.334	316	0.000	-0.612	-0.80	-0.42
Transportation	335	3.27	1.718	0.094	2.831	334	0.005	0.266	0.08	0.45
Educational Advocacy	320	2.55	1.671	0.093	-4.816	319	0.000	-0.450	-0.63	-0.27
Case Management	338	4.45	1.150	0.063	23.177	337	0.000	1.450	1.33	1.57

A Factor Analysis was performed on likelihood to use in the next five years. (Table 8b and 8c)

- A KMO value of 0.703 and a p-value of $< .05$ for Bartlett's Test of Sphericity mean the relationship (shared variance) among the variables is moderate but not as strong as familiarity
- The results of the factor analysis show the services loading strongly onto four underlying dimensions of usage likelihood
 - Dimension one consists of In Home Respite, Facility/Center Based Care, Therapy, Childcare, Adaptive Equipment, and Educational Advocacy
 - Dimension two consists of Community Development, Sheltered Workshop Employment, and Independent Living
 - Dimension three consists of Adult Day Programs, Residential/Group Home, Transportation, and Case Management
- Those that are likely to use a service in the next five years within a dimension are also likely to use the other services in the same dimension. Negative signs indicated the opposite, the more likely one is to use one of the positive services in a Dimension the lower the likelihood that they will Use the other services in the dimension (e.g. Those that are likely to use Adaptive Equipment or Therapy are less likely to use Sheltered Workshop Employment)

Table 8b. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.703
Bartlett's Test of Sphericity	Approx. Chi-Square	1,045.133
	df	78
	Sig.	0.000

Table 8c. Rotated Component Matrix(a) -Likelihood to Use in Next Five Years

	Dimensions			
	Under 18	Over 35	Independent	Assisted
Facility/Center Based Respite	0.808	0.234	-0.080	0.007
In Home Respite	0.789	0.068	-0.134	0.127
Childcare	0.767	-0.126	-0.038	0.123
Educational Advocacy	0.587	-0.212	0.439	0.206
Adult Day Program	0.100	0.775	-0.112	0.120
Residential/Group Home	-0.177	0.773	-0.016	-0.103
Transportation	0.210	0.556	0.439	-0.102
Case Management	0.045	0.451	0.400	0.289
Community Employment	0.004	0.063	0.809	-0.225
Independent Living	-0.240	-0.039	0.764	0.014
Adaptive Equipment	0.339	0.173	-0.073	0.745
Therapy	0.518	0.086	0.068	0.631
Sheltered Workshop Employment	0.214	0.415	0.247	-0.650

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 6 iterations.

Cross tabulating likelihood to use the age categories shows that the likelihood to is divided among age again.

- 18-34 was split up and is loading among two dimensions based on independence and therapy/assistance, with Under 18 loading on (being most familiar) Dimension 1, 36+ loading on Dimension 2, and 18-35 loading on Dimensions 3 and 4 (Fig 8b and 8c and Table 8d)
- Case Management also loads on the independence dimension, and therapy loads on the Under 18 Dimension. This is reflected in the KMO value, which is higher for the familiarity variables, indicating stronger, more defined underlying dimensions among those variables

Sheltered Workshop Employment loads negatively, meaning respondents likelihood to use Adaptive Equipment and Therapy in inversely proportional to their use of Sheltered Workshop Employment, and the more likely they are to use Sheltered Workshop Employment the less likely they are to use Therapy and Adaptive Equipment.

Fig 8b. Highest Likelihood to Use in the Next Five Years (Under 18 Highly Likely)

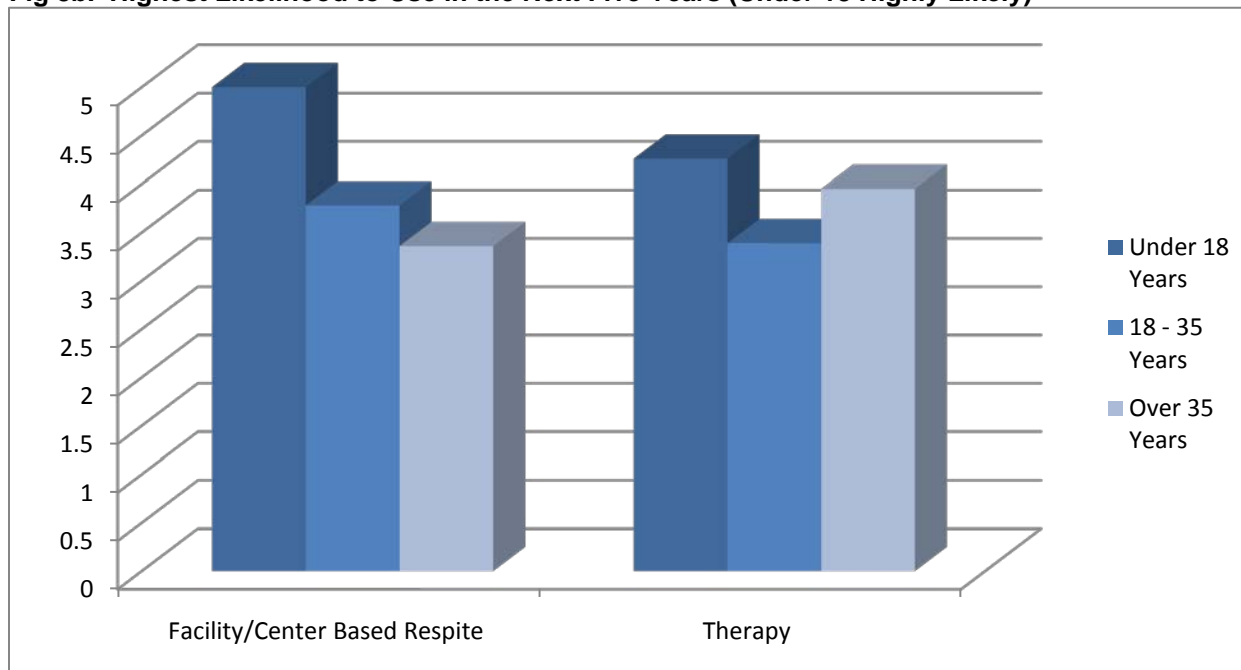


Fig 8c. Highest Likelihood to Use in the Next Five Years (18-35 highly likely and 36+ highly likely)

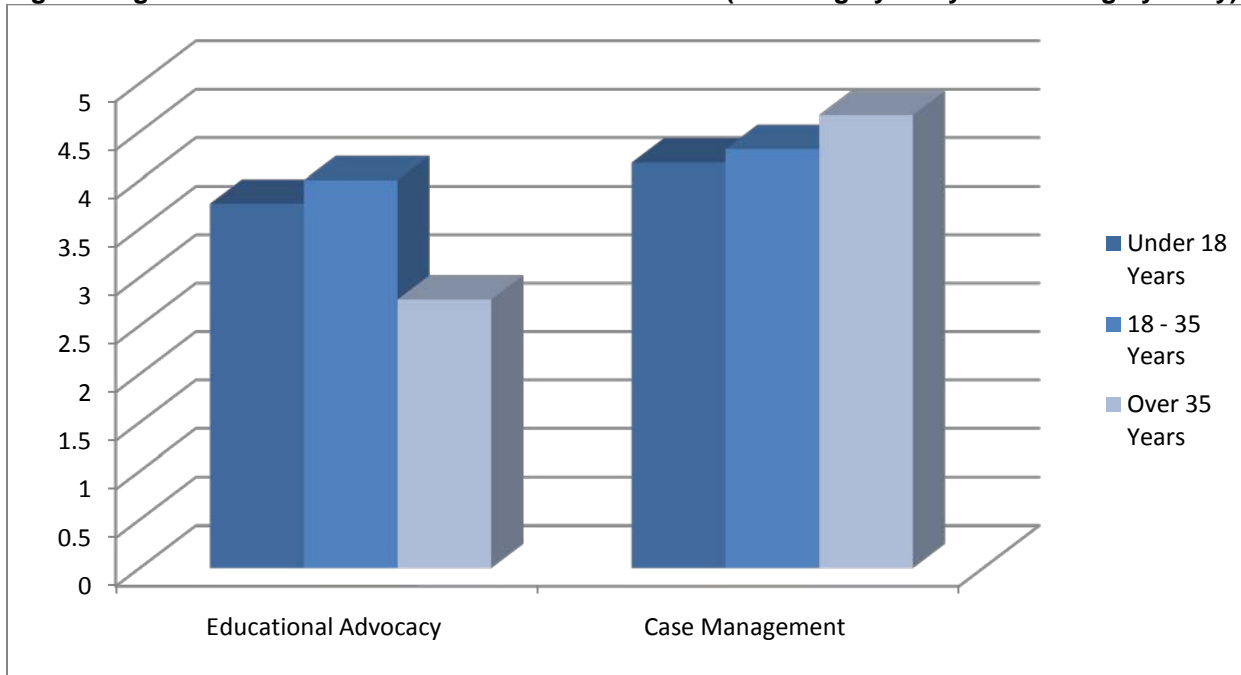


Table 8d. Likelihood to Use in next five years by Age

	Under 11 Years	11 - 17 Years	18 - 25 Years	26 - 35 Years	36 - 45 Years	Over 45 Years
	I	J	K	L	M	N
Those Answering	5	7	4	5	8	3
Facility/Center Based Respite	5	5	4.5	3.2	3.75	2.33
	LMN	LMN				
Those Answering	22	20	8	10	9	10
Therapy	4.18	4.35	3.38	3.4	3.78	4.1
		KL				
Those Answering	17	20	14	4	9	4
Educational Advocacy	3.82	3.7	4.07	3.75	3.11	2
	N	N	MN			
Those Answering	33	38	45	24	29	34
Case Management	3.82	4.5	4.36	4.25	4.52	4.79
		I	I		I	IJKL

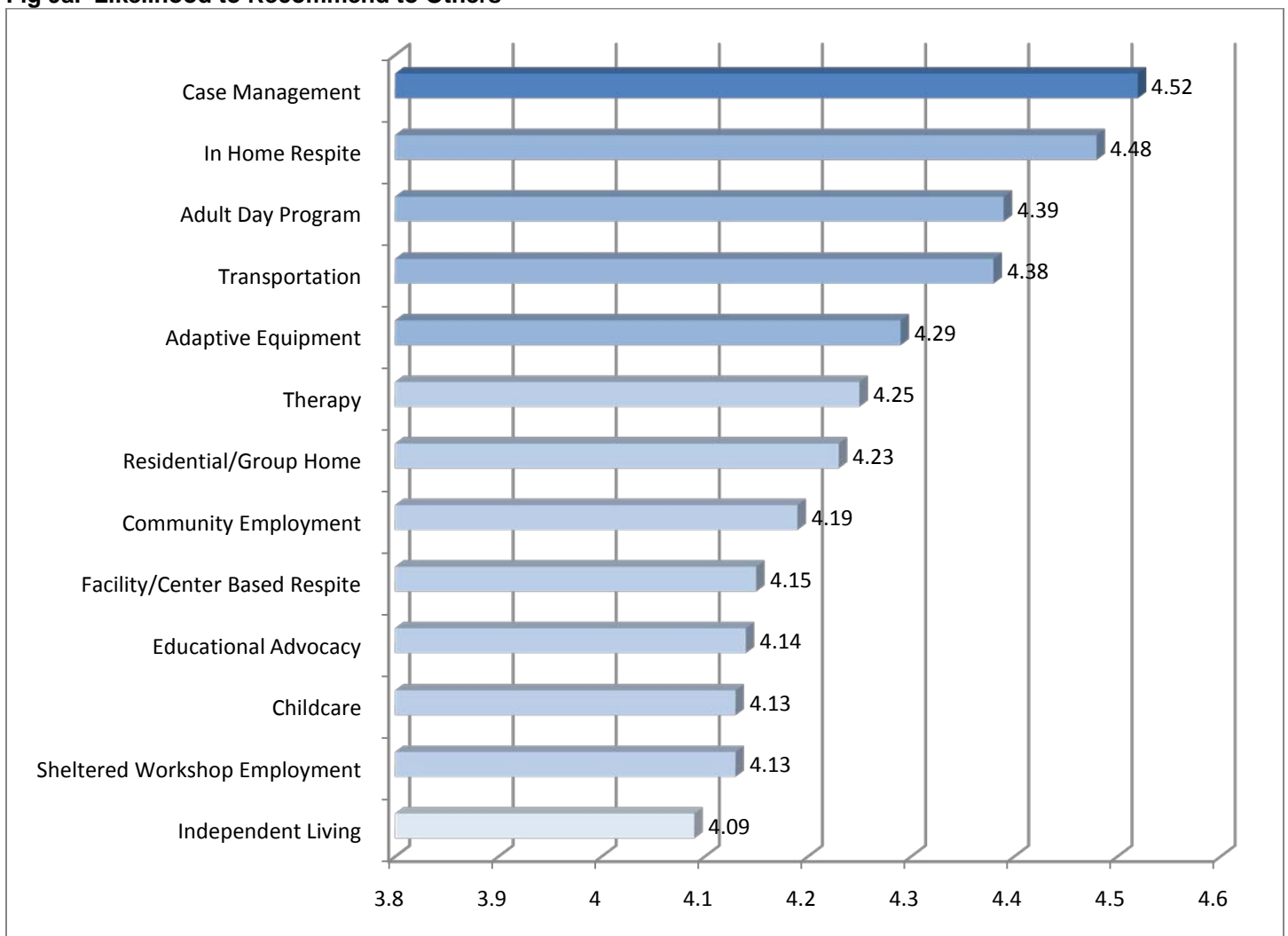
Upper case letters indicate significance at the 90% level.

6. Likelihood to Recommend to Others

Respondents were asked to rate how likely they are to recommend the services related to developmental disabilities to others using a 1 to 5 scale, with 1 being “Not at all Likely”, and 5 being “Very Likely”. All means were above 4.0, indicating a high likelihood to recommend. (Fig 9a)

- Case Management is the service most likely to be recommended and the only service to score above a 4.52
- The following services scored above a 4.25:
 - In Home Respite
 - Adult Day Programs
 - Transportation
 - Adaptive Equipment
- The following services scored above a 4.15:
 - Therapy
 - Residential/Group Home
 - Community Employment
- The following services scored above a 4.10:
 - Educational Advocacy
 - Childcare
 - Sheltered Workshop Employment
- Independent Living scored the lowest of all services with a 4.09

Fig 9a. Likelihood to Recommend to Others



The mean likelihood scores were all tested against $H_0 = 3.0$ and $H_1 > 3.0$ using a one sample t-test. All means were found to be statistically significant ($\text{sig} < .05$) therefore H_0 is rejected and H_1 is accepted for all services. (Table 9a)

Table 9a. One-Sample Test (Likelihood to Recommend to Others)

Test Value = 3.0										
	N	Mean	Std. Dev.	Std. Error Mean	t	df	Sig. (2-tailed)	Mean Difference	95% C.I. of the difference	
									Lower	Upper
Residential/Group Home	124	4.23	1.146	0.103	11.906	123	0.000	1.226	1.02	1.43
Independent Living	117	4.09	1.218	0.113	9.719	116	0.000	1.094	0.87	1.32
Community Employment	125	4.19	1.141	0.102	11.682	124	0.000	1.192	0.99	1.39
Sheltered Workshop Employment	132	4.13	1.219	0.106	10.635	131	0.000	1.129	0.92	1.34
Adult Day Program	124	4.39	1.034	0.093	14.943	123	0.000	1.387	1.20	1.57
Childcare	86	4.13	1.206	0.130	8.674	85	0.000	1.128	0.87	1.39
In Home Respite	168	4.48	0.941	0.073	20.410	167	0.000	1.482	1.34	1.63
Facility/Center Based Respite	119	4.15	1.154	0.106	10.878	118	0.000	1.151	0.94	1.36
Therapy	144	4.25	1.106	0.092	13.559	143	0.000	1.250	1.07	1.43
Adaptive Equipment	134	4.29	1.123	0.097	13.311	133	0.000	1.291	1.10	1.48
Transportation	167	4.38	1.004	0.078	17.732	166	0.000	1.377	1.22	1.53
Educational Advocacy	142	4.14	1.102	0.092	12.338	141	0.000	1.141	0.96	1.32
Case Management	294	4.52	0.881	0.051	29.593	293	0.000	1.520	1.42	1.62

A Factor Analysis was performed on likelihood to recommend the service to others. (Table 9b and 9c)

- A KMO value of 0.868 and a p-value of $< .05$ for Bartlett's Test of Sphericity mean the relationship (shared variance) among the variables is stronger than with any other set of measures employed.
- The results of the factor analysis show the services loading strongly onto two underlying dimensions of recommendation:
 - Dimension one consists of Therapy, In Home Respite, Childcare, Adaptive Equipment, Educational Advocacy, Facility/Center Based Respite, Transportation, and Case Management
 - Dimension two consists of Sheltered Workshop Employment, Independent Living, Adult Day Programs, Residential/Group Home, and Community Employment.
- Those that are likely to recommend a service within a dimension are also likely to recommend the other services in the dimension.
- Case Management loads almost the same on both dimensions, and Transportation loads above a .5 on both, indicating that likelihood to Recommend Care Management and Transportation are tied to both underlying dimensions, and that those that are likely to recommend Transportation or Case Management are likely to recommend any service.

Table 9b. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.868
Bartlett's Test of Sphericity	Approx. Chi-Square	1,141.885
	df	78
	Sig.	0.000

Table 9c. Rotated Component Matrix(a) - Recommend

	Dimensions	
	Younger	Older
Therapy	0.930	0.185
In Home Respite	0.887	0.375
Childcare	0.855	0.409
Adaptive Equipment	0.852	0.424
Educational Advocacy	0.801	0.378
Facility/Center Based Respite	0.775	0.481
Transportation	0.682	0.575
Case Management	0.595	0.479
Sheltered Workshop Employment	0.223	0.900
Independent Living	0.330	0.864
Adult Day Program	0.446	0.833
Residential/Group Home	0.433	0.825
Community Employment	0.478	0.817

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.
 a. Rotation converged in 3 iterations.

Cross tabulating likelihood to recommend by the age categories shows that the likelihood to recommend dimensions are divided among age again. (Fig 9b and 9c)

- Likelihood to recommend tends to skew towards youths in Dimension 1 (Younger)
- Likelihood to recommend tends to skew towards adults in Dimension 2 (Older)

Fig 9b. Likelihood to Recommend by Age (Dimension 1 - Youth Skew)

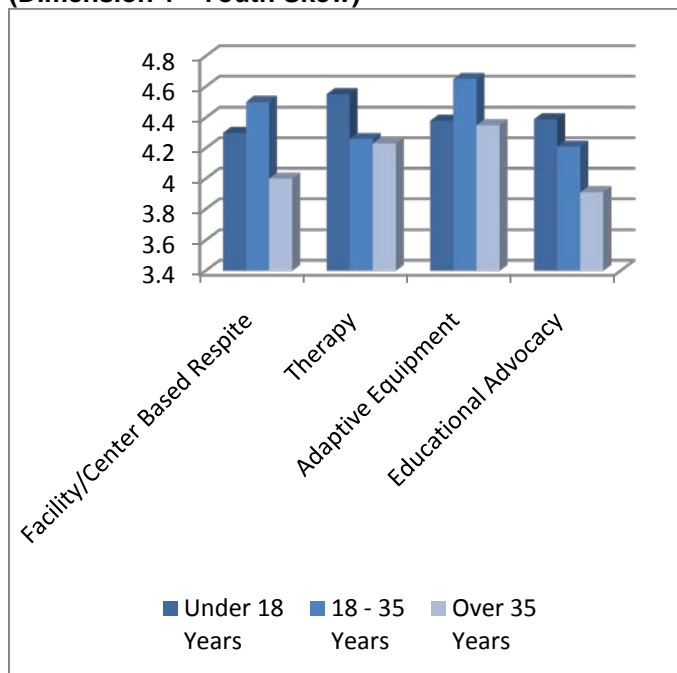
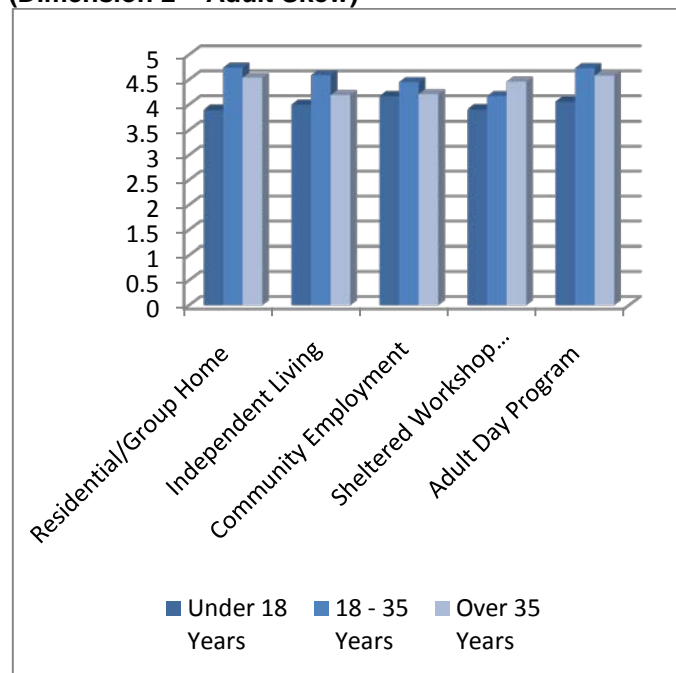


Fig 9c. Likelihood to Recommend by Age (Dimension 2 – Adult Skew)



Services were also sorted by likelihood to recommend by age (Fig 9d, 9e, and 9f).

- Likelihood to Recommend Therapy and Educational Advocacy are highest among those under 18
- Likelihood to Recommend Residential/Group Home, Independent Living, Community Employment, Adult Day Program, and Adaptive Equipment are highest among those ages 18-35
- Likelihood to Recommend Sheltered Workshop Employment, Transportation, and Case Management are highest among those over 35 years old

Fig 9d. Most Likely to Recommend by Age (Under 18)

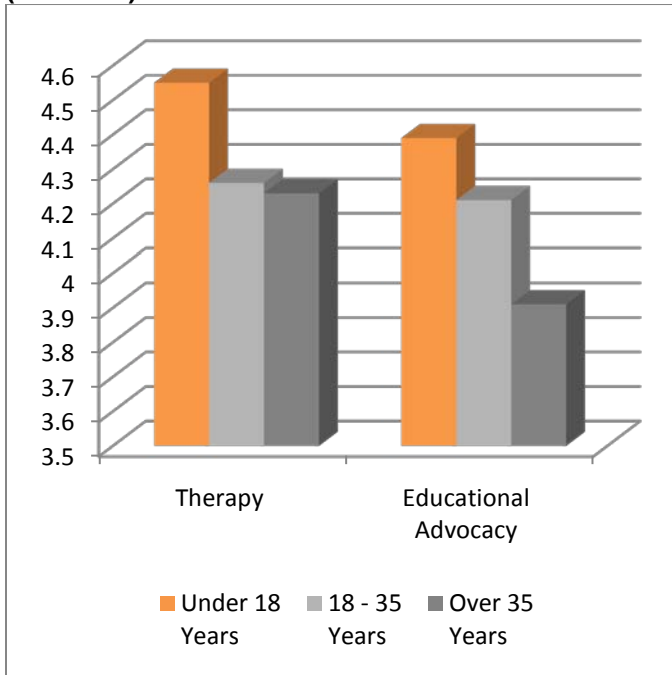


Fig 9e. Most Likely to Recommend by Age (18-35)

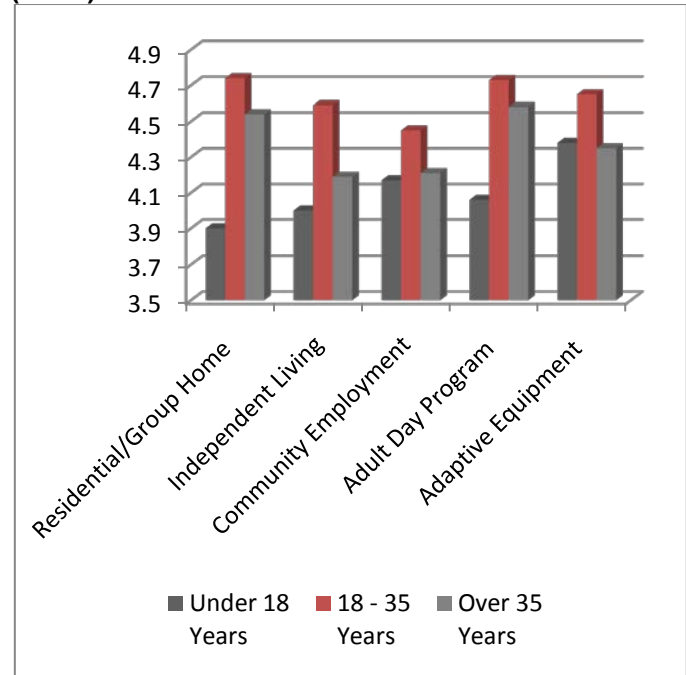
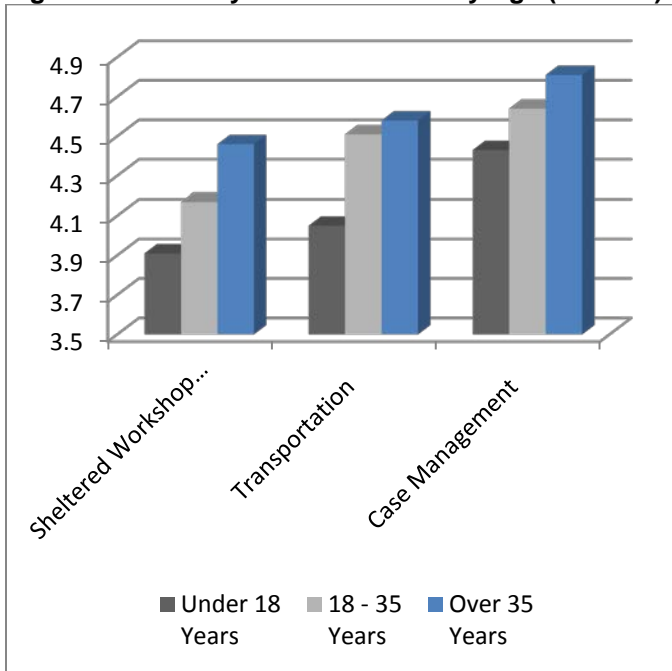


Fig 9f. Most Likely to Recommend by Age (Over 35)

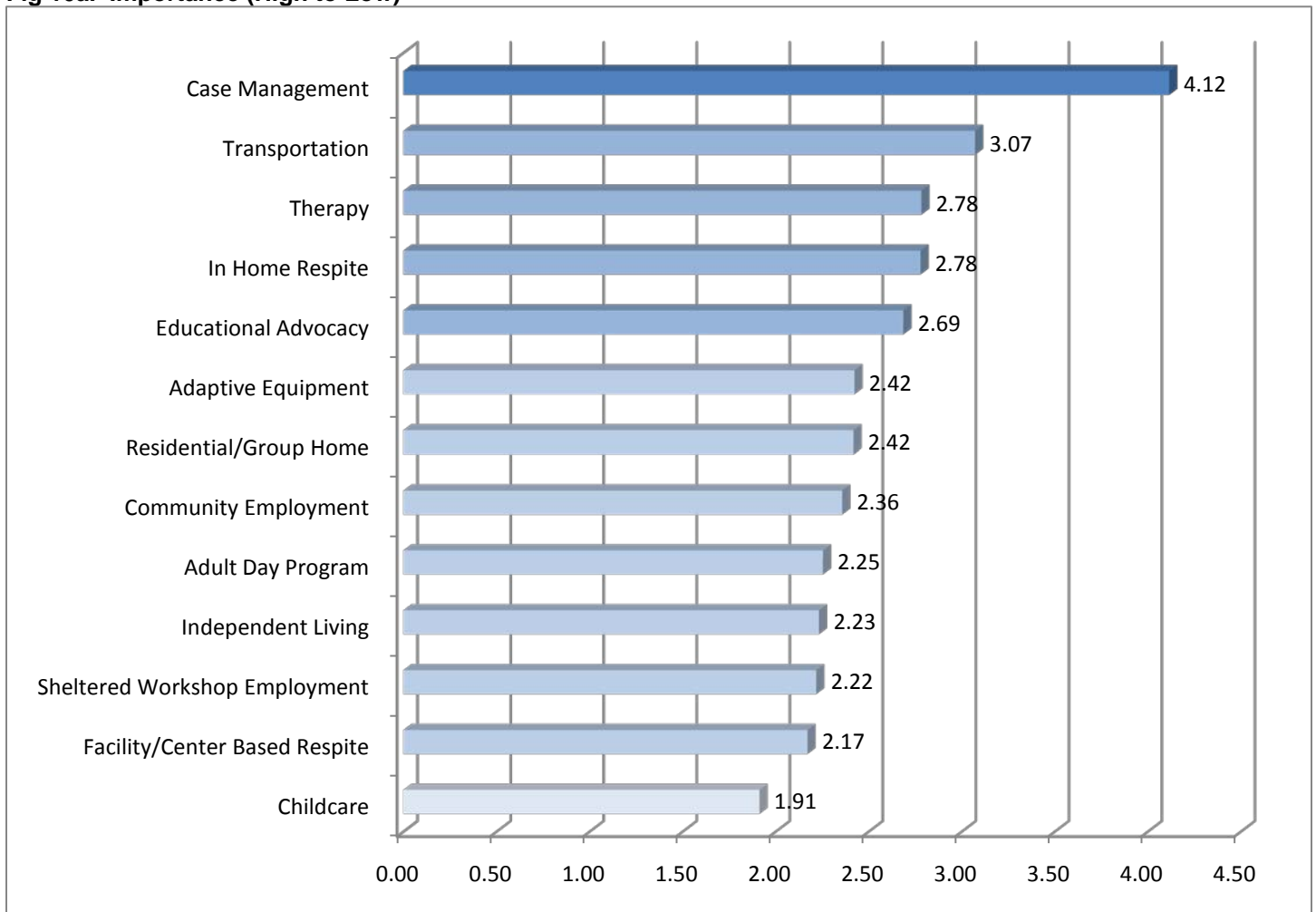


7. Importance

Respondents were asked to rate how Important the services related to developmental disabilities are to them using a 1 to 5 scale, with 1 being “Not at all Important”, 2 being “Somewhat Important”, 3 being “Important”, 4 being “Very Important” and 5 being “Critically Important”. Some of the Importance means differ from the relative importance measures in the Satisfaction section (e.g. Childcare and Adult Day Program relative importance measures) due to relative importance being a derived measure based on shared variance with Overall Satisfaction. (Fig 10a)

- Case Management is the service that score the highest and the only service to score above 4.0
- Transportation was the only service to score above 3.0
- The following services scored above a 2.5:
 - Therapy
 - In Home Respite
 - Educational Advocacy
- The following services scored above a 2.25:
 - Adaptive Equipment
 - Residential/Group Home
 - Community Employment
 - Adult Day Programs
- The following services scored above a 2.0:
 - Independent Living
 - Sheltered Workshop Employment
 - Facility/Center Based Respite
- Childcare was the only service to score below a 2.0

Fig 10a. Importance (High to Low)



The mean likelihood scores were all tested against $H_0 = 3.0$ and $H_1 < 3.0$ (for all but Transportation and Case Management) or $H_1 > 3.0$ (for Transportation and Case Management) using a one sample t-test. All results except Transportation were found to be statistically significant ($\text{sig} < .05$) therefore H_0 is rejected and H_1 is accepted for those services. (Table 10a)

Table 10a. One-Sample Test (Importance)

Test Value = 3.0										
	N	Mean	Std. Dev.	Std. Error Mean	t	df	Sig. (2-tailed)	Mean Difference	95% C.I. of the difference	
									Lower	Upper
Residential/Group Home	265	2.42	1.645	0.101	-5.750	264	0.000	-0.581	-0.78	-0.38
Independent Living	257	2.23	1.528	0.095	-8.040	256	0.000	-0.767	-0.95	-0.58
Community Employment	268	2.36	1.593	0.097	-6.595	267	0.000	-0.642	-0.83	-0.45
Sheltered Workshop Employment	270	2.22	1.583	0.096	-8.112	269	0.000	-0.781	-0.97	-0.59
Adult Day Program	259	2.25	1.627	0.101	-7.370	258	0.000	-0.745	-0.94	-0.55
Childcare	255	1.91	1.412	0.088	-12.28	254	0.000	-1.086	-1.26	-0.91
In Home Respite	276	2.78	1.730	0.104	-2.122	275	0.035	-0.221	-0.43	-0.02
Facility/Center Based Respite	262	2.17	1.482	0.092	-9.046	261	0.000	-0.828	-1.01	-0.65
Therapy	273	2.78	1.661	0.101	-2.150	272	0.032	-0.216	-0.41	-0.02
Adaptive Equipment	257	2.42	1.662	0.104	-5.556	256	0.000	-0.576	-0.78	-0.37
<i>Transportation</i>	276	3.07	1.674	0.101	0.719	275	0.473	0.072	-0.13	0.27
Educational Advocacy	265	2.69	1.597	0.098	-3.193	264	0.002	-0.313	-0.51	-0.12
Case Management	311	4.12	1.110	0.063	17.729	310	0.000	1.116	0.99	1.24

A Factor Analysis was performed on likelihood to recommend the service to others. (Table 10b and 10c)

- A KMO value of 0.756 and a p-value of $< .05$ for Bartlett's Test of Sphericity mean the relationship (shared variance) among the variables is moderate.
- The results of the factor analysis show the services loading strongly onto four underlying dimensions of recommendation:
 - Dimension one consists of Facility/Center Based Respite, In Home Respite, Childcare, and Educational Advocacy, indicating services skewed towards youth
 - Dimension two consists of Adult Day Program, Residential/Group Home, and Transportation
 - Dimension three consists of Community Employment and Independent Living, indicating more independence, indicating services skewed towards adults
 - Dimension four consists of Case Management, Therapy, Adaptive Equipment, and Sheltered Workshop Employment, indicating more assistance
- Those that perceive a service within a dimension as important are also likely to perceive the other services in the dimension as important.
- Transportation loads weak on the over 18 dimensions, indicating that it is the weakest measure to determine if other services are relatively important, however those that use the other services in the dimensions are more likely to perceive transportation as important.
- Educational Advocacy loads weak on both dimensions skewed towards 35 and below, meaning that respondents that perceive youth and independence services as important are somewhat likely to view Educational Advocacy as Important as well.
- Therapy and Adaptive Equipment both load weak on Youth and Assistance dimensions, meaning that respondents that perceive the youth or assistance dimensions as important are somewhat likely to perceive Therapy and Adaptive Equipment services as important too
- Those that perceive Sheltered Workshop as Important as less likely to perceive Therapy and Adaptive Equipment as Important

Table 10b. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.756
Bartlett's Test of Sphericity	Approx. Chi-Square	942.002
	df	78
	Sig.	0.000

Table 10c. Rotated Component Matrix(a) - Importance

	Dimensions			
	Youth	Adult	Independence	Assistance
Facility/Center Based Respite	0.811	0.224	0.082	0.023
In Home Respite	0.799	-0.044	-0.044	0.080
Childcare	0.717	0.069	0.192	-0.003
Educational Advocacy	0.534	-0.240	0.423	0.362
Adult Day Program	0.191	0.801	-0.069	0.136
Residential/Group Home	-0.060	0.794	0.152	0.060
Transportation	0.054	0.585	0.423	0.025
Community Employment	0.068	0.127	0.880	0.048
Independent Living	0.079	0.127	0.846	0.000
Case Management	0.038	0.310	0.224	0.637
Therapy	0.568	0.012	0.020	0.623
Adaptive Equipment	0.507	0.266	-0.080	0.521
Sheltered Workshop Employment	0.286	0.419	0.341	-0.556

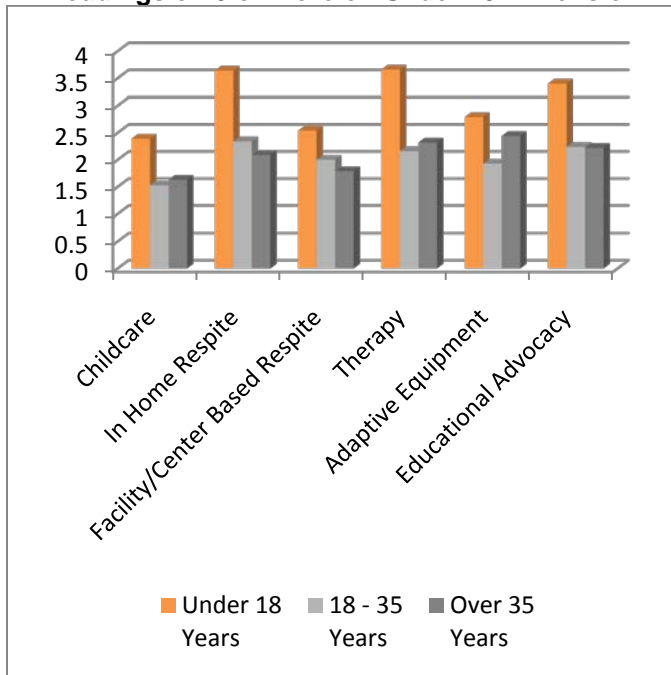
Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

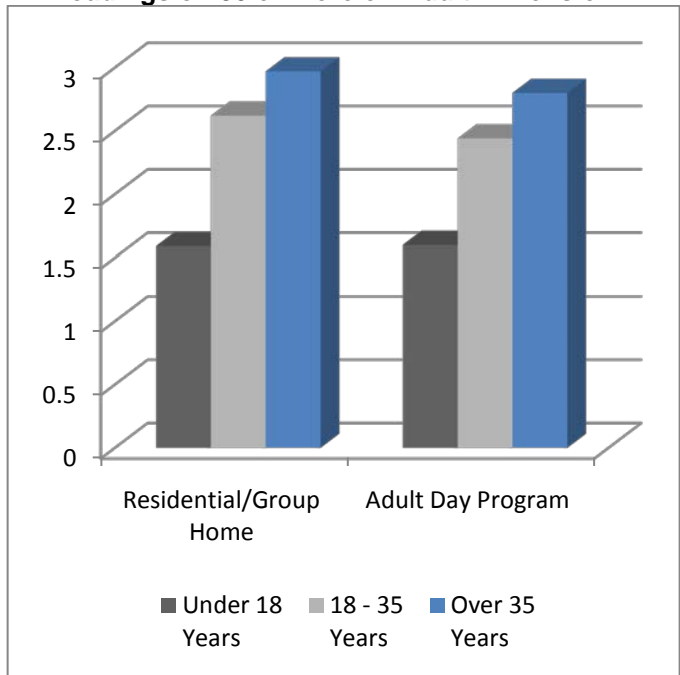
Cross tabulating likelihood to recommend by the age categories shows that the likelihood to recommend dimensions are divided among age again. (Fig 10b, 10c, 10d, and 10e and Table 10d)

- Importance tends to skew towards Children under 18 in Dimension 1 (Younger)
- Importance tends to skew towards Older Adults in Dimension 2 (Adult)
- Importance tends to skew towards Adults over 18 in Dimension 3 (Independence)
- Importance tends to skew towards Children under 18 for Therapy and Adaptive Equipment

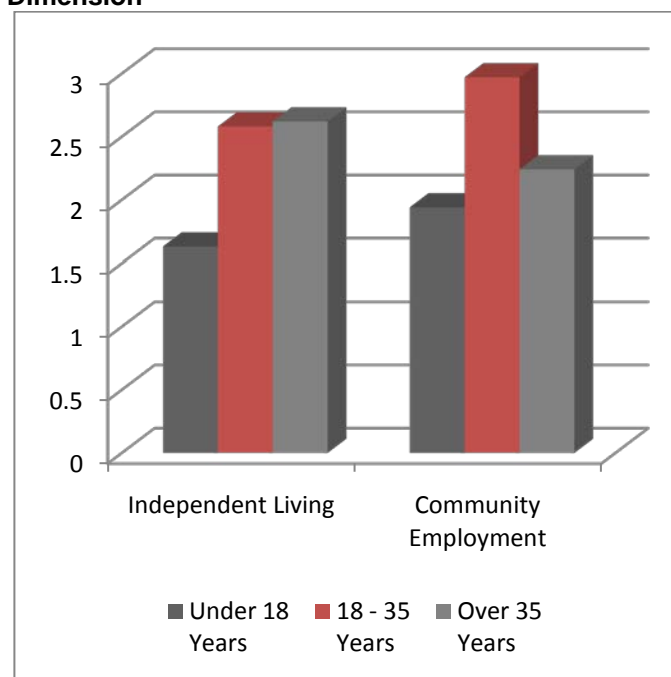
10b. Importance by Age (Under 18 Years)
All Loadings of .5 or more on Under 18 Dimension



10c. Importance by Age
All Loadings of .80 or more on Adult Dimension



10d. Importance by Age
All Loadings of .75 or more on Independence Dimension



10e. Importance by Age
All Loadings of .75 or more on Assistance Dimension

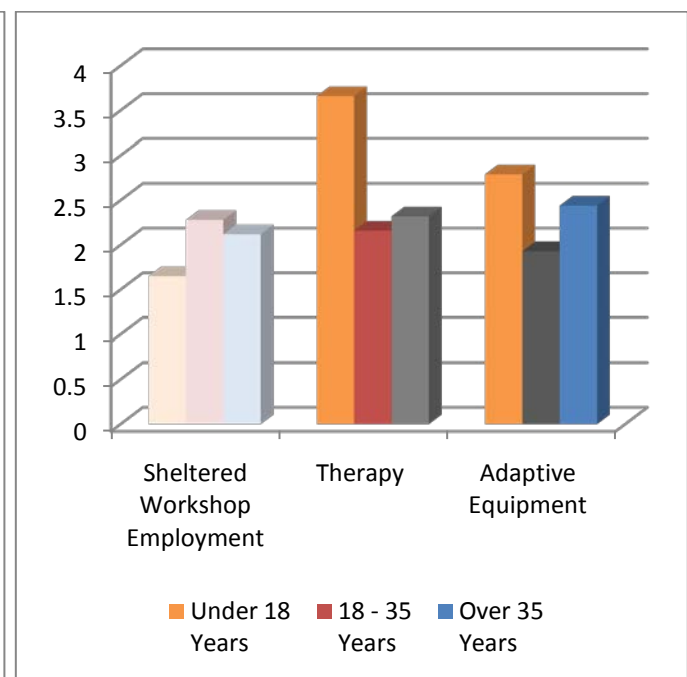


Table 10d. Importance by Age

	Under 11 Years	11 - 17 Years	18 - 25 Years	26 - 35 Years	36 - 45 Years	Over 45 Years
	I	J	K	L	M	N
Those Answering	35	35	35	25	26	26
Childcare	2.54	2.23	1.69	1.32	1.65	1.62
	KLMN	LN				
Those Answering	38	39	37	25	30	26
In Home Respite	3.71	3.56	2.16	2.6	2.33	1.81
	KLMN	KLMN		N		
Those Answering	37	37	34	25	26	26
Facility/Center Based Respite	2.49	2.59	1.97	2.04	1.92	1.65
	N	KMN				
Those Answering	38	40	36	27	24	25
Educational Advocacy	3.5	3.3	2.47	1.93	2.5	1.96
	KLMN	KLMN				
Those Answering	33	35	34	27	28	33
Residential/Group Home	1.21	1.94	2.18	3.19	2.18	3.64
		I	I	IJKM	I	IJKM
Those Answering	32	35	35	26	28	28
Adult Day Program	1.28	1.89	2.14	2.85	2.5	3.11
		I	I	IJK	I	IJK
Those Answering	32	35	35	27	27	28
Independent Living	1.19	2.03	2.86	2.22	2.81	2.43
		I	IJ	I	IJ	I
Those Answering	32	37	39	28	26	28
Community Employment	1.19	2.59	3.26	2.57	2.46	2.04
		I	IJLMN	I	I	I
Those Answering	32	36	36	25	29	30
Sheltered Workshop Employment	1.22	2.03	2.42	2.08	2.17	2.07
		I	I	I	I	I
Those Answering	38	38	37	25	25	28
Therapy	4.11	3.21	2.22	2.08	1.84	2.75
	JKLMN	KLM				M
Those Answering	36	36	34	25	26	24
Adaptive Equipment	3.19	2.39	1.82	2.08	2.31	2.58
	JKLM					K
Those Answering	40	41	42	30	30	35
Case Management	3.98	3.98	4.24	4.23	4.1	4.46
						IJ

Upper case letters indicate significance at the 90% level.

8. Current Use

Respondents were asked to rate how often they currently use the services related to developmental disabilities using a scale of “Never”, At Least Once every... “Year”, “6 Months”, “Quarterly”, “Month”, “Week”, and “Day”. Services were split between Weekly (More than four times a month) and Monthly Usage (Less than four times per month). (Fig 11a and 11b)

- Transportation is the only services currently being used more than once a week on average by the total sample
- Adaptive Equipment is used almost once a week
- The following services are used at least three times per month:
 - Sheltered Workshop Employment
 - Adult Day Program
 - Residential/Group Home
- Case Management is used a little over twice per month
- The following services are used between one and two times per month:
 - Therapy
 - Community Employment
 - Independent Living
 - In Home Respite
- Childcare is used a little less than once a month
- Educational Advocacy is used a little more than once every two months
- Facility/Center Based Respite is used slightly less than once every two months

Fig 11a. Number of Times Used per Week (Total Answering)

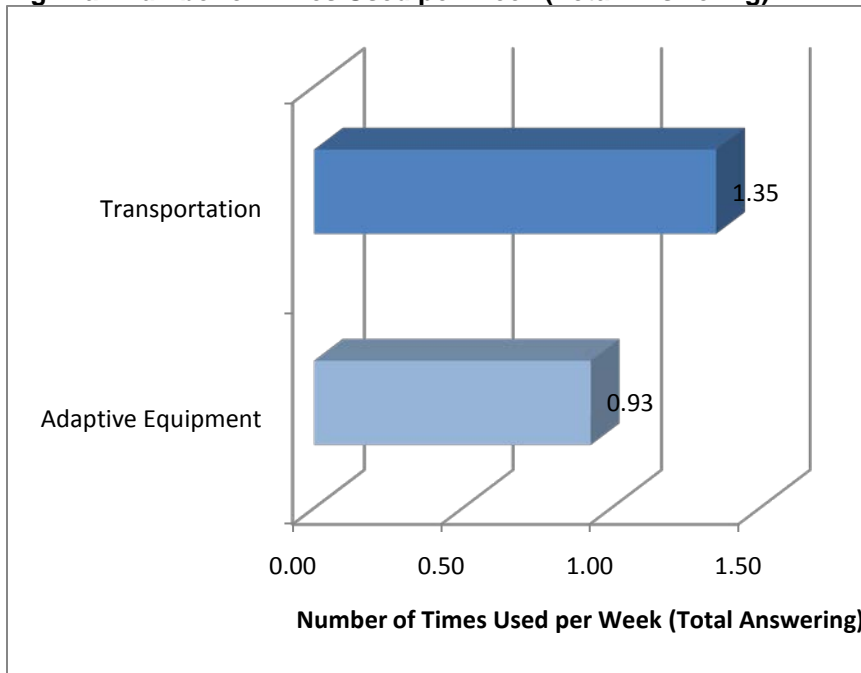
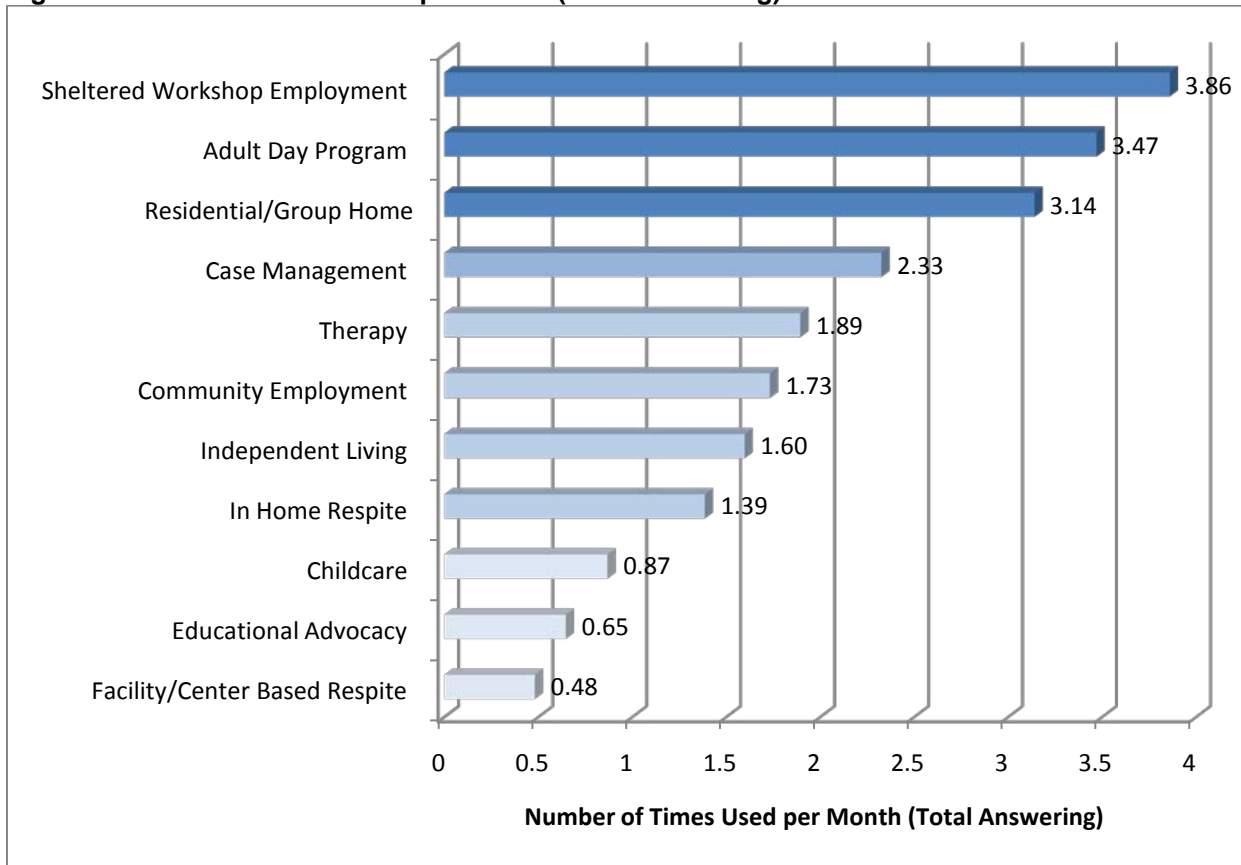


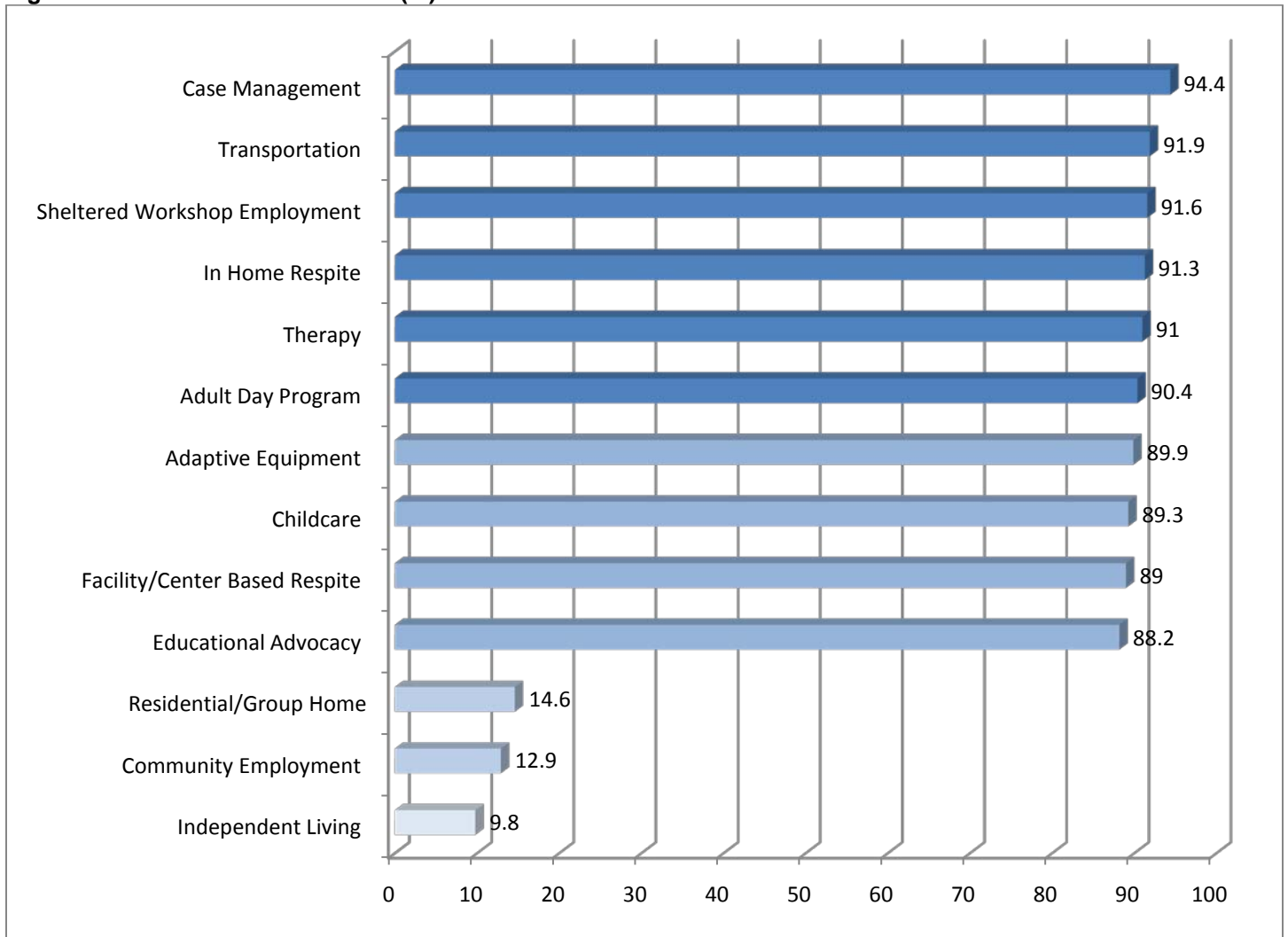
Fig 11b. Number of Times Used per Month (Total Answering)



Respondents were then filtered according to whether or not they use a service at least once a year (Fig 11c)

- More than 90% of respondents use the following at least once per year:
 - Case Management
 - Transportation
 - Sheltered Workshop Employment
 - In Home Respite
 - Therapy
 - Adult Programs
- More than 85% of respondents use the following at least once per year:
 - Adaptive Equipment
 - Childcare
 - Facility/Center Based Respite
 - Educational Advocacy
- Less than 15% of respondents use the following at least once per year:
 - Residential/Group Home
 - Community Employment
- Less than 10% of Respondents use the following at least once per year:
 - Independent Living

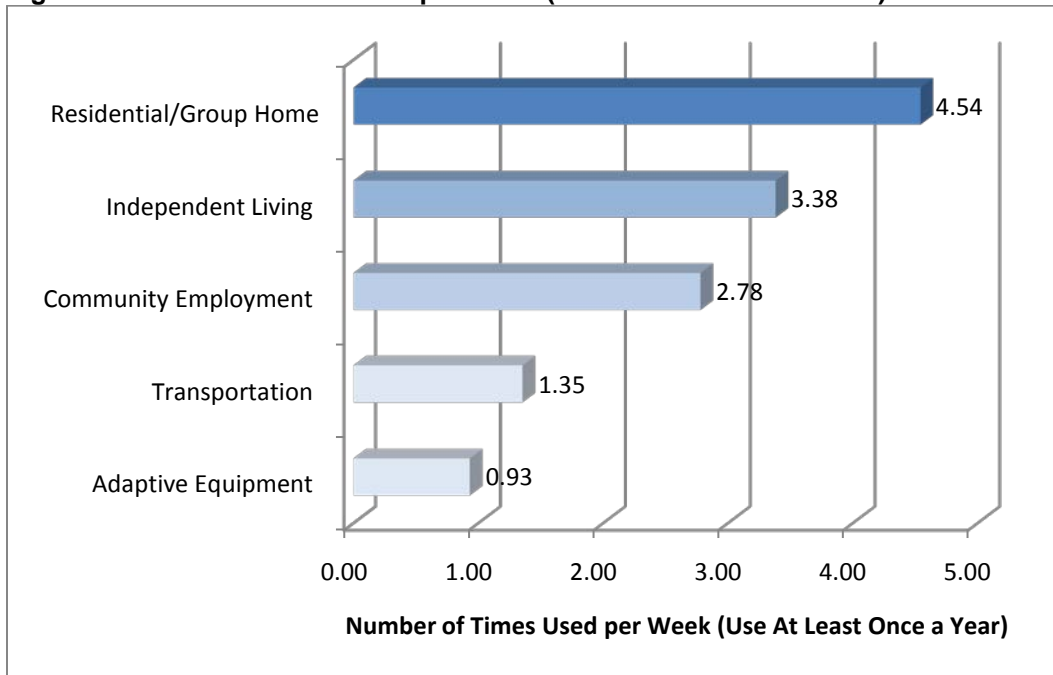
Fig 11c. Use At Least Once a Year (%)



Average number of times per week and month were computed for respondents that use a service at least once a year. (Fig 11d)

- Residential/Group Home services are used over four days a week by less than 15% of respondents
- Independent Living services are used over three days a week by less than 10% of respondents
- Community Employment is used a little over two and a half times per week by less than 15% of respondents
- All other services are used at least once per year (no change)

Fig 11d. Number of Times Used per Week (Use At Least Once a Year)



9. Current Need

Respondents were asked if they are currently receiving enough services related to developmental disabilities. Respondents were asked how often they need services related to developmental disabilities using a scale of At Least Once every... “Year”, “6 Months”, “Quarterly”, “Month”, “Week”, and “Day”. Services were split between Weekly (More than four times a month) and Monthly Usage (Less than four times per month). (Fig 11a and 11b)

- Of the total answering, respondents need the following services at least four times per week:
 - Sheltered Workshop Employment
 - Transportation
 - Residential/Group Home
 - Adaptive Equipment
- Respondents need Adult Day Program services at least three times per week
- Respondents need the following services at least twice per week:
 - Community Employment
 - Independent Living
- Respondents need the following services at least once per week:
 - Therapy
 - Childcare
 - In Home Respite
- Respondents need the following services at least three times per month:
 - Facility/Center Based Respite
 - Educational Advocacy
- Respondents need Case Management services at least twice per month

Fig 11a. Number of Times Needed per Week (Total Answering)

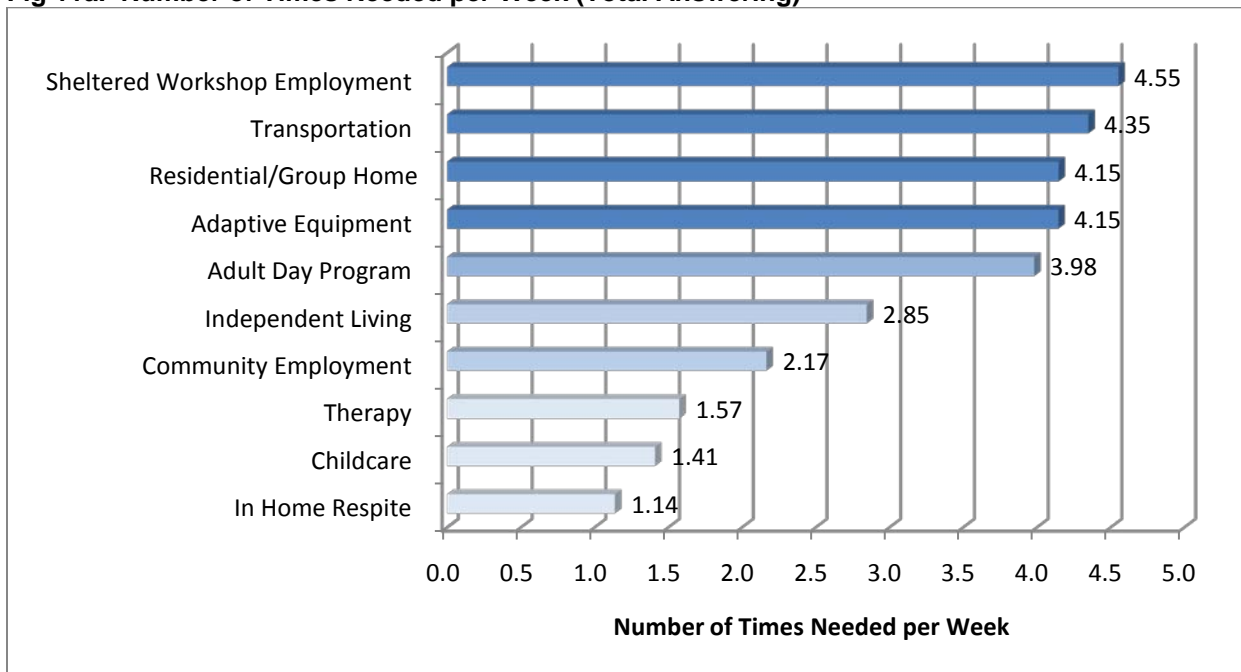
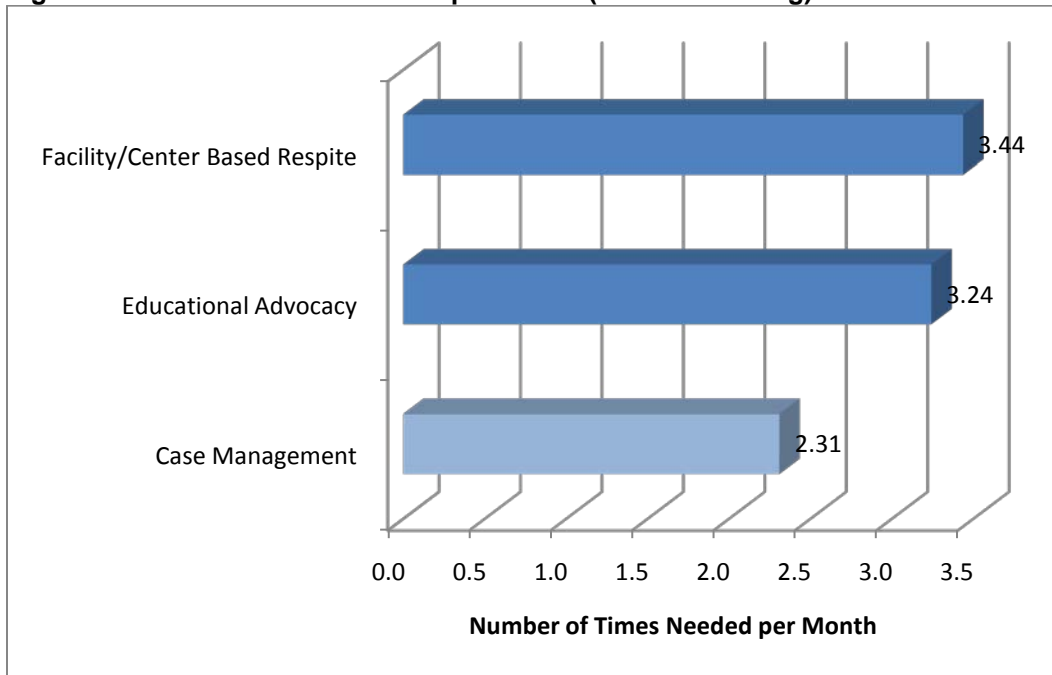


Fig 11b. Number of Times Needed per Month (Total Answering)



The difference between the times per year needed and times per year used were computed for the total sample. (Fig 11c and 11d)

- The following services have an increased need of at least three days per week:
 - Sheltered Workshop Employment
 - Residential/Group Home
 - Adaptive Equipment
 - Adult Day Program
 - Transportation
- Independent Living has an increased need of at least two days per week:
- The following services an increased need of at least once day per week:
 - Community Employment
 - Childcare
 - Therapy
- In Home Respite has an increased need of three times per month
- The following services have an increased need of at least twice per month:
 - Facility/Center Based Respite
 - Educational Advocacy
- Case Management Use and Case Management Need shows no change

Fig 11c. Difference between Need and Use in Times per Week (Total Answering)

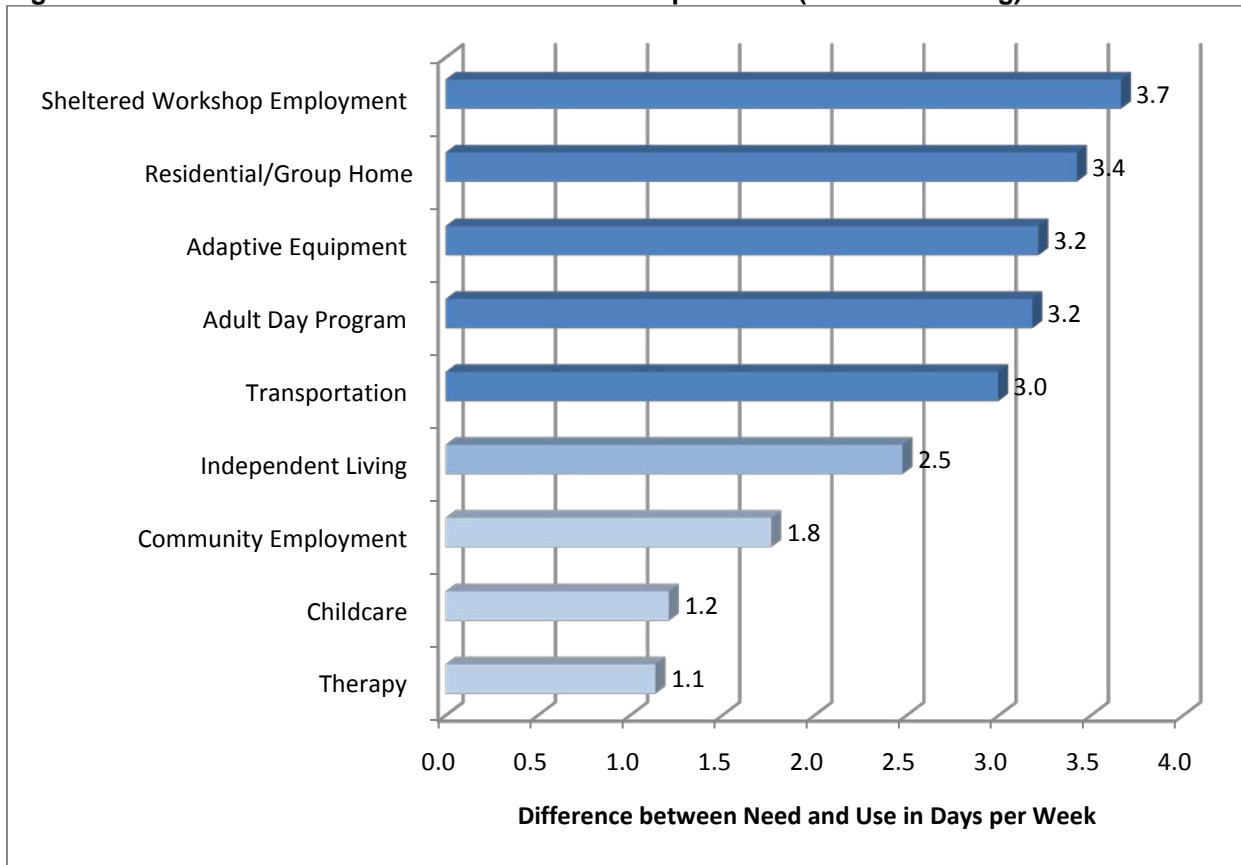
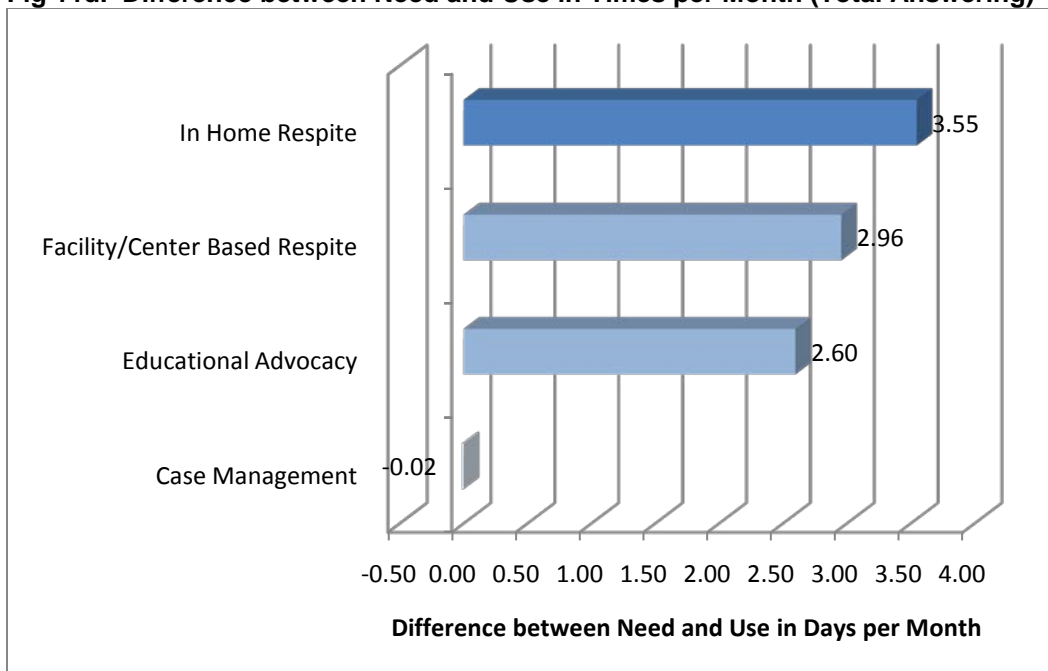


Fig 11d. Difference between Need and Use in Times per Month (Total Answering)



The difference between times per year needed and times per years used were computed for those that use the service at least once a year. (Fig 11e and 11f)

The difference between all services stayed the same except for Residential/Group Home, Independent Living, and Community Employment, which are all use by less than 15% of respondents. For those three services:

- Residential/Group Home services are used a little more than one and a half times a month more than is needed
- The following services are used a little more than two times more a month than they are needed:
 - Independent Living
 - Community Employment

Fig 11e. Difference between Need and Use in Times per Week (Use At Least Once per Year)

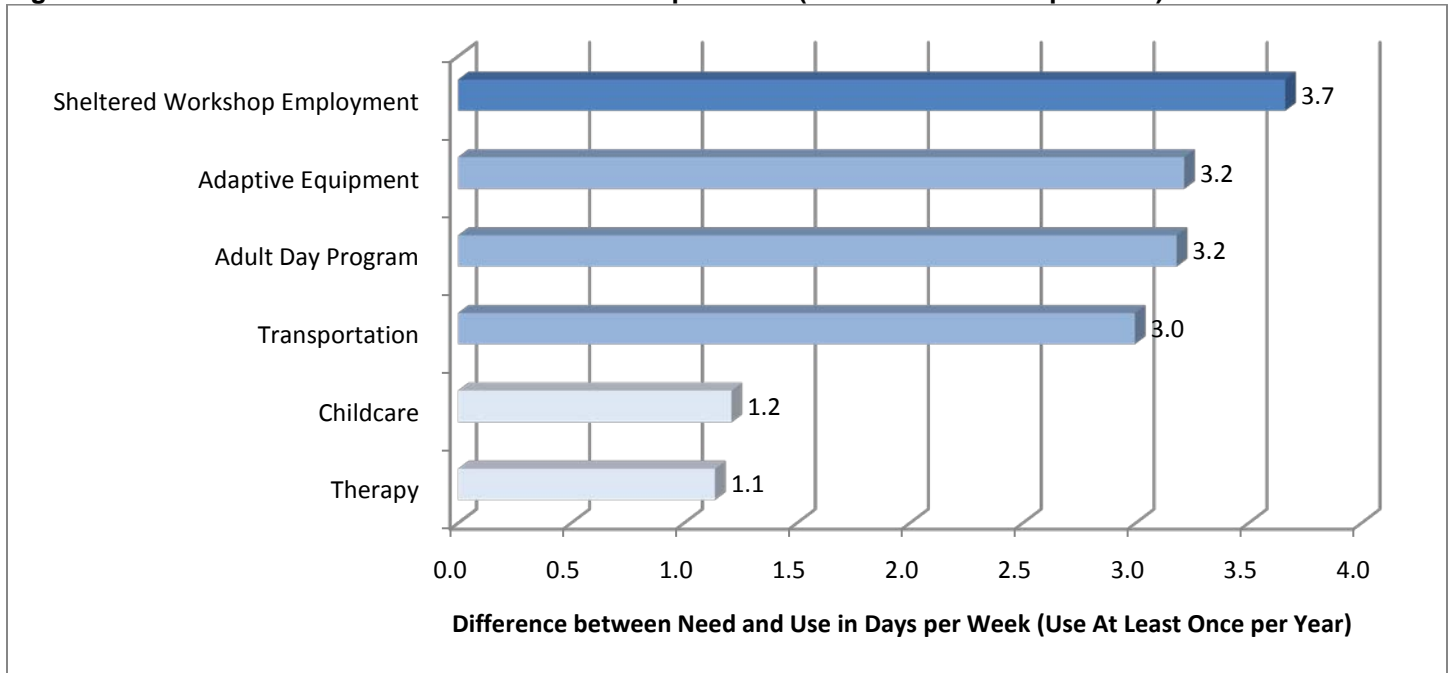
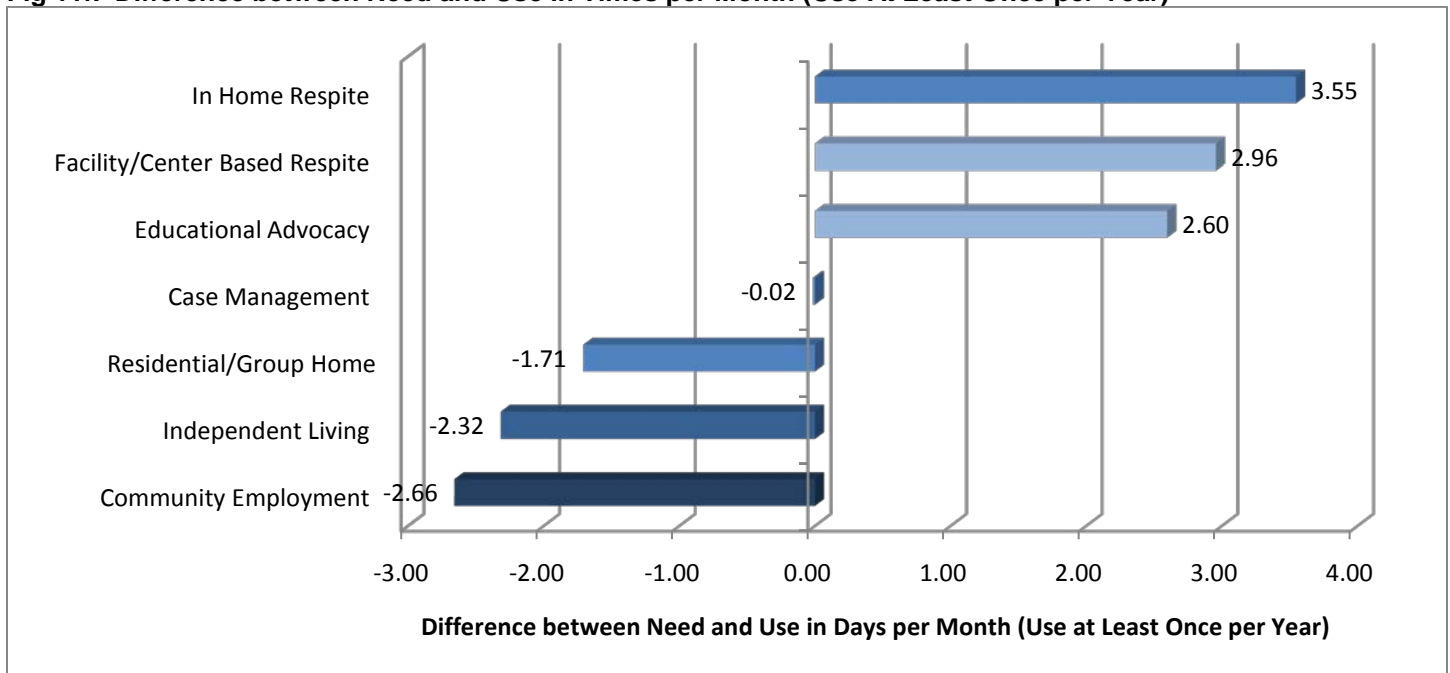


Fig 11f. Difference between Need and Use in Times per Month (Use At Least Once per Year)



10. Future Use

Respondents were asked to rate how often they anticipate using the services related to developmental disabilities in the next five years using a scale of “Never”, At Least Once every... “Year”, “6 Months”, “Quarterly”, “Month”, “Week”, and “Day”. Services were split between Weekly (More than four times a month) and Monthly Usage (Less than four times per month). (Fig 12a and 12b)

- The following services are estimated to be used at least two times per week:
 - Transportation
 - Residential/Group Home
- The following services are estimated to be used at least once per week:
 - Independent Living
 - Adult Day Program
- Therapy is estimated to be used slightly less than once per week
- The following services are estimated to be used at least three times per month:
 - Case Management
 - In Home Respite
- The Following services are estimated to be used at least twice per month:
 - Childcare
 - Facility/Center Based Respite
 - Educational Advocacy

Fig 12a. Future Use (5 year) Times per week (Total Answering)

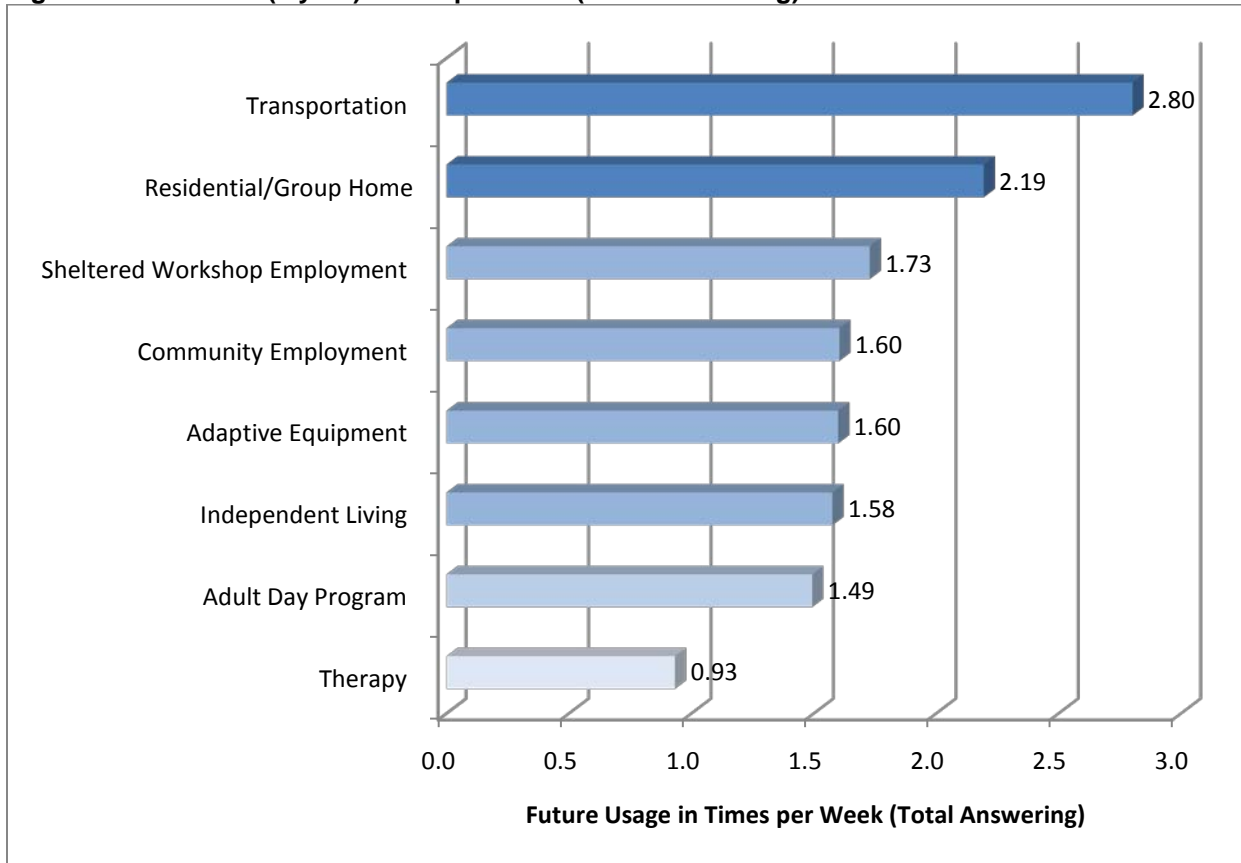
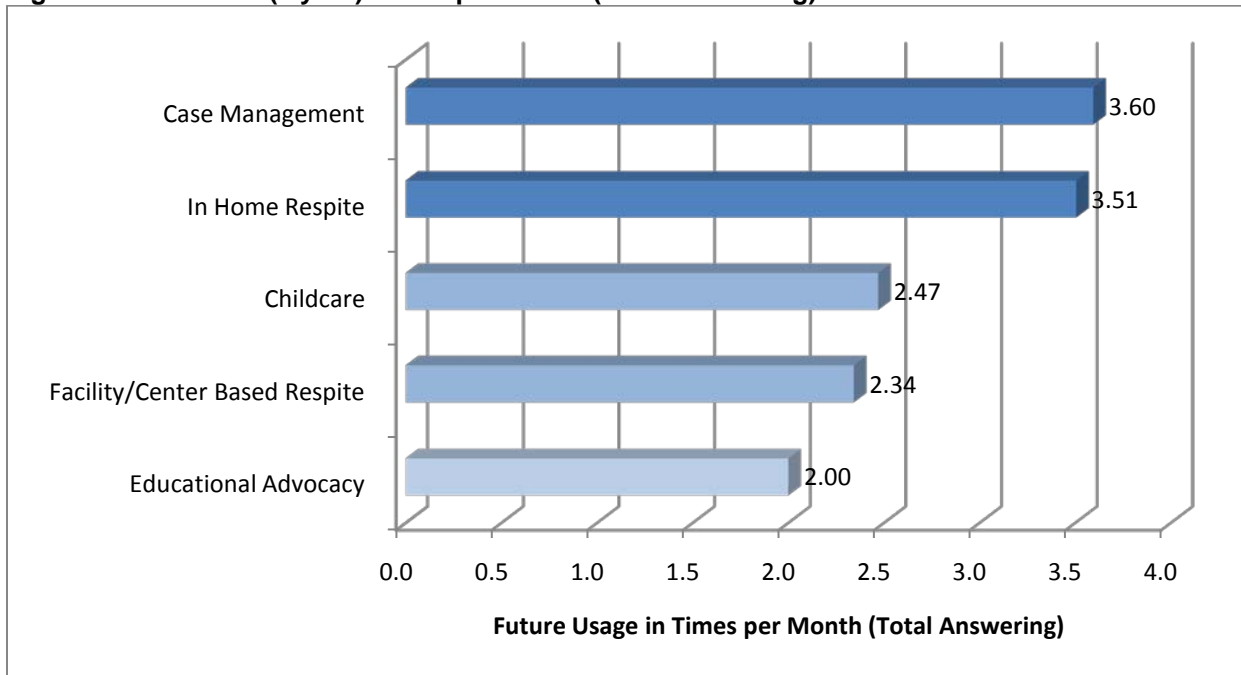


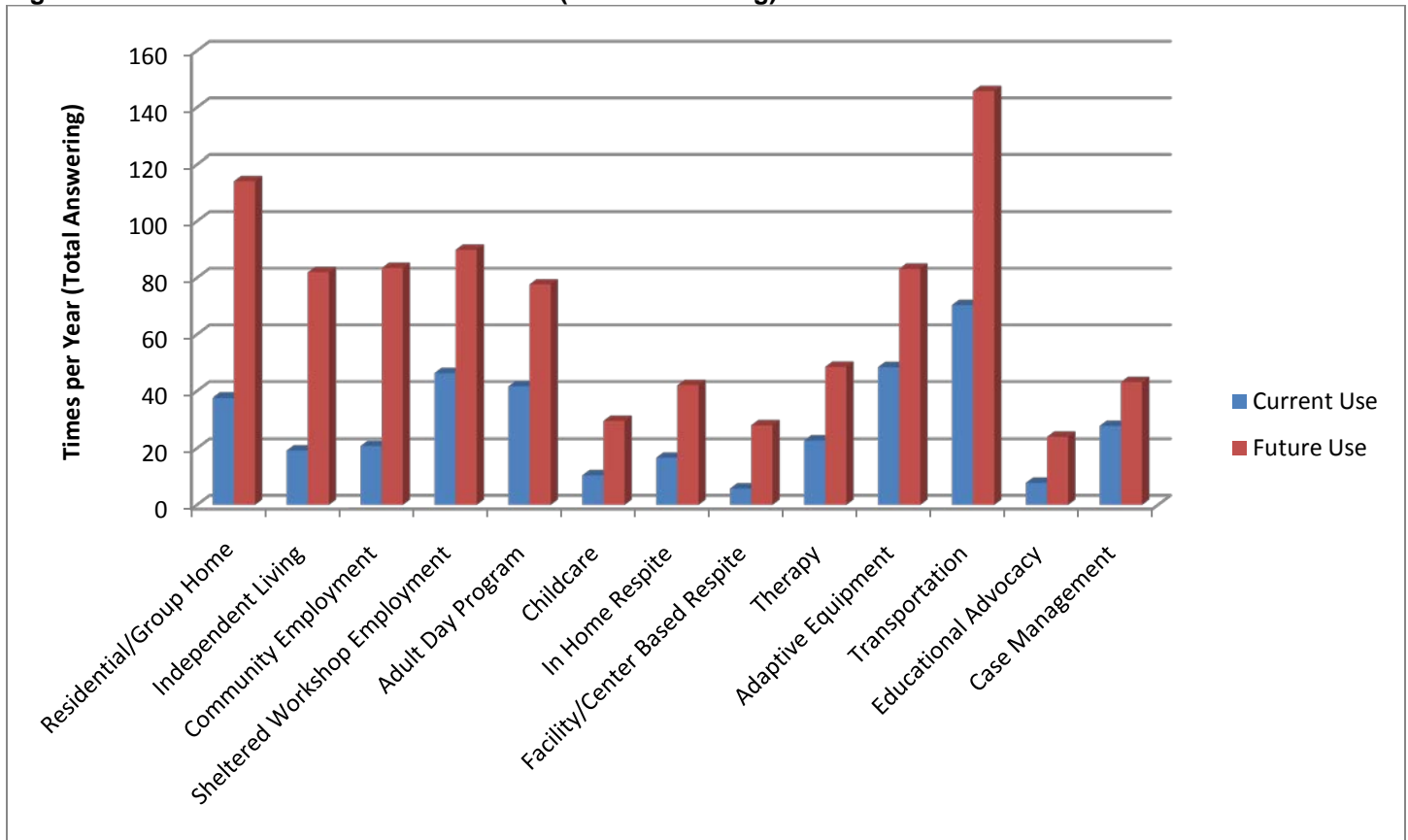
Fig 12b. Future Use (5 year) Times per Month (Total Answering)



Current usage was compared to future estimated usage (5 year). (Fig 12c)

- Future estimated usage of all services is greater than current usage

Fig 12c. Current and Future Use of Services (Total Answering)



Future usage was subtracted from current usage in order to determine the increase in estimated usage in days (Fig 12d). Usage increases were further broken down into times per week (for more than four times a month) and times per month (for less than four times a month). (Fig 12e and 12f)

- The following services are estimated to be used at least one more time per week:
 - Residential/Group Home
 - Transportation
 - Independent Living
 - Community Employment
- The following services are estimated to be used at least three more times per month:
 - Sheltered Workshop Employment
 - Adult Day Program
- The following services are estimated to be used at least two but less than three more times per month:
 - Adaptive Equipment
 - Therapy
 - In Home Respite
- The following services are estimated to be used at least one but less than two more times per month:
 - Facility/Center Based Respite
 - Childcare
 - Educational Advocacy
 - Case Management

Fig 12d. Difference between Future Usage and Current Usage in Days per Week (Days per Week Increase).

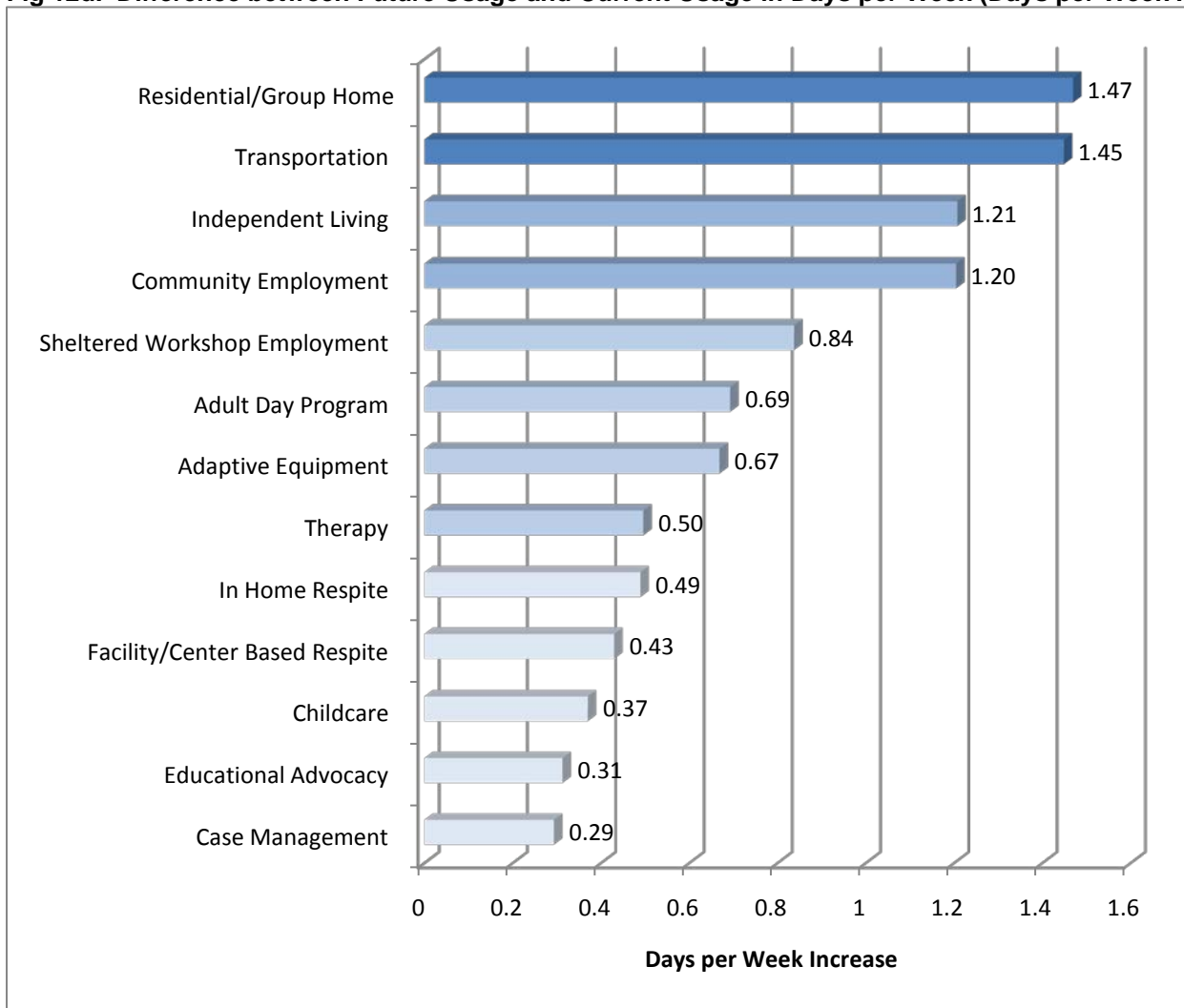


Fig 12e. Increase in Days per Week (Total Answering)

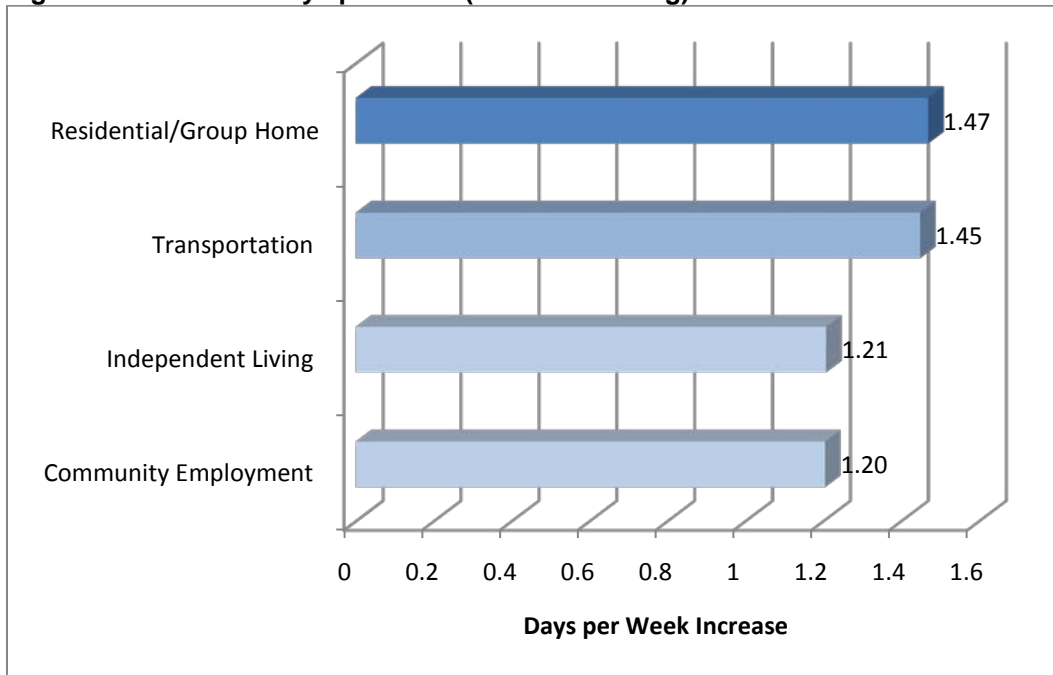
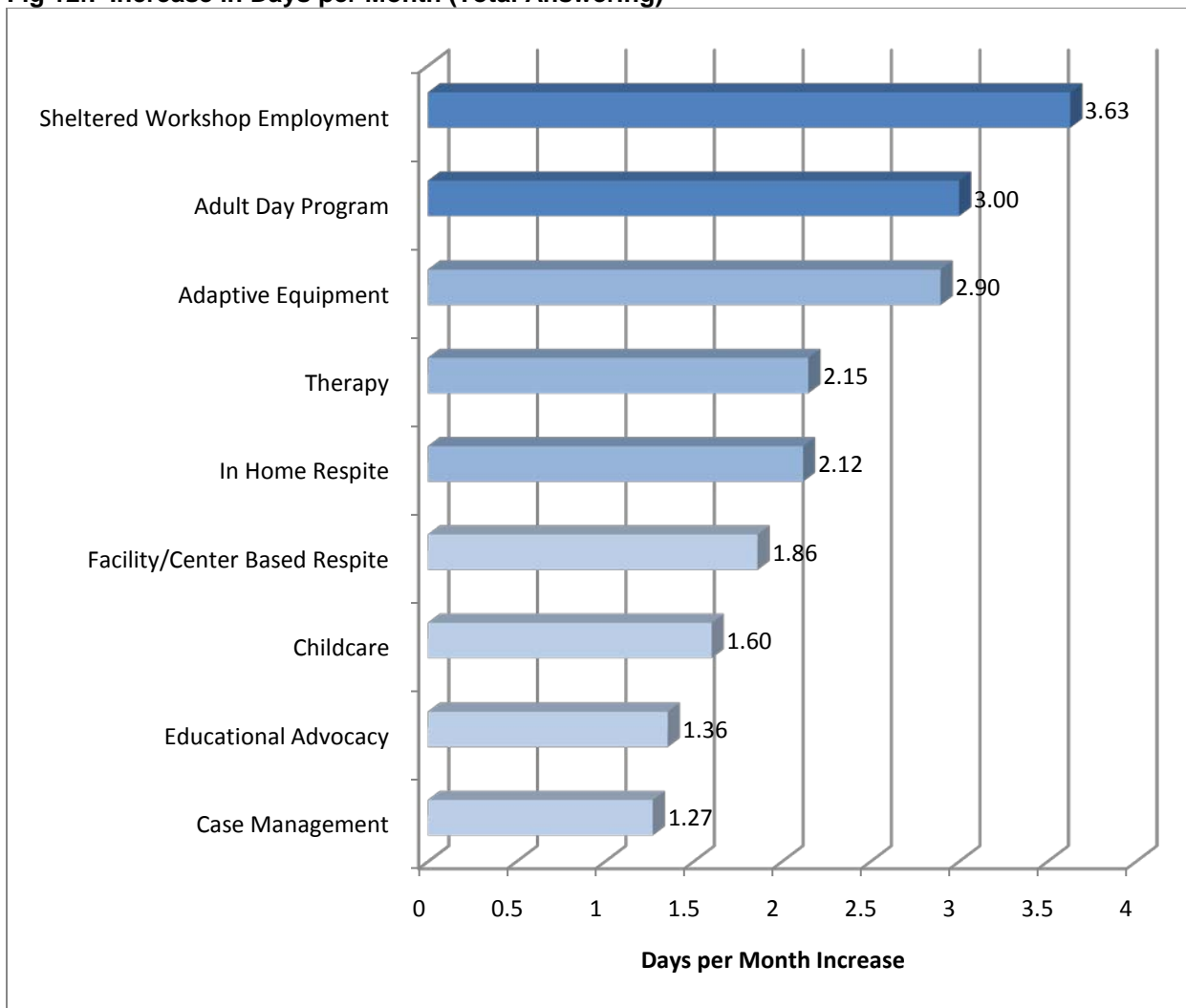


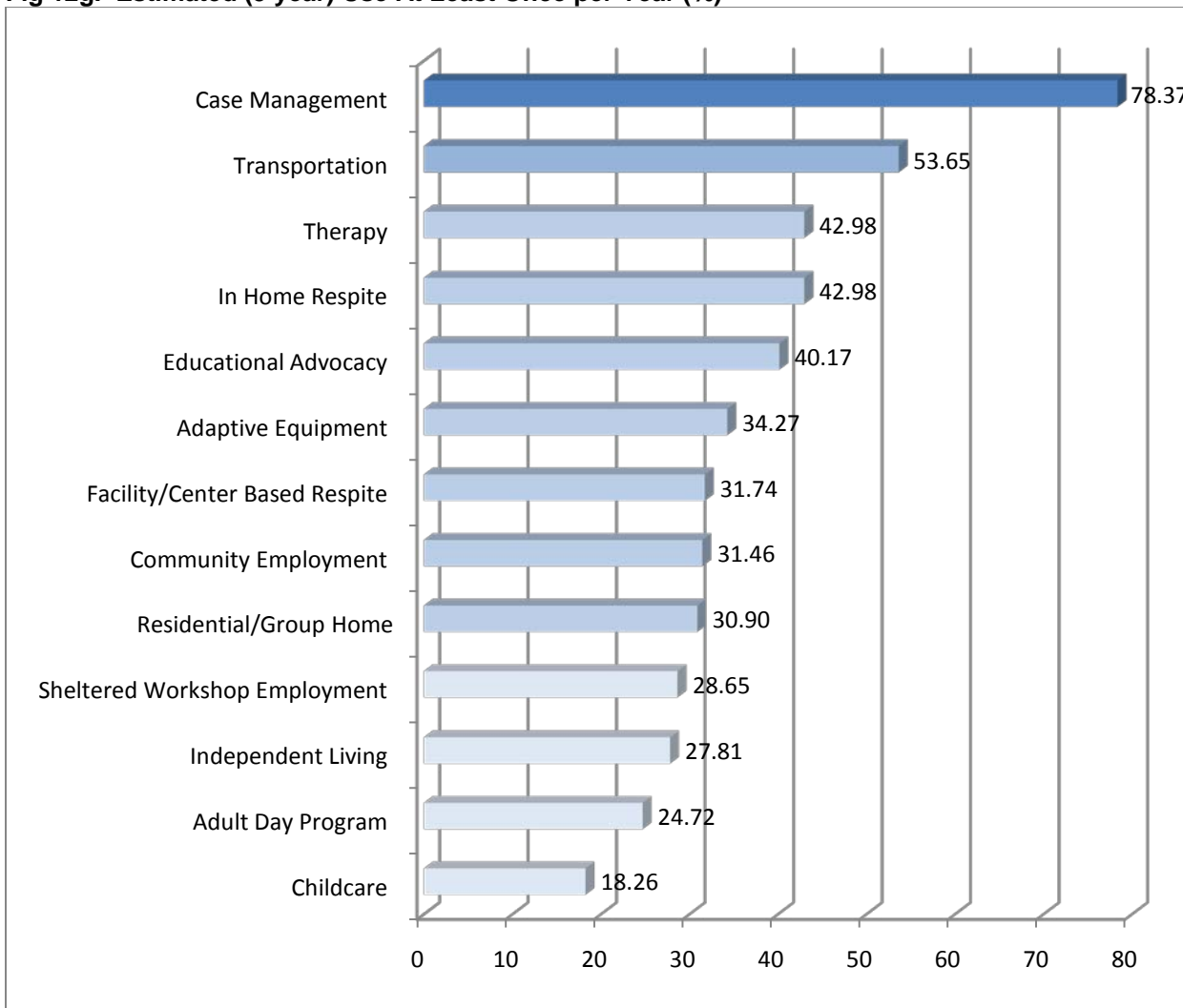
Fig 12f. Increase in Days per Month (Total Answering)



Respondents were filtered according to whether or not they estimate using a service at least once in the next five years. (Fig 12g)

- 78.37% of respondents estimate they will use Case Management at least once every year in the next five years
- 53.65% of respondents estimate they will use Transportation at least once every year in the next five years
- At least 40% of respondents estimate using the following services at least once every year in the next five years
 - Therapy
 - In Home Respite
 - Educational Advocacy
- At least 30% of respondents estimate using the following services at least once every year in the next five years
 - Adaptive Equipment
 - Facility/Center Based Respite
 - Community Employment
 - Residential/Group Home
- At least 20% of respondents estimate using the following services at least once every year in the next five years
 - Sheltered Workshop Employment
 - Independent Living
 - Adult Day Program
- At least 15% of respondents estimate using the following services at least once every year in the next five years
 - Childcare

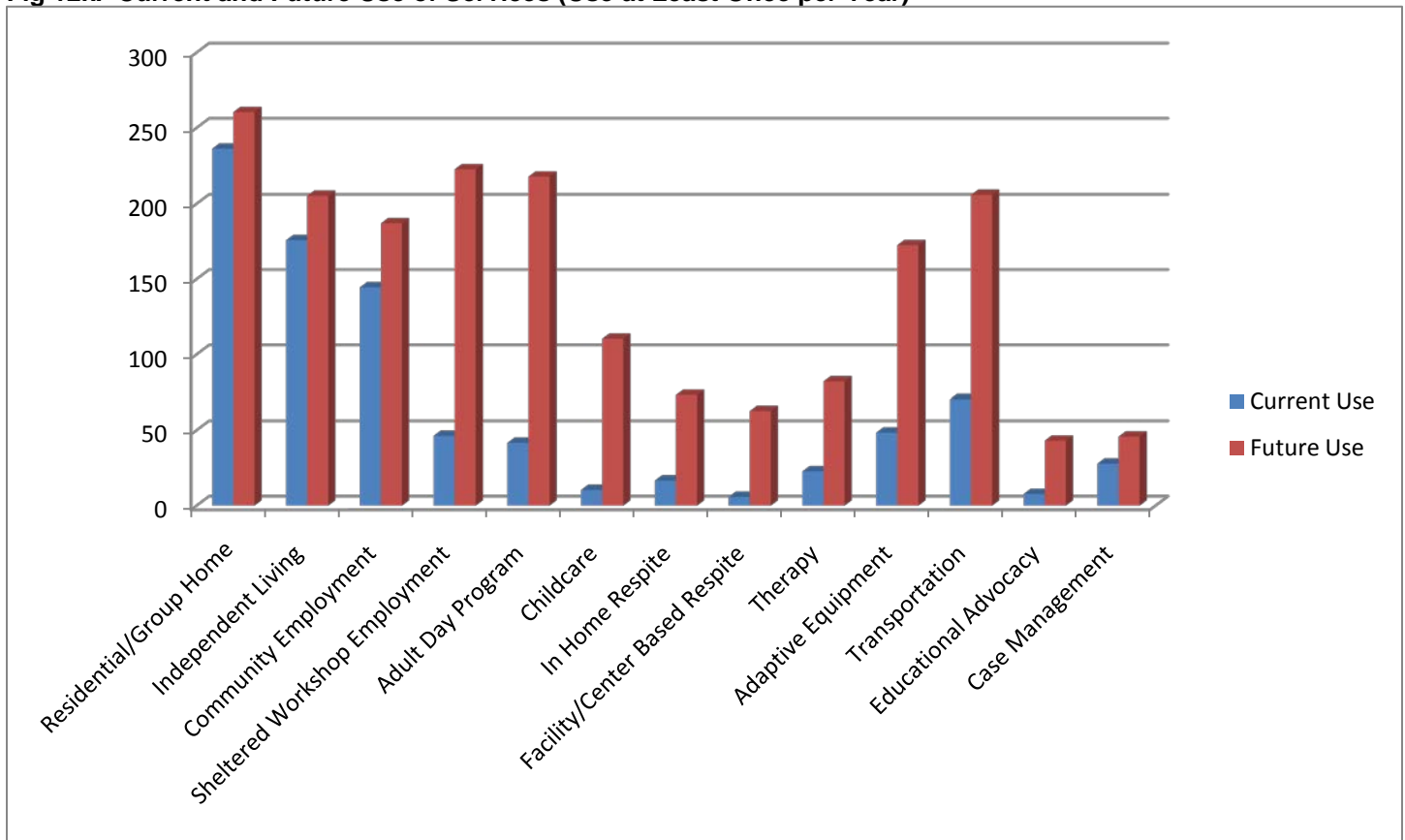
Fig 12g. Estimated (5 year) Use At Least Once per Year (%)



Current usage by respondents currently using a service at least once per year was compared to future estimated usage (5 year) for respondents estimating that they will use a service at least once a year. (Fig 12k)

- Future estimated usage of all services is greater than current usage

Fig 12k. Current and Future Use of Services (Use at Least Once per Year)



Future usage of those using the service at least once per year was subtracted from current usage of those using the service at least once per year in order to determine the increase in estimated usage in days per year. Usage increases were then broken down into times per week (for more than four times a month) and times per month (for less than four times a month). (Fig 12l and 12m)

- The following services are estimated to be used at least three more times per week by those that estimate using the service at least once per year in the next five years:
 - Sheltered Workshop Employment
 - Adult Day Program
- The following services are estimated to be used at least two to three more times per week:
 - Transportation
 - Adaptive Equipment
- The following services are estimated to be used at least one to two more times per week:
 - Childcare
 - Therapy
 - Facility/Center Based Respite
 - In Home Respite
- Community Employment is estimated to be used at least three more times per month
- The following services are estimated to be used at least two to three times more per month:
 - Educational Advocacy
 - Independent Living
 - Residential/Group Home
- Case Management is estimated to be used at least one a half times more per month

Fig 12l. Increase in Times per Week (Use at Least Once per Year)

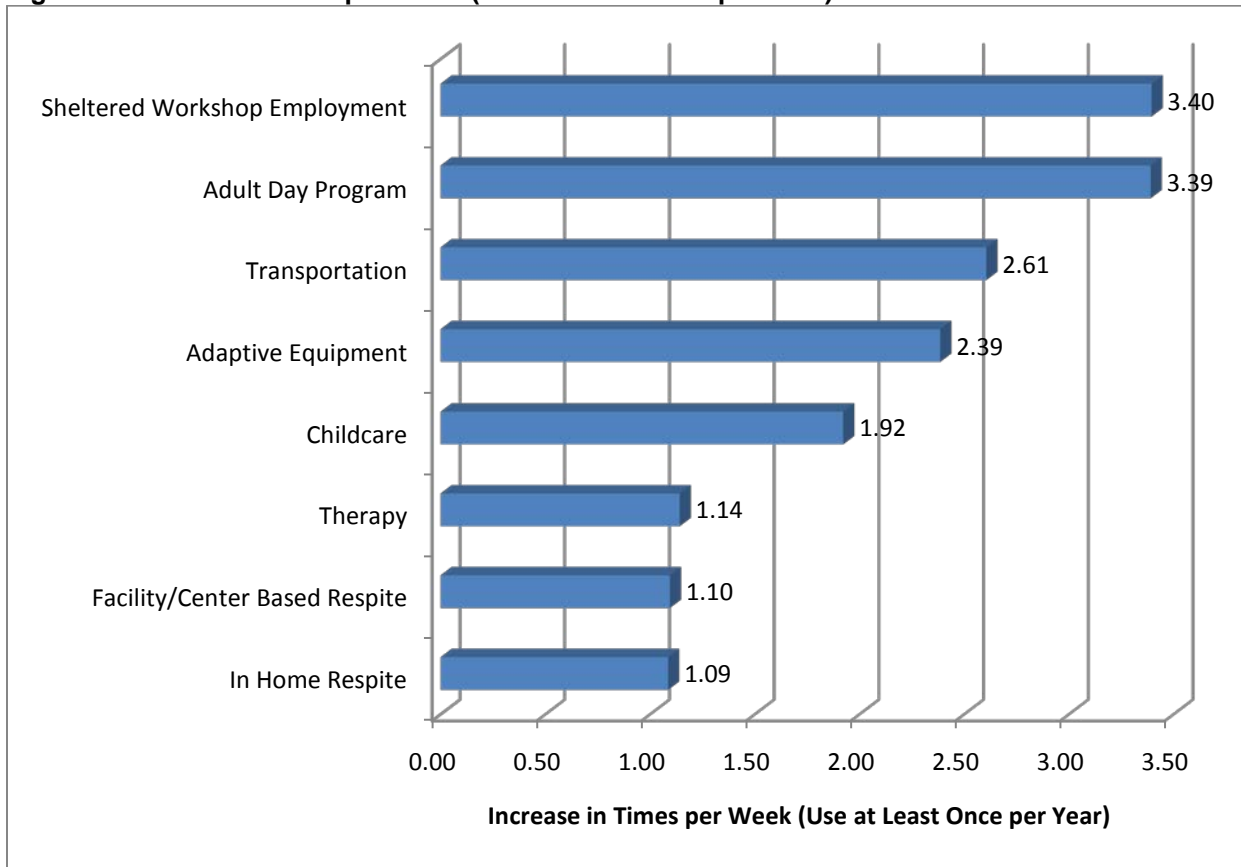
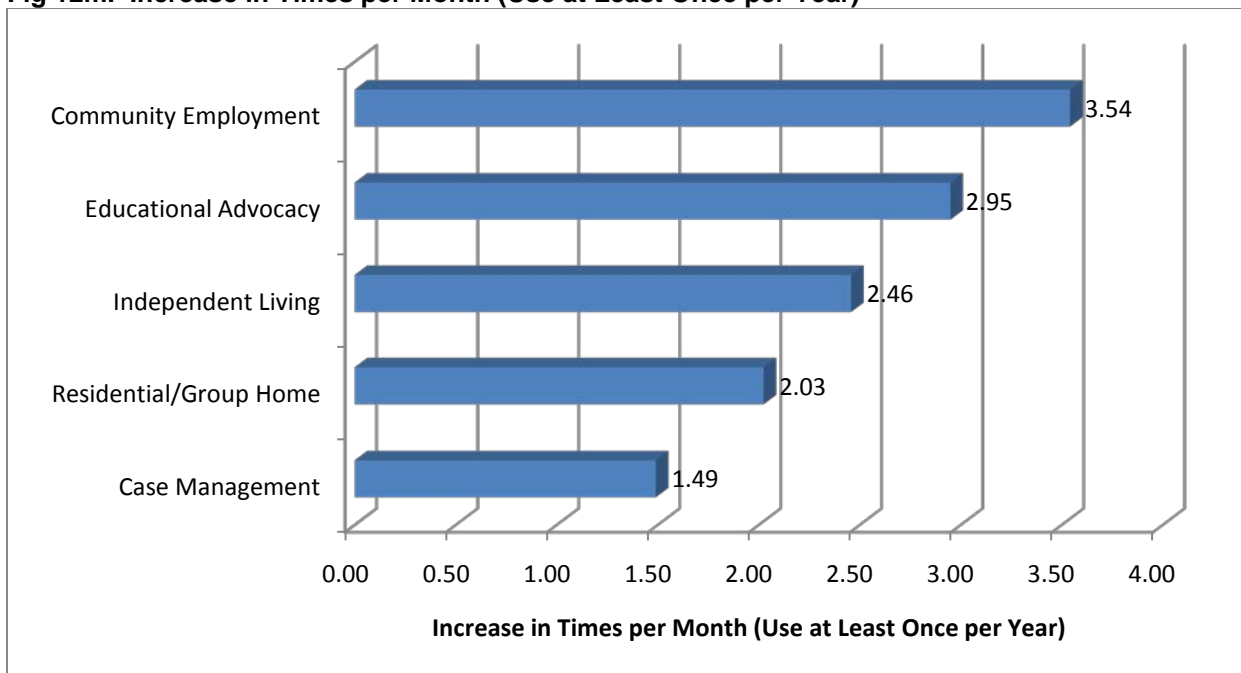


Fig 12m. Increase in Times per Month (Use at Least Once per Year)



11. Current Sources of Information

Respondents were asked what information sources they currently use to find information about developmental disabilities. Sources included “Family”, “DDRB Website”, “Agency/Provider/Caregiver”, “Case Manager”, “Therapist”, “Pediatrician/Doctor”, “Internet”, “School”, and “Other”. (Fig 13a and Table 13a)

- Over 85% of respondents get their information from Case Managers
- Over 30% of respondents get their information from Agency/Provider/Caregivers
- Over 20% of respondents get their information from the following source:
 - DDRB Website
 - Internet
- Over 15% of respondents get their information from the remaining sources

Fig 13a. Current Information Source Percentages

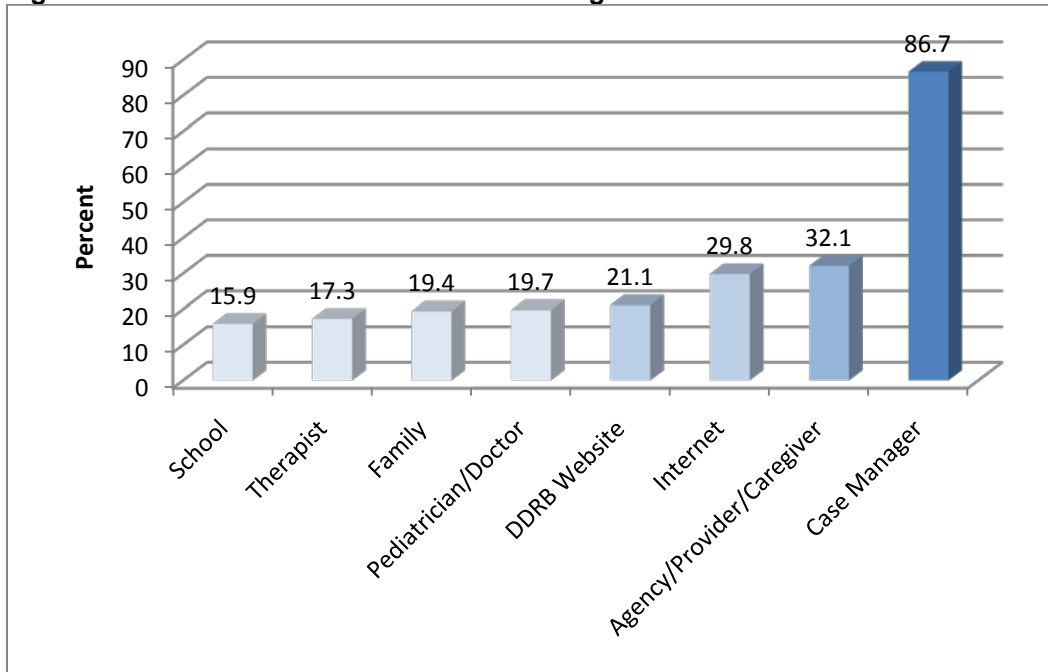


Table 13a. Current Information Sources

Source	Percent
School	15.9
Therapist	17.3
Family	19.4
Pediatrician/Doctor	19.7
DDRB Website	21.1
Internet	29.8
Agency/Provider/Caregiver	32.1
Case Manager	86.7

Current Information Sources were broken down by age (Fig 13b, 13c, 13d, and 13e and Table 13b)

- Respondents under the age of 18 use more sources of information than respondents over 18
- Information sources used by respondents under 18 include:
 - Internet
 - School
 - Therapist
 - Pediatrician/Doctor
 - Agency/Caregiver/Provider
 - DDRB Website
- Information sources used by respondents aged 18 to 35 include:
 - Agency/Caregiver/Provider
 - Family
 - Internet
 - DDRB Website
- Information sources used by respondents over the age of 35 include:
 - Agency/Caregiver/Provider
 - Internet

Fig 13b. Current Information Sources by Age

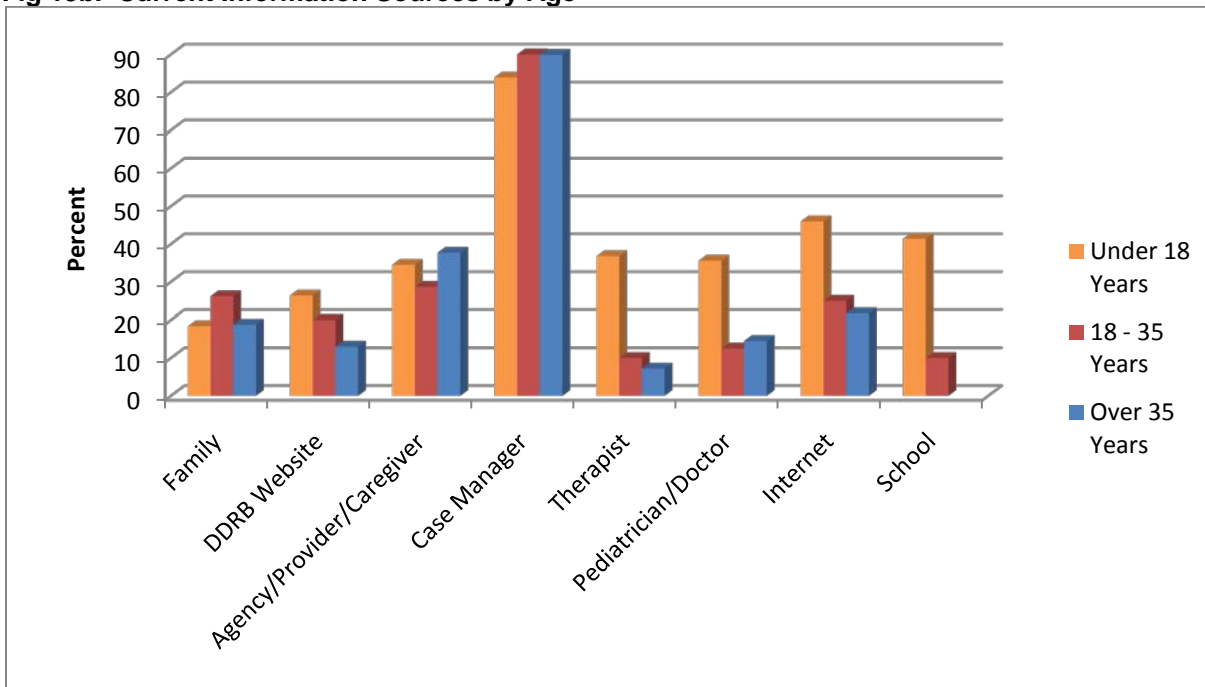


Fig 13c. Current Information Source Percentages by Age (Under 18 Years)

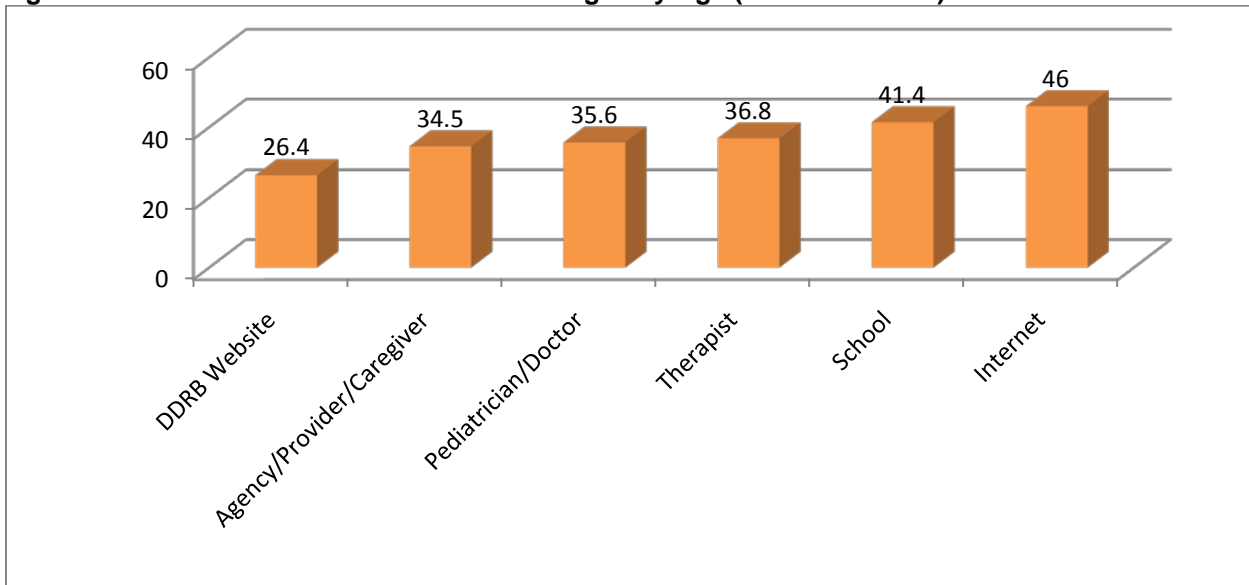


Fig 13d. Current Information Source Percentages by Age (18 to 35 Years)

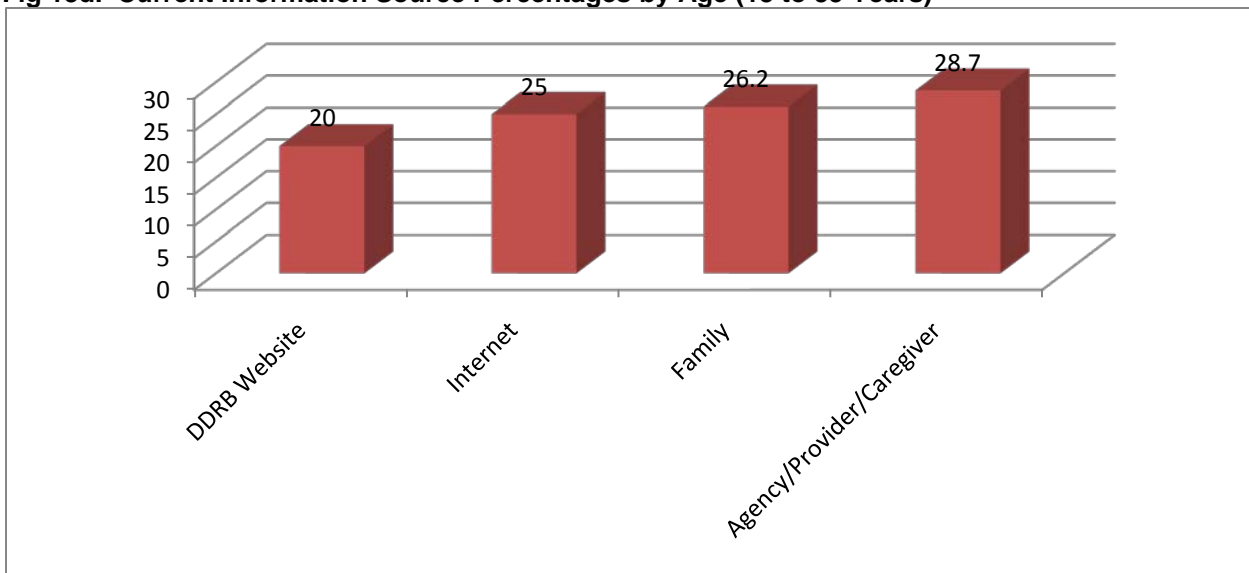


Fig 13e. Current Information Source Percentages by Age (Over 35 Years)

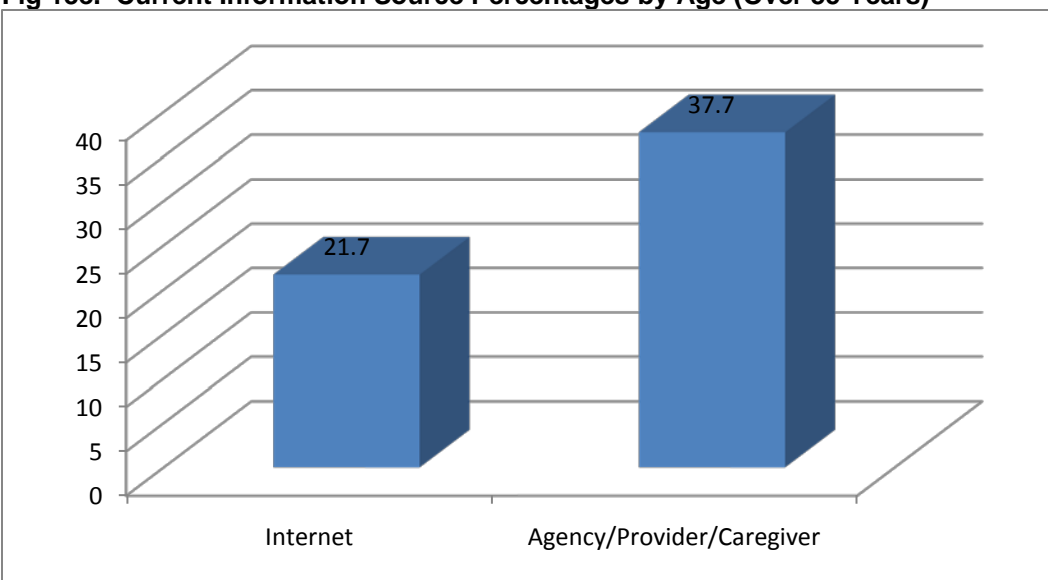


Table 13b. Current Information Sources by Age

	Under 18 Years	18 - 35 Years	Over 35 Years
	(F)	(G)	(H)
Family	18.4	26.2	18.8
DDRB Website	26.4	20	13
	H		
Agency/Provider/Caregiver	34.5	28.7	37.7
Case Manager	83.9	90	89.9
Therapist	36.8	10	7.2
	GH		
Pediatrician/Doctor	35.6	12.5	14.5
	GH		
Internet	46	25	21.7
	GH		
School	41.4	10	
	G		

Current Information Sources were also broken down by region (Fig 13f and Table 13c)

- **Family** is used slightly more as an information source in Wentzville
- **DDRB Website**
 - Used the **most** by residents of:
 - Weldon Springs
 - Dardenne Prairie
 - Lake St. Louis
 - used the **least** by residents of:
 - O'Fallon
 - Wentzville
- **Agency/Caregiver/Provider**
 - Used the **most** by residents of:
 - Weldon Springs
 - Lake St. Louis
 - Used the **least** by residents of:
 - St. Charles South
 - Wentzville
- **Case Manager**
 - Used the **most** by residents of:
 - O'Fallon
 - Wentzville
 - Used the **least** by residents of:
 - St. Charles North
- **Pediatrician/Doctor**
 - Used the **most** by residents of:
 - Weldon Springs
 - St. Charles North
 - Used the **least** by residents of:
 - O'Fallon
 - St. Charles South
- **Internet**
 - Used the **most** by residents of:
 - Lake St. Louis
 - Wentzville
 - Dardenne Prairie
 - St. Peters
 - Used the **least** by residents of:
 - Weldon Springs
 - O'Fallon
- **School**
 - Used the **most** by residents of:
 - Lake St. Louis
 - St. Charles South
 - Used the **least** by residents of:
 - St. Peters
 - Wentzville
 - O'Fallon

Fig 13f. Current Information Source by Region

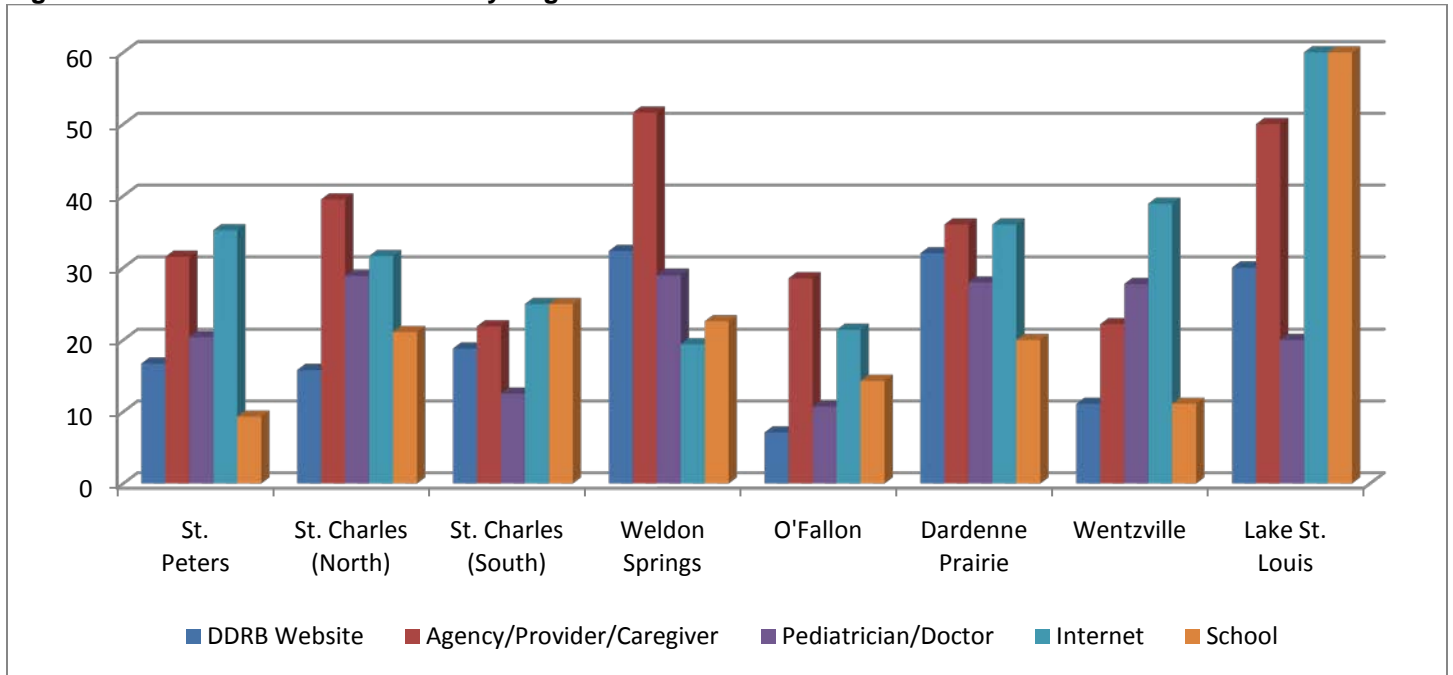


Table 13c. Current Information Sources by Region

	St. Peters	St. Charles (North)	St. Charles (South)	Weldon Springs	O'Fallon	Dardenne Prairie	Wentzville	Lake St. Louis
	O	P	Q	R	S	T	U	V
Family	20.4	21.1	21.9	16.1	17.9	28	33.3	
DDRB Website	16.7	15.8	18.8	32.3	7.1	32	11.1	30
Agency/Provider/Caregiver	31.5	39.5	21.9	51.6	28.6	36	22.2	50
Case Manager	88.9	78.9	84.4	90.3	92.9	92	94.4	80
Therapist	20.4	23.7	12.5	22.6	21.4	20	11.1	10
Pediatrician/Doctor	20.4	28.9	12.5	29	10.7	28	27.8	20
Internet	35.2	31.6	25	19.4	21.4	36	38.9	60
School	9.3	21.1	25	22.6	14.3	20	11.1	60

12. Best Way to Get Information

Respondents were asked what the best way for them to get the information they need about developmental disabilities. Sources include “Blogs”, “Emails”, “Phone Referrals”, “Printed Mail”, and “Other”. (Fig 14a and Table 14a)

- Over 66% of respondents indicated Printed Mail
- Almost 50% of respondents indicated Email
- Less than 15% of respondents indicated:
 - Phone Referrals
 - Other
 - Blogs

Fig 14a. Best Way to Get Information about Developmental Disabilities

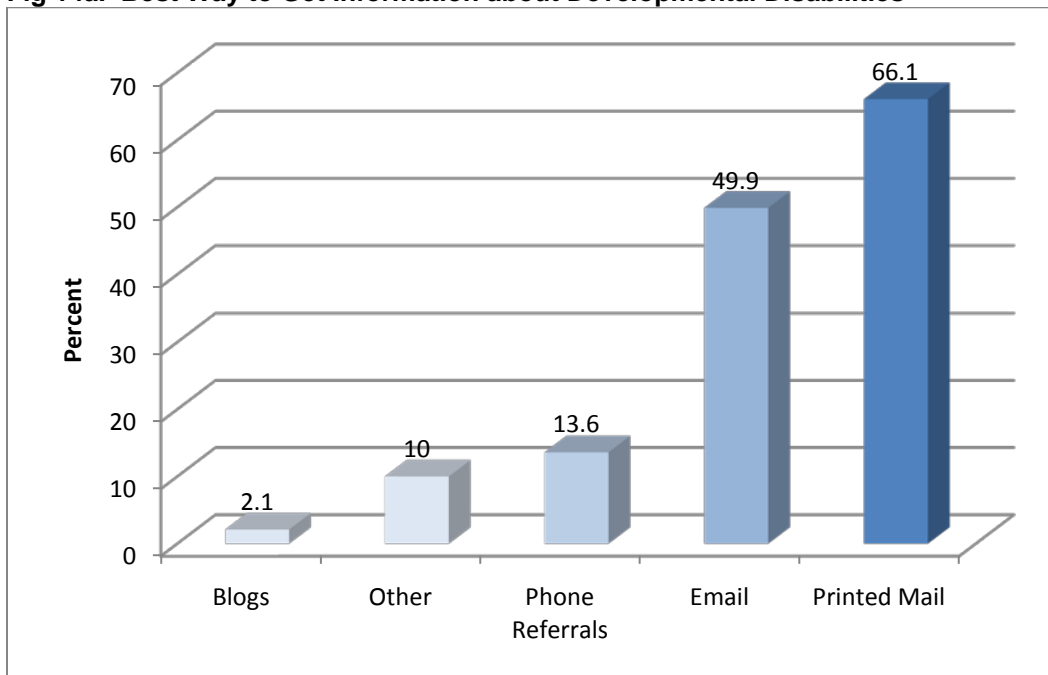


Table 14a. Best Info Source

Source	Percent
Blogs	2.1
Other	10
Phone Referrals	13.6
Email	49.9
Printed Mail	66.1

Best Way to Get Information was broken down among age. (Fig 14b and Table 14b)

- Respondents under 18 years of age prefer Email over Printed Mail
- Respondents over 18 years of age prefer Printed Mail over Email
- Respondents over 35 prefer Printed Mail over Email by almost 50%

Fig 14b. Best Way to Get Information about Developmental Disabilities

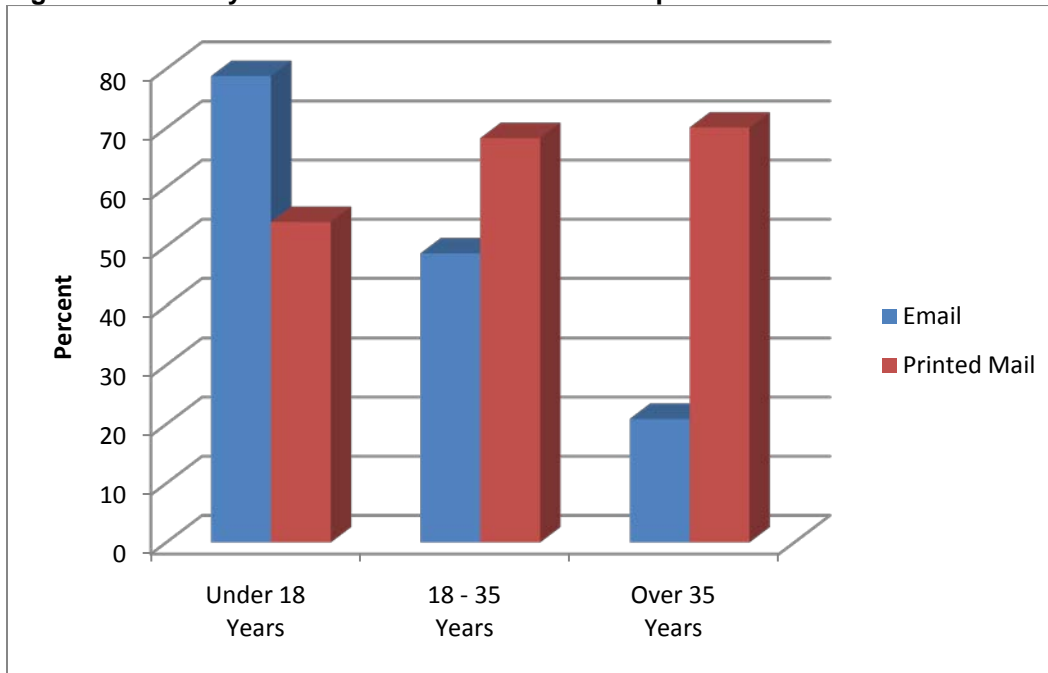


Table 14b. Best Information Source by Age

	Under 18 Years (F)	18 - 35 Years (G)	Over 35 Years (H)
Blogs	3	1	2
	3.5	1.2	3
Email	67	40	14
	78.8	48.8	20.9
	GH	H	
Phone Referrals	10	11	11
	11.8	13.4	16.4
Printed Mail	46	56	47
	54.1	68.3	70.1
		F	F
Other	9	7	12
	10.6	8.5	17.9
			G

Best way to get information was broken down by Region (Fig 14c and Fig 14c)

- 70% of respondents in Lake St. Louis indicated Email as the best way to get information
- Phone Referrals is slightly higher in Lake St. Louis than in other regions
- **Printed Mail was chosen by...**
 - Over 80% of respondents in Dardenne Prairie
 - Over 72% of respondents in Wentzville
 - Only 40% of respondents in Lake St. Louis

Fig 14c. Best Way to Get Information about Developmental Disabilities

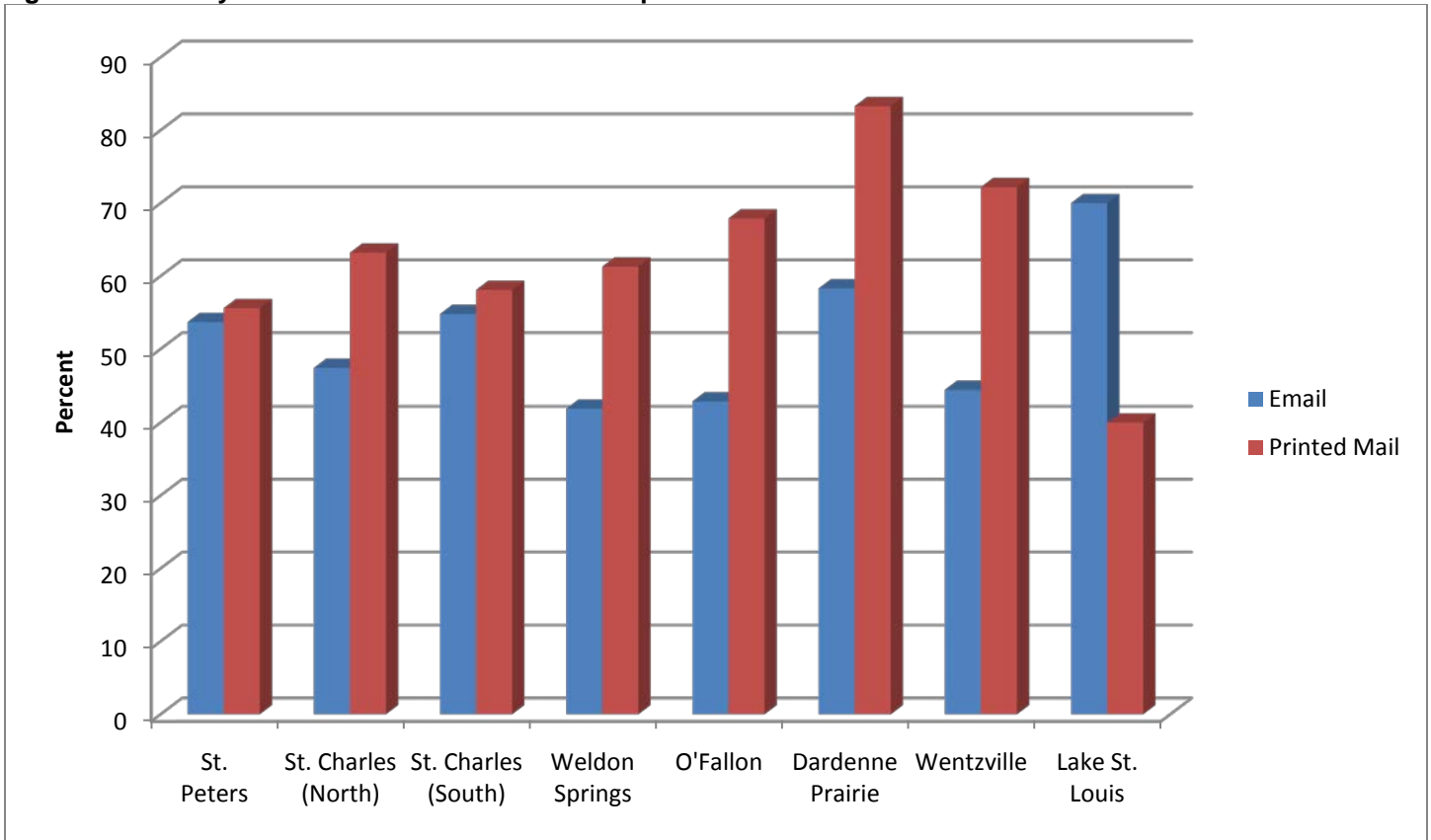


Table 14c. Best Information Source by Region

	St. Peters	St. Charles (North)	St. Charles (South)	Weldon Springs	O'Fallon	Dardenne Prairie	Wentzville	Lake St. Louis
	O	P	Q	R	S	T	U	V
Blogs	3	1	-	1	-	-	1	-
	5.6	2.6		3.2			5.6	
Email	29	18	17	13	12	14	8	7
	53.7	47.4	54.8	41.9	42.9	58.3	44.4	70
								R
Phone Referrals	7	6	5	5	3	2	3	2
	13	15.8	16.1	16.1	10.7	8.3	16.7	20
Printed Mail	30	24	18	19	19	20	13	4
	55.6	63.2	58.1	61.3	67.9	83.3	72.2	40
						OPQRV	V	
Other	12	2	3	5	3	2	-	1
	22.2	5.3	9.7	16.1	10.7	8.3		10
	PT							

VI. Service Summaries

Future usage percentages were combined with familiarity, satisfaction, likelihood to use, likelihood to recommend, and importance scores, as well as age, geographic location, and disability. Open-ended comments (Q11, Q18, and Q19) were categorized according to service and displayed with the summary in order to get a better overall understanding of each service area.

- General comments related to developmental disabilities include
 - Comments related to waiting for services/funding
 - Residential Group Home related
 - “My daughter should be eligible for placement in a group home, but do to funding she does not receive this service”.
 - Therapy related
 - “I have had [X] on the list for Show-Me Aquatics for years and the funding is still not available for him. I had also wanted him to do therapeutic horsemanship, but again, not enough funding.”
 - “[X] could benefit with more therapy and speech. She has been on the funding list for a few years now. It would be awesome to have some sign language as im teaching her as she is nonverbal.”
 - “There's still services our daughter has been on a waiting list due to funding shortages, such as therapy”
 - “Been on waiting list for years! Cranialsacral therapy, etc.”
 - “There is a very long wait for peer interaction / behavior modification / OT-PT services”.
 - Adaptive Equipment related
 - “We have had a rep come out from adapt-ability and he made a list of equipment we needed in our home. It has been over a year and we are still waiting to hear when it will be available. Is there OT services available through DDRB?”
 - “It takes so long to get any services approved. Took 6 months to get a secure seat belt for my child. He was trying to jump out of the car.”
 - Respite related
 - “I applied for respite care in June and still have not heard back”.
 - Comments related to lack of services/information/communication
 - “Medicaid was denied and we could not get back any responses from social services as to what to do next. We asked for activities to participate in 6 months ago and nothing. I have no insurance, no job and no transportation.”
 - “Not receiving services. Have been on waiting list for almost 10 years”.
 - “Maybe we could just start to receive some or any services. Even info on seminars in our area would be nice”.
 - “I am a new client. I am waiting to see what services I will receive. I have always been on a waiting list in a previous county, and never received any services”.
 - “We are on our 3rd coordinator. Still have not received services nor understand what exactly is available to our child.”
 - “Problems with getting things fixed when services are not right. Also getting answers to questions”.
 - Comments related to quality of services
 - Positive comments
 - “Very satisfied with services - Keep up the good work. Transportation is vital - possibly need service to activities as parents’ age”.
 - “We are very thankful for all of the services available. The staff has been very caring and helpful during some difficult times. It is such a relief to know that so many other services are there if needed! Thank you”.
 - “I am totally satisfied and very grateful for all the services we receive from DDRB and community living as well as respite home!”
 - “We are very pleased concerning services - we hope to utilize summer camps and once a month weekend respite. (When we have funding)”.
 - “We receive in home respite services and EMAP funding to help with RDI expenses. We are very pleased with both agencies and especially our case manager”.
 - “With services [X] now receives, through cooperative health care and community choice, we are doing well. We need present help for [X] to daily get out of bed, stand as much as he is able, walk with help. I believe we are doing all we can for [X]”.

- Negative comments
 - “Services suck! Either people don’t get paid enough to be consistent or quality workers. Additionally we have to jump through hoops to get nowhere! I’m fed up with most of it.”
 - “Call backs in a timely fashion”.
 - “Time coordination... goals stated so they can be measured...Basic information among agencies to reduce time spent in the actual doing of the paper work, freeing up more time to use information contained therein to assist the affected individual”.
 - “Tired of no consistent coordinators or follow up”.
- Comments related to age
 - “That the services go into adulthood instead of being cut off at 18 years old”.
 - “More enthusiasm between ages. (early - toddlers - adult)”.
 - “Information on transitioning out of high school”.
 - “Our daughter will be 17 in March 2011. We need someone to guide us through the guardianship issues that are upcoming.”
 - “Our son is only 9 but we would be interested in information that he will need after exiting the school system”.
 - “Would like information about my son getting SSI since he is getting close to 18 years old”.
 - “More on school age kids, more for school age kids”. (information)
 - “Programs for employment and adult living when she is old enough”.
 - “Where can I purchase a swing for my son age 11 years 10 months like the one on loan from adapt-ability?”
 - “Would like to see more for school age kids. Social, speech therapy”.
 - Comments related to social activities
 - “Sports or extracurricular activities for children with disabilities”. (information)
 - “Would love to find some rec. activities (soccer, etc.) for children w/ develop delays and/or playgroups.”
 - “When other services should be looked into and put into place. Working, college, and independent living”. (information)
 - “Social groups to help participants to learn reading body language, appropriate behavior, how to start conversations and maintain a conversation and how to participate in small talk”.
 - “Lack of public transportation, and social groups, sex education”.
 - “[X] likes the social events at family support services, and would like to attend other/more events”.
 - “More social functions for higher functioning Asperger’s children / adolescence”.
- Comments related to Regional Center
 - “We use regional center. Feel they are a waste of time, they do nothing for us - not sure what the purpose is. They call every few months asking what’s changed. Nothing changes day to day month by month. My child is unhappy and I don’t know what to do”.
 - “Our son doesn’t receive any of his current services from the regional center. We are currently on the waiting list and have been for 2 1/2 years. He receives all services through the school district. Not really sure what the regional center does for us”.
- Comments related to reimbursements
 - “Our son was supposed to have received a listening device and we were asked to pay for the services up front, then we could be reimbursed. Unfortunately for him we have no money”.
 - “I would use respite more if I didn’t have to pay out of pocket and get reimbursed. I usually don’t have the money to pay right away”.
 - “Service can be very slow particularly approval for a service and payment / reimbursement for some services”.
 - “Not having to front the money when an agency/provider has been approved - summer camps, therapies, and then have to wait months for reimbursement. If I had \$400 or more in disposable income we wouldn’t need the funding”.
- Measures for each service were ranked from low to high, summed up over all services, and sorted from low to high. (Table s0a)
 - Rankings include
 - Familiarity (Fam)
 - Satisfaction (Sat)
 - Relative Importance (R.I.)
 - Likelihood to Use (Use)
 - Likelihood to Recommend (Rec)
 - Importance – Measured (Imp)
 - Usage Increase (Use Increase)

Table s0a. Summary Table

	Ranking Sums	Fam	Sat	R.I.	Use	Rec	Imp	Use Increase
Case Management	19	1	2	1	1	1	1	13
Transportation	20	3	7	2	2	4	2	2
In Home Respite	24	2	4	11	3	2	4	9
Therapy	33	4	8	10	4	6	3	8
Residential/Group Home	34	9	3	5	7	7	7	1
Adaptive Equipment	40	10	5	12	8	5	6	6
Adult Day Program	42	12	1	4	12	3	9	5
Community Employment	47	7	11	8	6	8	8	7
Educational Advocacy	49	5	12	6	5	10	5	12
Sheltered Workshop Employment	49	6	6	7	10	12	11	4
Independent Living	56	11	10	13	9	13	10	3
Facility/Center Based Respite	59	8	9	9	11	9	12	10
Childcare	74	13	13	3	13	11	13	11

- The table was also sorted according to usage increase to see how much each service is expected to increase in the future. (Table s0b)
 - Rankings include
 - Usage Increase (Increase Rank)
 - Amount of usage Increase (Usage Increase)
 - Percent of total sample that currently use the service (Current Use %)
 - Familiarity (Fam)
 - Satisfaction (Sat)
 - Relative Importance (R.I.)
 - Likelihood to Use (Use)
 - Likelihood to Recommend (Rec)
 - Importance – Measured (Imp)

Table s0b. Summary Table Sorted by Usage Increase

	Increase Rank	Usage Increase	Current Use %	Fam	Sat	R.I.	Use	Rec	Imp
Residential/Group Home	1	Daily	9.5	9	3	5	7	7	7
Transportation	2	Daily	17.5	3	7	2	2	4	2
Independent Living	3	Daily	4.6	11	10	13	9	13	10
Sheltered Workshop Employment	4	Daily	11.8	6	6	7	10	12	11
Adult Day Program	5	Daily	10.1	12	1	4	12	3	9
Adaptive Equipment	6	Daily	11.9	10	5	12	8	5	6
Community Employment	7	Weekly	9	7	11	8	6	8	8
Therapy	8	Weekly	15.6	4	8	10	4	6	3
In Home Respite	9	Monthly	15.3	2	4	11	3	2	4
Facility/Center Based Respite	10	Quarterly	5.2	8	9	9	11	9	12
Childcare	11	Yearly	8.7	13	13	3	13	11	13
Educational Advocacy	12	Yearly	17.5	5	12	6	5	10	5
Case Management	13	Yearly	65	1	2	1	1	1	1

1. Residential/Group Home

Respondents indicating that they would be using Residential/Group Home services at least once a day in the next five years increased 12.6% overall when compared to the percentage of respondents that currently use Residential/Group Home services. (Fig s1a, Fig s1b, Fig s1c, Fig s1d, and Fig s1e)

Fig s1a. Residential/Group Home - Use at least once per day percentage increase

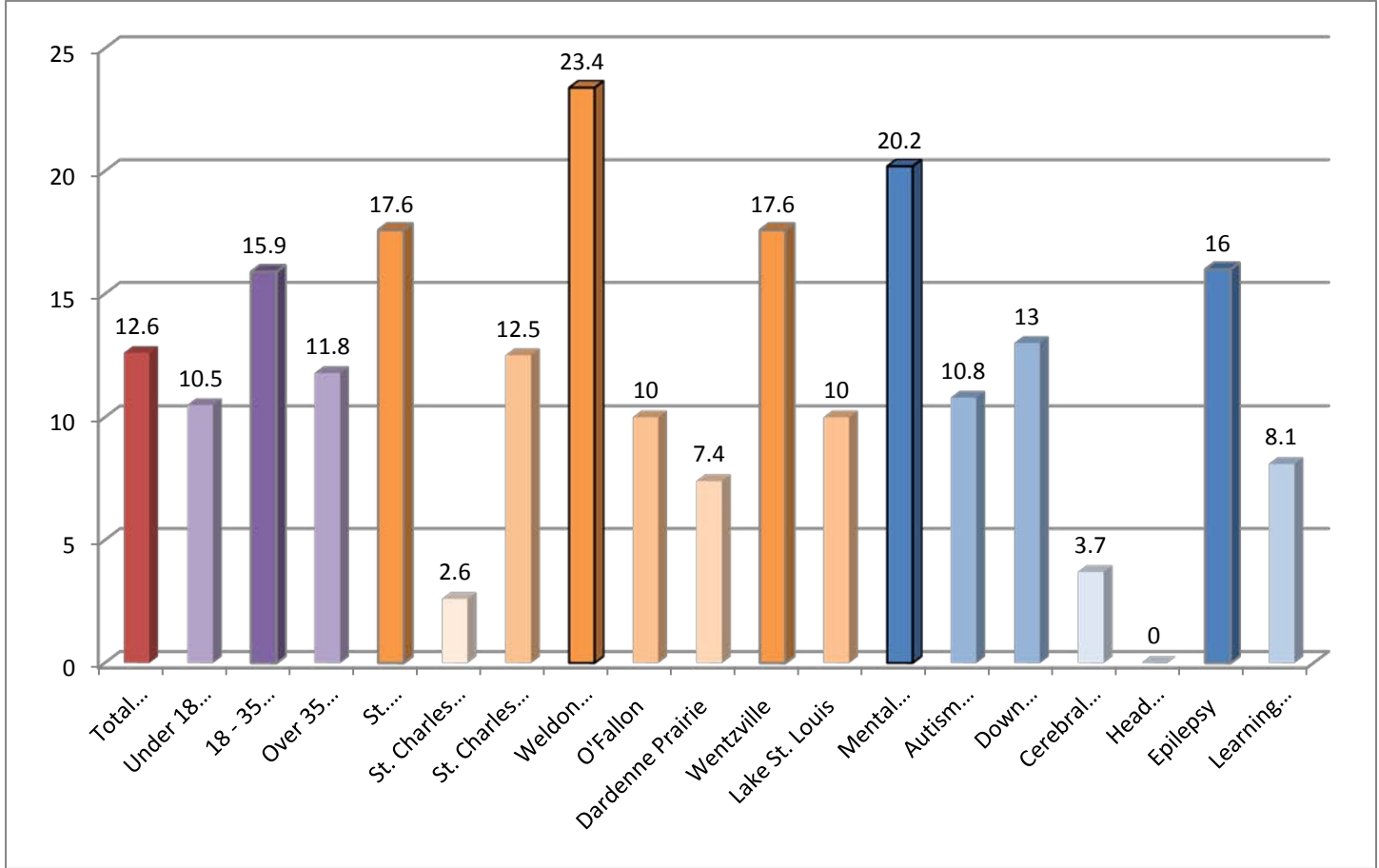


Fig s1b. Residential/Group Home - Overall Scores

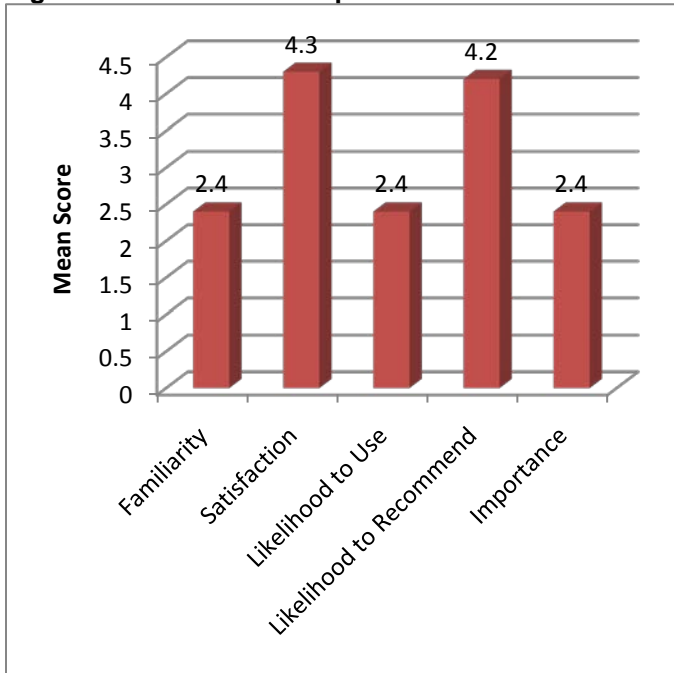


Fig s1c. Residential/Group Home - (Age)

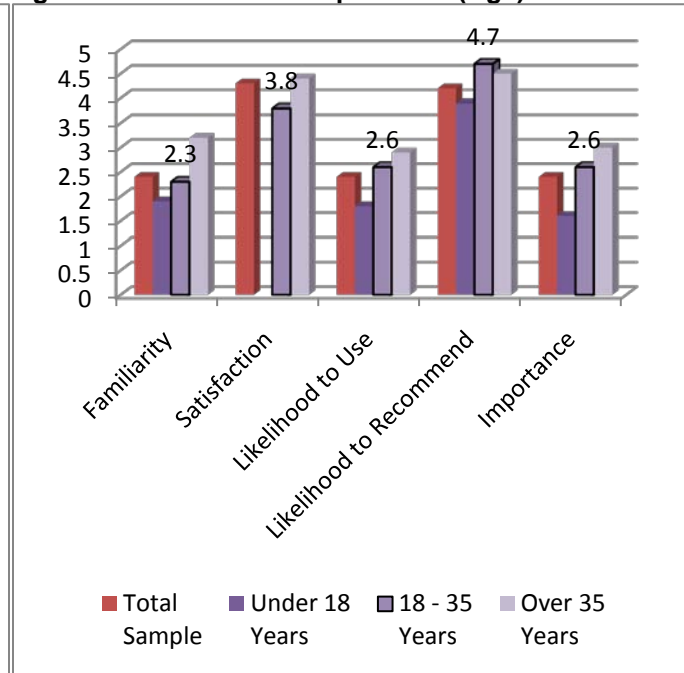


Fig s1d. Residential/Group Home - (At Least 15% Increase)

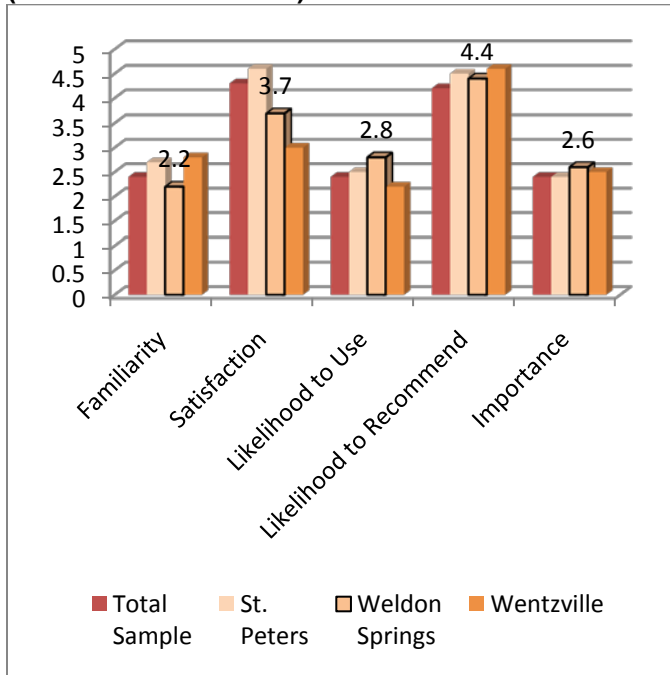
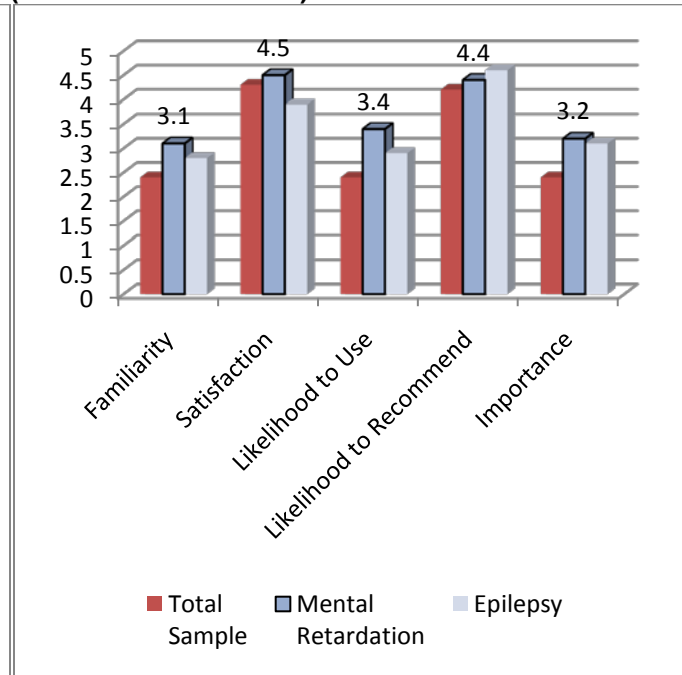


Fig s1e. Residential/Group Home - (At Least 15% Increase)



- **Open-ended comments related to Residential/Group Home focused on**
 - Obtaining more information about transitioning into a group home
 - “How do I get my daughter into a group home before I retire?”
 - “Group home living for future references”.
 - “Actively interested in group home living...”
 - “The services of life skills are being cut back. [X]’s in a 3x weekday program at Center Point but just sleeps on days off or helps around the house. He doesn’t drive, I will be 70 years old soon so I will be looking into residential care in the future.”
 - Obtaining information about other services related to adulthood
 - “Residential/Group Home... Independent Living... Community Employment... Adult Workshop”

- **Residential/Group Home Summary**
 - Below average familiarity (2.4, n=338, #9 Overall)
 - Above average satisfaction (4.3, n=57, #3 Overall)
 - Average likelihood to use (2.4, n=320, #7 Overall)
 - Average likelihood to recommend (4.2, n=124, #7 Overall)
 - Average importance (2.4, n=264, #7 Overall)
 - Use at least once per day increased 12.6% (#1 Overall)
 - Use at least once per day increased over 20% among
 - Weldon Springs residents (23.4%)
 - Below average familiarity (2.2, n=28)
 - Below average satisfaction (3.7, n=6)
 - Individuals with Mental Retardation (20.2%)
 - Scored above average on all measures
 - Use at least once per day increased over 15% among
 - St. Peters residents (17.6%)
 - Scored above average on all measures
 - Wentzville residents (17.6%)
 - Below average satisfaction (3.0, n=3)
 - Below average likelihood to use (2.2, n=17)
 - Individuals with Epilepsy (16%)
 - Below average satisfaction (3.9, n=7)
 - Individuals 18 to 35 years old (15.9%)
 - Below average familiarity (2.3, n=80)
 - Below average satisfaction (3.8, n=13)

- **Residential/Group Home Conclusions**

- Very satisfied
- High performance and high relative importance
- Highest increase in expected future use
 - Highest increase expected in Weldon Springs residents, individuals over 18 years old, and individuals with Mental Retardation
 - Weldon Springs residents indicated lower than average familiarity (service ranked low on overall familiarity)
- Open-ended Comments related to
 - Obtaining information for future reference
 - Obtaining information for services related to adulthood and independence, e.g. Independent Living, Community Employment, Workshops, Day Programs, and Transportation

- **Residential/Group Home Recommendations**

- Focus less on
 - Improving Residential/Group Home performance
 - Individuals currently using Residential/Group Home services are satisfied with current services
- Focus more on
 - Maintaining current level of performance
 - Providing more information about Residential/Group Home services
 - Accommodating future users
 - Highest daily usage increase
 - Provide families with younger individuals looking to transition to a group home (either now or in the future) with information to prepare for and simplify the transition
 - Develop strategies that focus on smoothly transitioning individuals under 18 years old and 18-24 years old and with developmental disabilities to more adult-oriented services
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Independent Living, Community Employment, Sheltered Workshop Employment, and Adult Day Programs)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

2. Independent Living

Respondents indicating that they would be using Independent Living services at least once per day in the next five years increased 10.6% overall when compared to the percentage of respondents that currently use Independent Living services. (Fig s2a, Fig s2b, Fig s2c, and Fig s2d)

Fig s2a. Independent Living Use at least once per day percentage increase

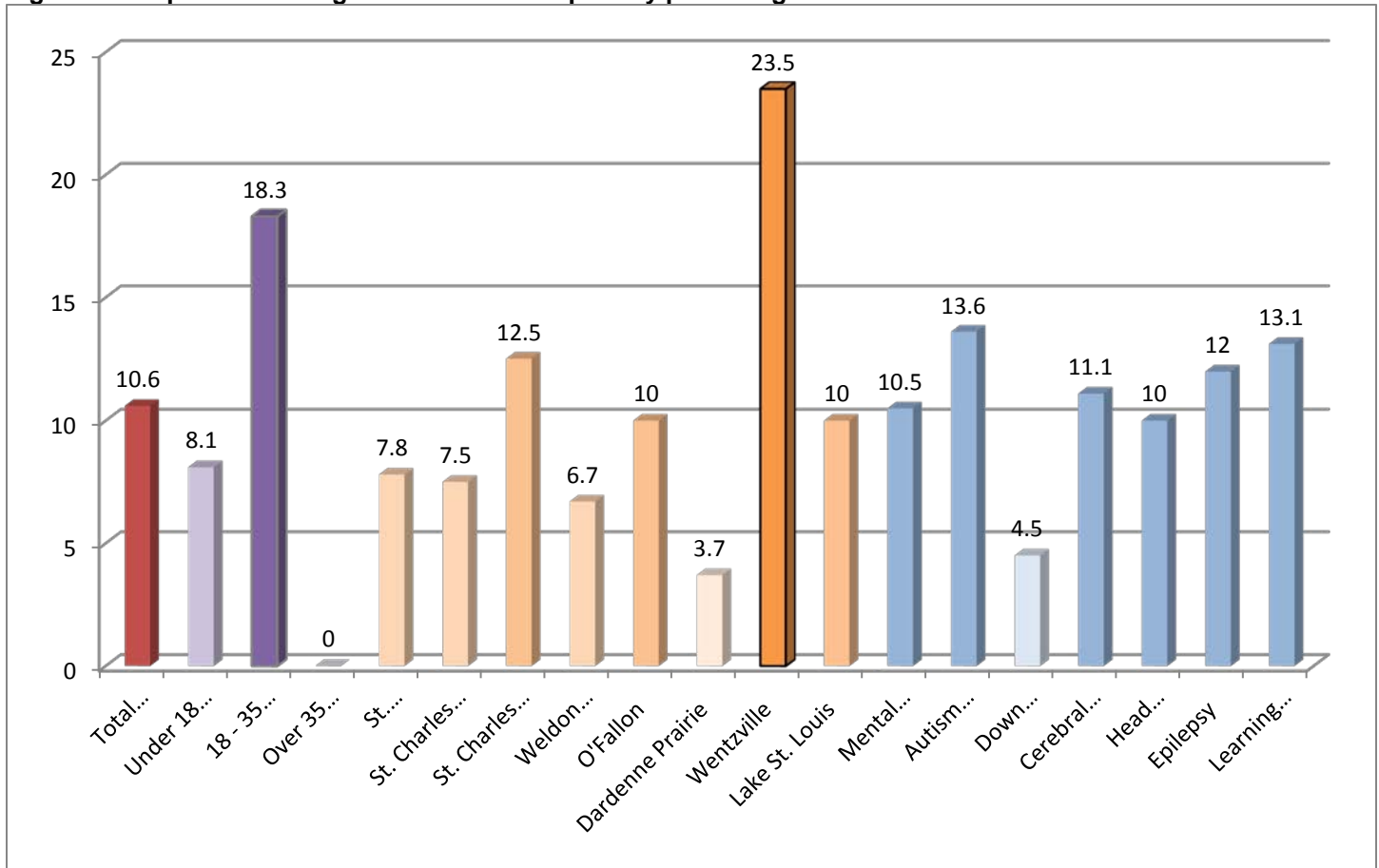


Fig s2b. Independent Living - Overall Scores

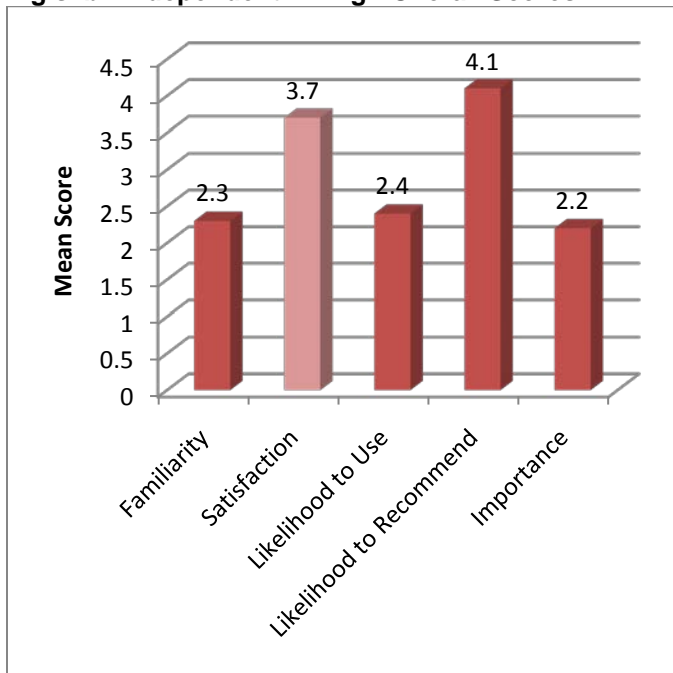
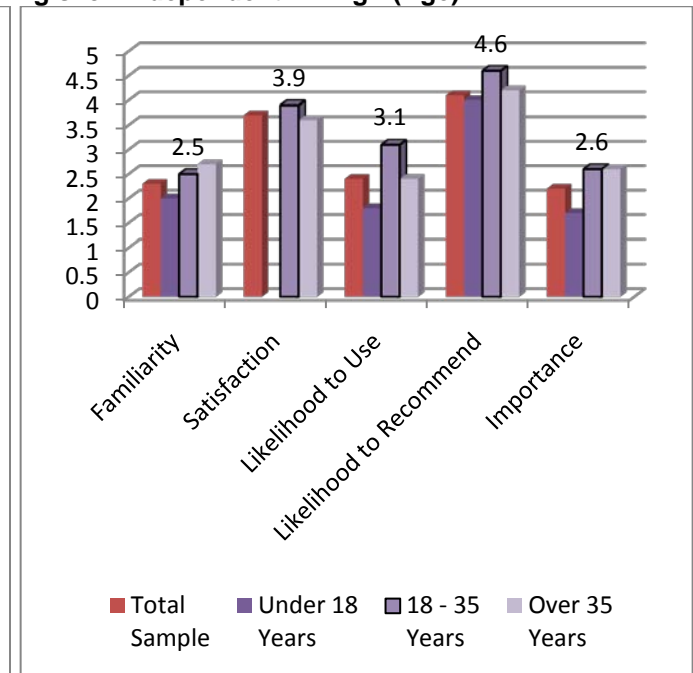
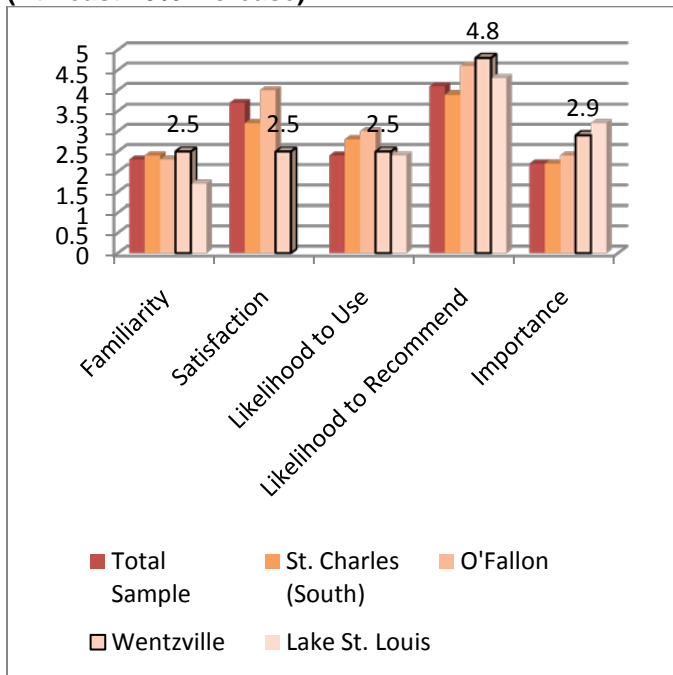


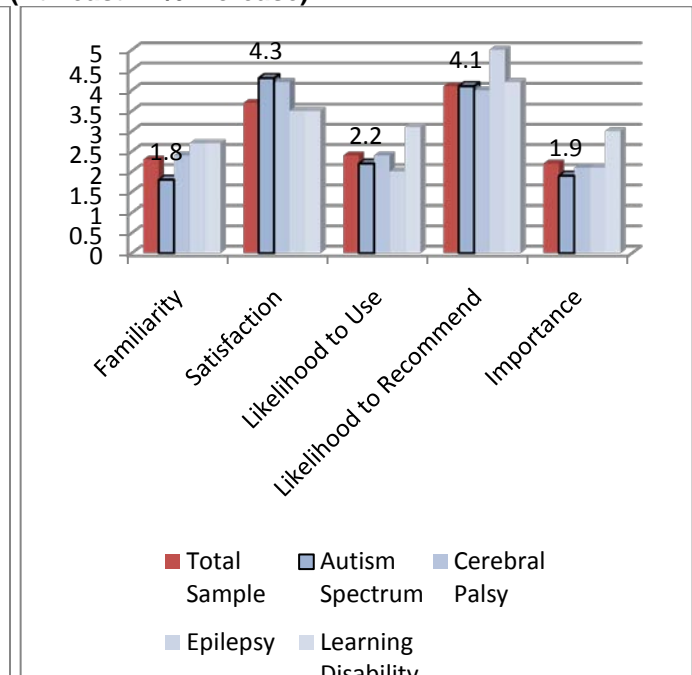
Fig s2c. Independent Living - (Age)



**Fig s1d. Independent Living -
(At Least 10% Increase)**



**Fig s1e. Independent Living -
(At Least 11% Increase)**



- **Open-ended comments related to Independent Living focused on**
 - Obtaining information about transitioning to adulthood and independence
 - “Transition, Employment, Independent Living”
 - “Roommates - Independent living facilities - Affordable transportation routes. More contact with case worker. Phone calls returned”
 - “When other services should be looked into and put into place. Working, College, and Independent Living.”
 - “We could use some information on independent living services.”
- **Independent Living Summary**
 - Below average familiarity (2.3, n=34, #11 Overall)
 - Below average satisfaction (3.7, n=49, #10 Overall)
 - Below average likelihood to use (2.4, n=314, #9 Overall)
 - Below average likelihood to recommend (4.1, n=117, #13 Overall)
 - Below average importance (2.2, n=257, #10 Overall)
 - Use at least once per day increased by 10.6% (#3 Overall)
 - Use at least once per day increased by over 20% among
 - Wentzville residents (23.5%)
 - Below average satisfaction (2.5, n=2)
 - Use at least once per day increased by over 15% among
 - Individuals 18 to 35 years old (18.3%)
 - Scored above average on all measures
- **Independent Living Conclusions**
 - Low performance and lowest relative importance
 - Scored low on all performance measures (Ranked last in relative importance and likelihood to recommend)
 - St. Charles (North) residents are least likely to recommend
 - High increase in expected future use
 - Highest increase expected in Wentzville, individuals 18 to 35 years old, individuals with Autism, and individuals with Learning Disabilities
 - Open-ended comments related to
 - Obtaining information about transitioning to adulthood
 - Obtaining general information about Independent Living services

- **Independent Living Recommendations**

- Focus less on
 - Improving Independent Living performance
 - Individuals using Independent Living services indicated low satisfaction but the service has the lowest relative importance so improvements in service performance will not have a dramatic impact on overall satisfaction
 - If service quality is to be improved, St. Charles (North) residents scored the lowest among all regions in likelihood to use and likelihood to recommend
- Focus more on
 - Accommodating future users
 - High daily usage increase
 - Develop strategies related to transitioning from youth-orientated services to adult-orientated services
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Independent Living, Community Employment, Sheltered Workshop Employment, and Adult Day Programs)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

3. Community Employment

Respondents indicating that they would be using Community Employment services at least once per week in the next five years increased 14.8% overall when compared to the percentage of respondents that currently use Community Employment services. (Fig s3a, Fig s3b, Fig s3c, and Fig s3d)

Fig s3a. Community Employment Use at least once per week percentage increase

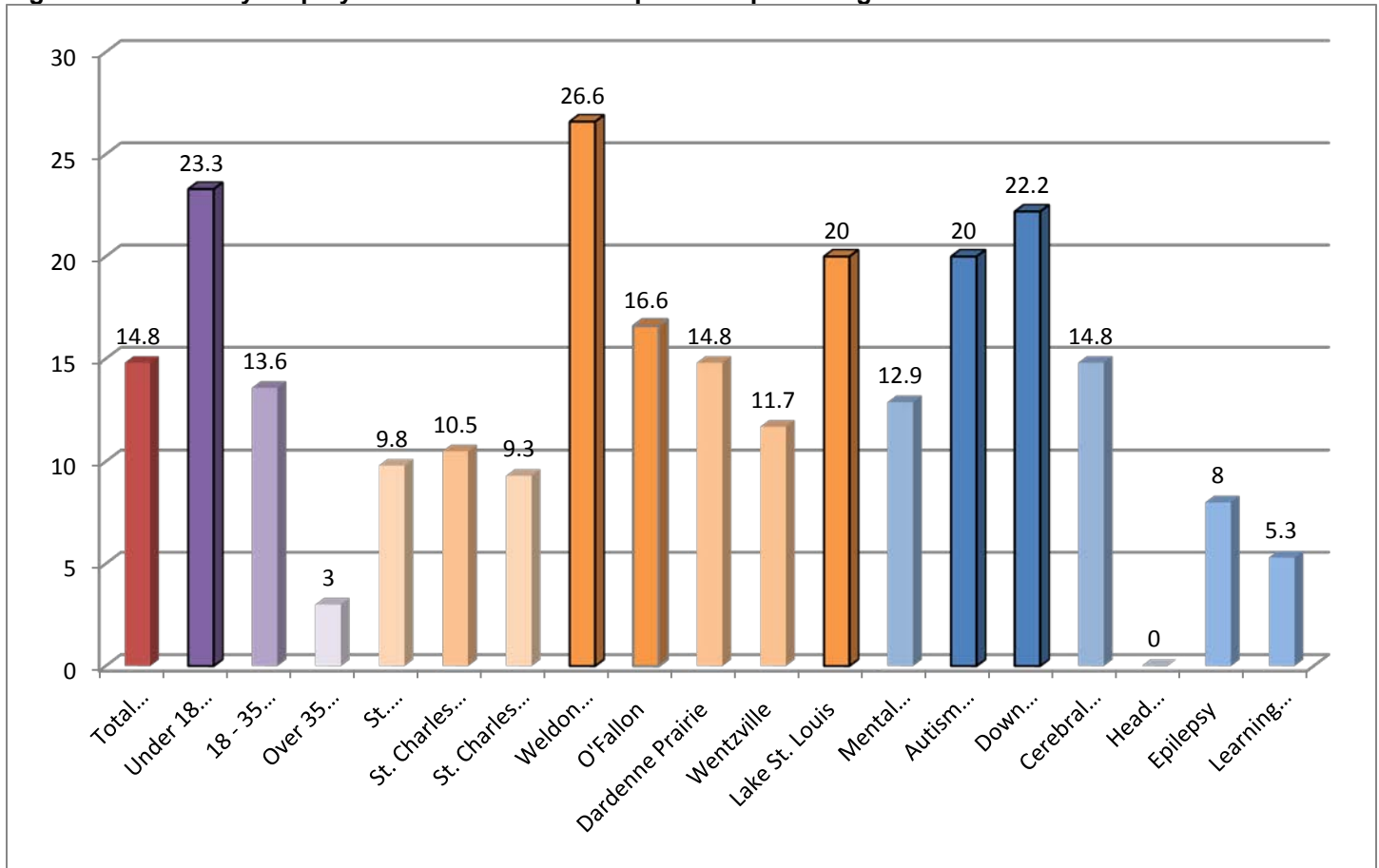


Fig s3b. Community Employment - Overall Scores

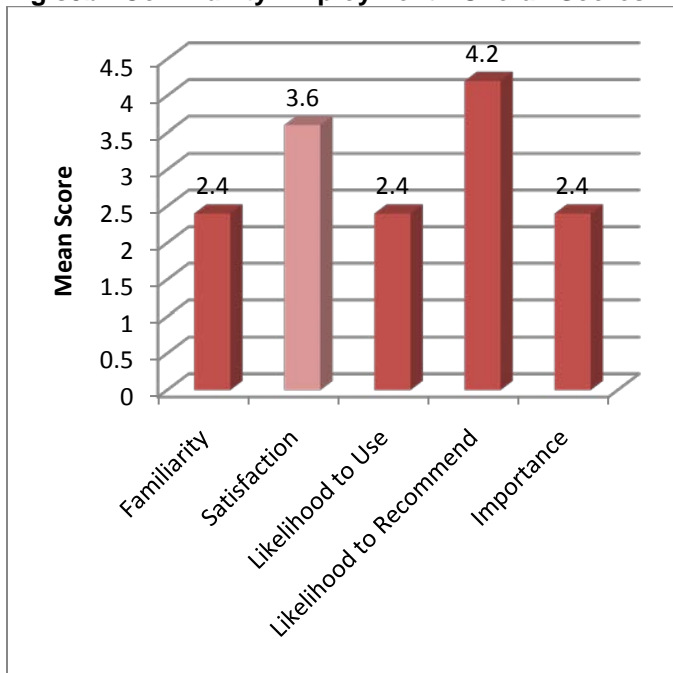


Fig s3c. Community Employment - (Age)

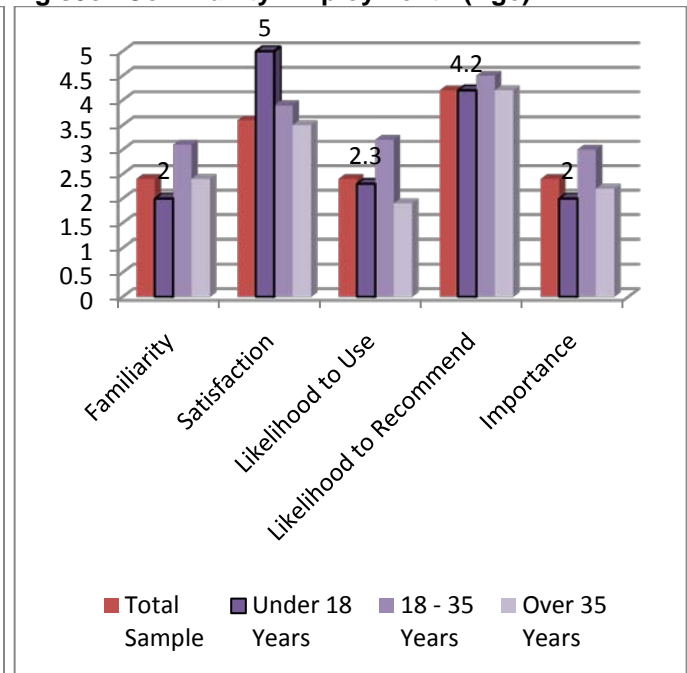


Fig s3d. Community Employment - (At Least 15% Increase)

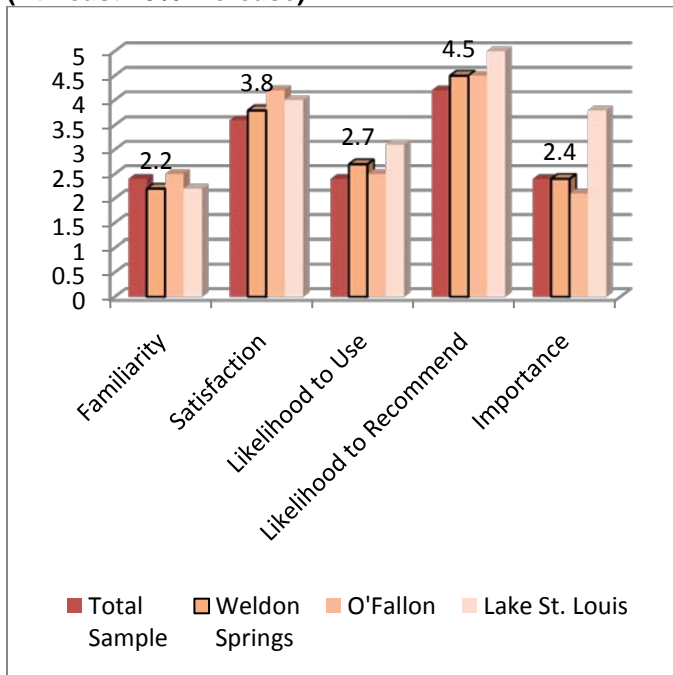
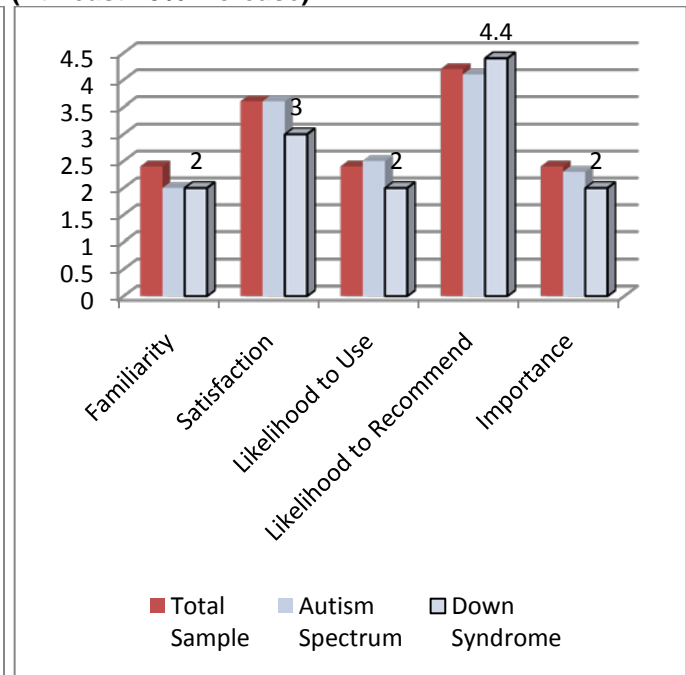


Fig s3e. Community Employment - (At Least 15% Increase)



• **Open-ended comments related to Community Employment focused on**

- The need for more jobs and staff
 - “We need transportation and need more job coaches”
 - “Transportation... more day services for adults 18-30...Housing...Job”
 - “My son is currently part of life skills and benefited greatly from their social department program which is now being cut back due to funding. I would like my son to continue to enjoy social interaction. He loves the interaction and the sport events such as bowling, swimming, putt putt golf, movies and loves his case worker”.
- Obtaining information about future employment opportunities
 - “Future employment opportunities for those 18 and over”
 - “My child is 16 yrs old. She wants to have a job in the community, but she needs one on support due to challenges in communicating. She wants to help others, does not want to be without a job when school is over.”
- Difficulty among individuals with Asperger’s
 - “It is very hard to find agency knowledge about Asperger’s and successful at providing a good job match especially if you can’t drive”.
 - “Better jobs for people with Asperger’s and how to get proper support so that a client’s feelings don’t get hurt in the work place or by staff members from agencies. Many staff members aren’t too educated about Asperger’s or anything to do with high functioning autism.”

• **Community Employment Summary**

- Average familiarity (2.4, n=330, #7 Overall)
- Below average satisfaction (3.6, n=63, #11 Overall)
- Average likelihood to use (2.4, n=319, #6 Overall)
- Average likelihood to recommend (4.2, n=125, #8 Overall)
- Average importance (2.4, n=268, #8 Overall)
- Use at least once per week increased by 14.8% (#7 Overall)
 - Use at least once per week increased by over 20% among
 - Weldon Springs residents (26.6%)
 - Below average familiarity (2.2, n=27)
 - Individuals less than 18 years old (23.3%)
 - Below average familiarity (2.0, n=83)
 - Below average likelihood to use (2.3, n=81)
 - Individuals with Down Syndrome (22.2%)
 - Below average familiarity (2.0, n=43)
 - Below average satisfaction (3.0, n=3)

- Below average likelihood to use (2.0, n=43)
 - Below average importance (2.0, n=32)
 - Lake St. Louis residents (20%)
 - Below average familiarity (2.2, n=10)
 - Above average importance (3.8, n=6)
 - Individuals with Autism (20%)
 - Below average familiarity (2.0, n=110)
 - Below average likelihood to recommend (4.1, n=40)
 - Below average importance (2.3, n=82)
 - Use at least once per week increase by over 15% among
 - O'Fallon residents
 - Below average importance (2.1, n=28)
- **Community Employment Conclusions**
 - Low performance and moderate relative importance
 - Scored average to below average across all measures
 - Lowest rank was satisfaction
 - Moderate relative importance means that raising satisfaction with Community Employment services will have a positive effect on overall satisfaction
 - Moderate increase in expected future use
 - Highest increase expected in Weldon Springs, individuals (currently) less than 18 years old, and individuals with Down Syndrome. High increases are also expected in Lake St. Louis and individuals with Autism
 - Lower than average familiarity across all groups with expected usage increase at or above 20%
 - Open-ended comments related to
 - Obtaining information about future employment opportunities
 - The need for more jobs and staff for individuals over 30
 - Difficulty with the service among individuals with Asperger's
- **Community Employment Recommendations**
 - Focus less on
 - Accommodating future users
 - Moderate weekly usage increase
 - Focus more on
 - Improving Community Employment service performance
 - Focus on improving satisfaction among adults less than 35 years old and individuals (currently) less than 18 years old
 - Focus on providing services for adults less than 35 years old
 - Providing information to individuals currently less than 18 years old about current and future Community Employment opportunities
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Independent Living, Community Employment, Sheltered Workshop Employment, and Adult Day Programs)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

4. Sheltered Workshop Employment

Respondents indicating that they would be using Sheltered Employment services at least once per day in the next five years increased 5.5% overall when compared to the percentage of respondents that currently use Sheltered Workshop Employment services. (Fig s4a, Fig s4b, Fig s4c, Fig s4d, Fig s4e, and Fig s4f)

Fig s4a. Sheltered Workshop Employment Use at least once per day percentage increase

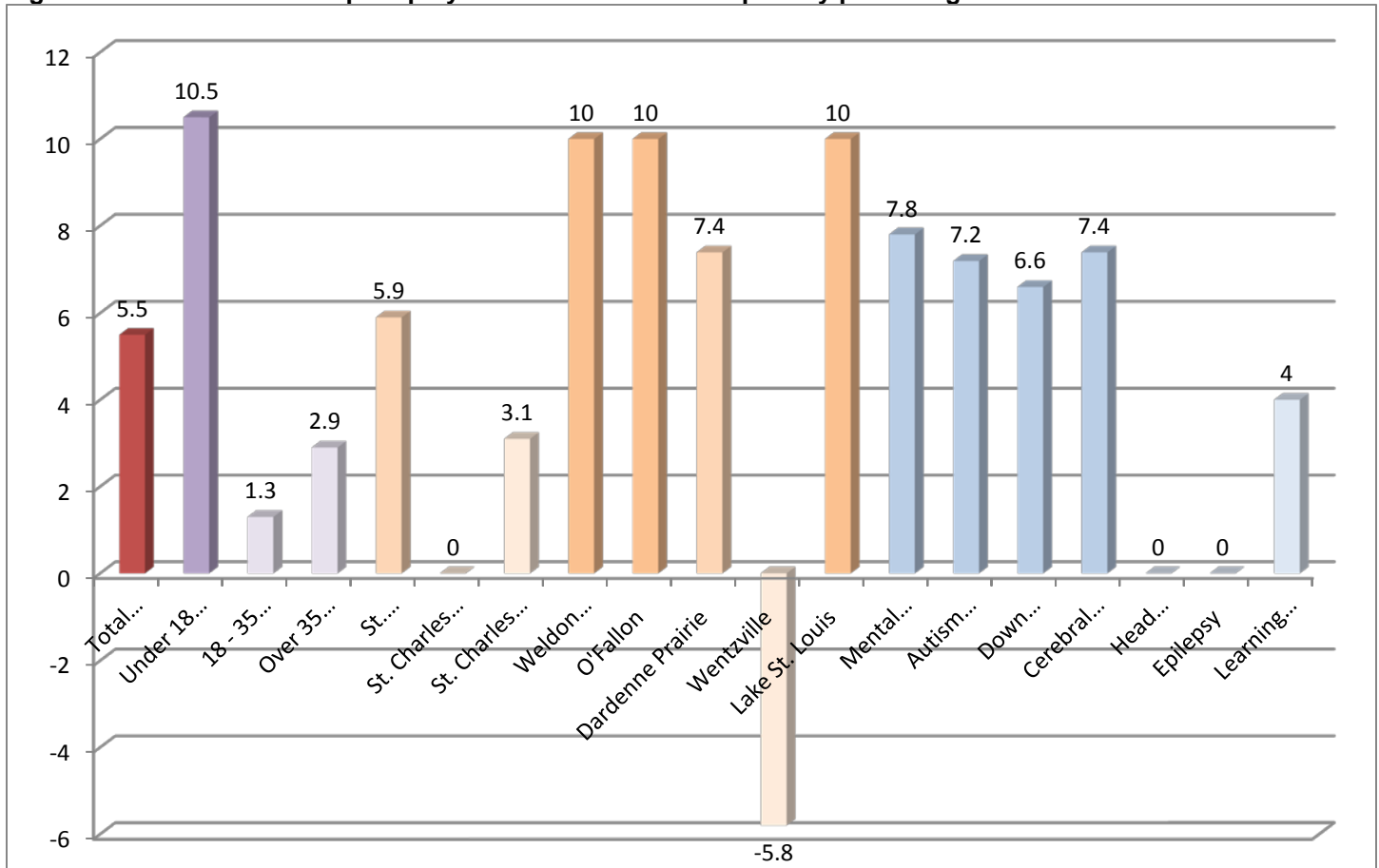


Fig s4b. Sheltered Workshop Employment - Overall

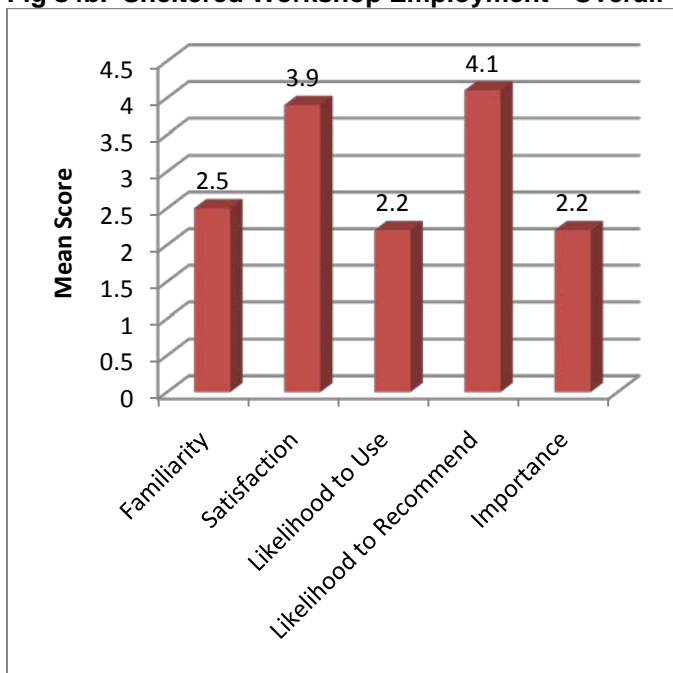


Fig s4c. Sheltered Workshop Employment - (Age)

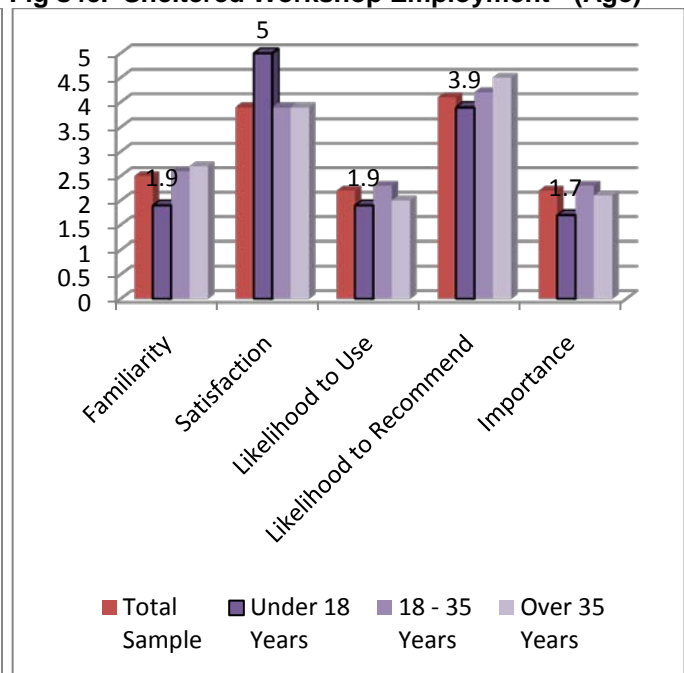


Fig s4d. Sheltered Workshop Employment - (At Least 10% Increase)

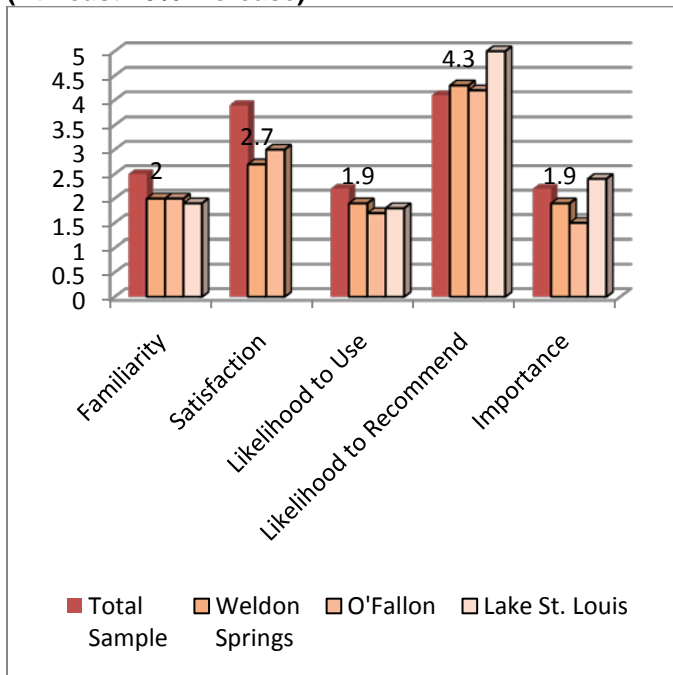
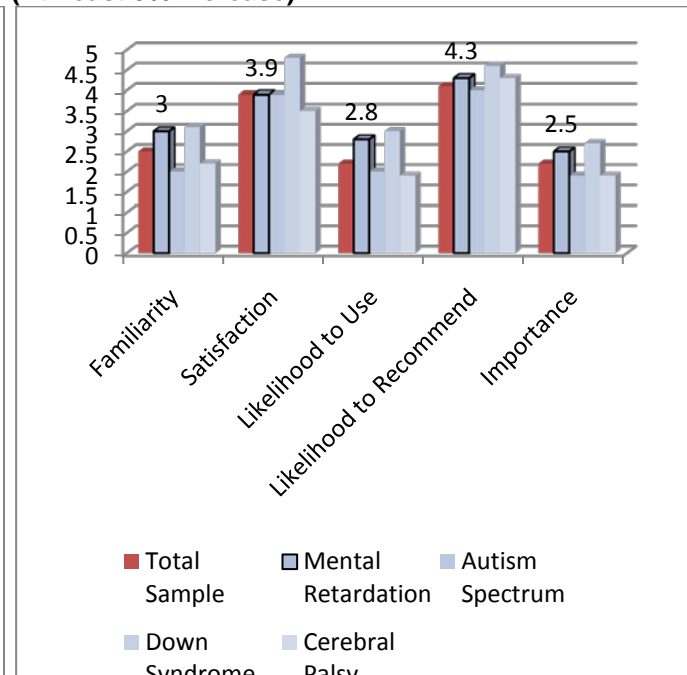


Fig s4e. Sheltered Workshop Employment - (At Least 5% Increase)



- **Open-ended comments related to Sheltered Workshop Employment focused on**
 - Obtaining information related to independence
 - “Residential / Group home... Independent living... Community employment... Adult workshop”.
 - Using the service more when the individual is older
 - “I plan on using the community Employment this summer now that my son is older. I would like to attend the family workshop but weeknights are bad for me”.
 - Lack of transportation makes it difficult
 - “[X] has been very fortunate with his transportation to and from his employment at the sheltered workshop. Our concern is with the duration of each way trip. Each way is at the 2 hour mark making it a 4 hour commute for a 30 mile round trip”.
 - Another workshop with less strict requirements
 - “There is a need for another workshop that would provide a caring and productive environment for handicapped people that do not meet the overly strict requirements of BCI”.

- **Sheltered Workshop Employment Summary**
 - Average familiarity (2.5, n=339, #6 Overall)
 - Below average satisfaction (3.9, n=73, #6 Overall)
 - Below average likelihood to use (2.2, n=320, #10 Overall)
 - Below average likelihood to recommend (4.1, n=132, #12 Overall)
 - Below average importance (2.2, n=270, #11 Overall)
 - Use at least once per day increased by 5.5% (#4 Overall)
 - Use at least once per day increased by over 10% among
 - Individuals less than 18 years old (10.5%)
 - Below average familiarity (1.9, n=84)
 - Below average likelihood to use (1.9, n=80)
 - Below average likelihood to recommend (3.9, n=33)
 - Below average importance (1.7, n=69)
 - Weldon Springs residents (10%)
 - Below average familiarity (2.0, n=27)
 - Below average satisfaction (2.7, n=3)
 - Below average likelihood to use (1.9, n=28)
 - Below average importance (1.9, n=27)

- O'Fallon residents (10%)
 - Below average familiarity (2.0, n=29)
 - Below average satisfaction (3.0, n=2)
 - Below average likelihood to use (1.7, n=29)
 - Below average importance (1.5, n=25)
 - Lake St. Louis residents (10%)
 - Below average familiarity (1.9, n=10)
 - Below average likelihood to use (1.8, n=9)
- **Sheltered Workshop Employment Conclusions**
 - Moderate performance and moderate relative importance
 - Average familiarity and satisfaction
 - Scored below average on all other measures
 - Lowest rank was likelihood to recommend
 - High increase in expected future use
 - Highest increase in expected among individuals less than 18 years old and individuals currently living in Weldon Springs, O'Fallon, and Lake St. Louis
 - All scored below average on familiarity and likelihood to use
 - Open-ended comments related to
 - Obtaining information related to independence
 - Using the service more when the individual is older
 - The lack of transportation makes it difficult
 - A new workshop with less strict requirements
- **Sheltered Workshop Employment Recommendations**
 - Focus less on
 - Increasing Sheltered Workshop Employment performance
 - Above average performance and moderate relative importance means that Sheltered Workshop Employment is performing well but shares a low amount of variability with overall satisfaction, making it a potential candidate for de-emphasis
 - No comments related to the quality or performance of the service
 - Focus more on
 - Accommodating future users
 - High daily usage increase
 - Raise familiarity and awareness of current services among individuals currently less than 18 years old and Weldon Springs, O'Fallon, and Lake St. Louis residents
 - Comments related to future use or difficulties with using current services (i.e. lack of transportation makes using the service difficult)
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Independent Living, Community Employment, Sheltered Workshop Employment, and Adult Day Programs)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

5. Adult Day Program

Respondents indicating that they would be using Adult Day Program services at least once per day in the next five years increased 4.3% overall when compared to the percentage of respondents that currently use Adult Day Program services. (Fig s5a, Fig s5b, Fig s5c, Fig s5d, and Fig s5e)

Fig s5a. Adult Day Program Use at least once per day percentage increase

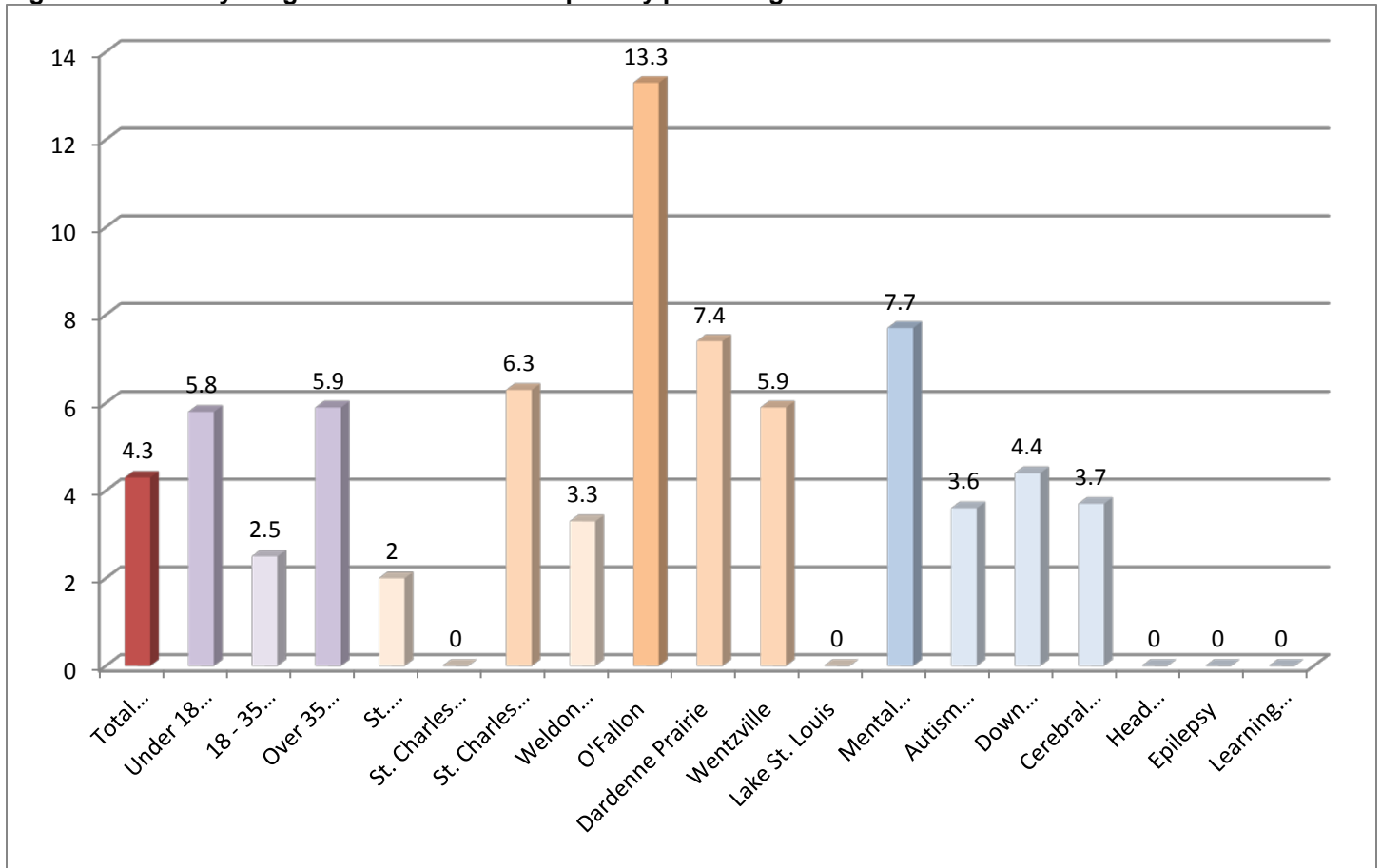


Fig s5b. Adult Day Program - Overall Scores

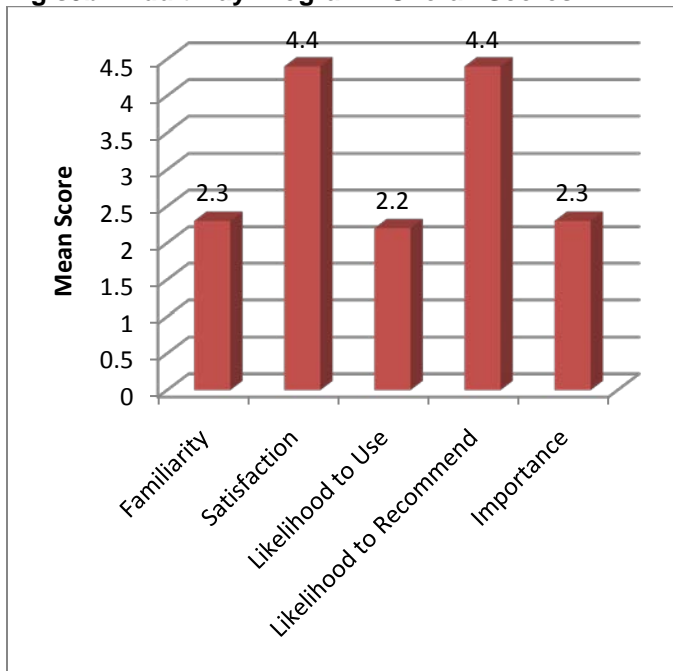


Fig s5c. Adult Day Program - (Age)

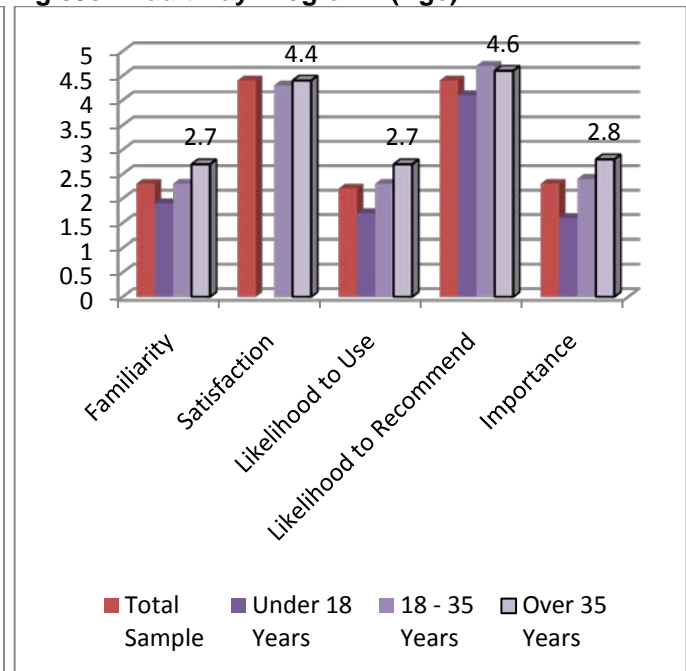


Fig s5d. Adult Day Program - (At Least 5% Increase)

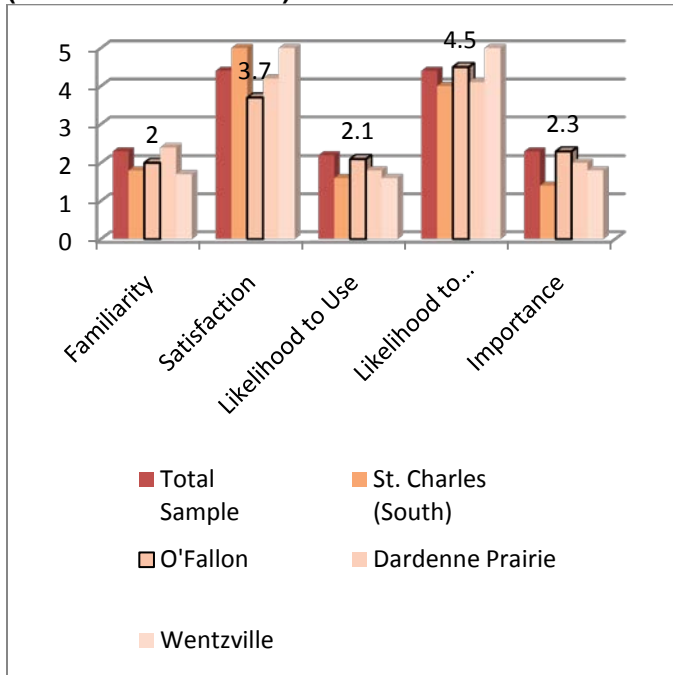
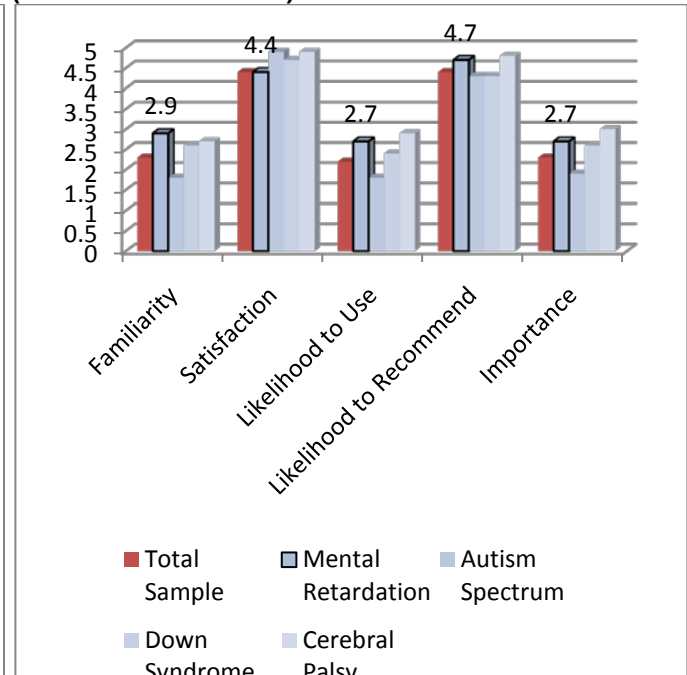


Fig s5e. Adult Day Program - (At Least 5% Increase)



• **Open-ended comments related to Adult Day Programs focused on**

- The quality of the program
 - “The day program is great but I feel that [X] should be able to obtain respite.”
 - “I do not yet use the adult programs, but know that they are great resources.”
- The need for more day programs and transportation
 - “More day programs...Housing (currently on a long list)...and jobs (carved out jobs)”
 - “Transportation... more day services for adults 18-30....Housing...Job”.
 - “More programs for people over 30. Easier transportation so more people can do programs provided”.
 - “We live in West St. Charles Co. My biggest concern for [X] is transportation and possibly adult day care for the hours when [X]’s work schedule may not match mine.”
- Information related to transitioning into adulthood
 - “Adult day care. What to do when my son turns 18”
 - “Transition from school to adult day program and services available.”
- The need for more social programs for higher functioning individuals
 - “More higher functioning programs and outings in the community.”
 - “More social functions for higher functioning Asperger’s children / adolescence.”
 - “Social groups to help participants to learn reading body language, appropriate behavior, how to start conversations and maintain a conversation and how to participate in small talk.”
 - “Please bring back the Saturday afternoon field trips. My son loved them and it was a great opportunity for him to learn about his community while with his peers”.

• **Adult Day Program Summary**

- Below average familiarity (2.3, n=340, #12 Overall)
- Above average satisfaction (4.4, n=62, #1 Overall)
- Below average likelihood to use (2.2, n=320, #12 Overall)
- Above average likelihood to recommend (4.4, n=124, #3 Overall)
- Below average importance (2.3, n=259, #9 Overall)
- Use at least once per day increased by 4.3% (#5 Overall)
 - Use at least once per day increased by at least 10% among
 - O’Fallon residents (13.3%)
 - Below average familiarity (2.0, n=28)
 - Below average satisfaction (3.7, n=3)
 - Below average likelihood to use (2.1, n=30)

- **Adult Day Program Conclusions**
 - Highest performance and high relative importance
 - Highest satisfaction and high likelihood to recommend
 - Low familiarity and likelihood to use
 - High relative importance
 - Maintaining or improving satisfaction with Adult Day Program services will increase overall satisfaction
 - High increase in expected future use
 - Highest increase expected among O'Fallon residents and individuals with Mental Retardation
 - Below average familiarity and likelihood to use among O'Fallon residents
 - Mental Retardation scored above average on all measures
 - Open-ended comments related to
 - Obtaining information about transitioning services when an individual becomes an adult
 - The perception of quality among existing Adult Day Program services
 - The need for more Adult Day Programs
 - The need for more transportation to make it easier to use the current programs

- **Adult Day Program Recommendations**
 - Focus less on
 - Increasing Adult Day Program performance
 - Highest performance and high relative importance mean that Adult Day Program services are performing well
 - Individuals with Mental Retardation indicated the highest usage increase and scored above average on all measures
 - Comments refer to the quality of current programs
 - Focus more on
 - Maintaining current level of satisfaction
 - Accommodating future users
 - High daily usage increase
 - Raise familiarity and awareness of Adult Day Program services among O'Fallon residents
 - Comments related to future use or difficulties with using current services (i.e. lack of transportation makes using the service difficult) as well as the need for more adult day program services in general
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Independent Living, Community Employment, Sheltered Workshop Employment, and Adult Day Programs)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

6. Childcare

Respondents indicating that they would be using Childcare services at least once per year in the next five years increased 10.1% overall when compared to the percentage of respondents that currently use Childcare services. (Fig s6a, Fig s6b, Fig s6c, Fig s6d, and Fig s6e)

Fig s6a. Childcare Use at least once per year percentage increase

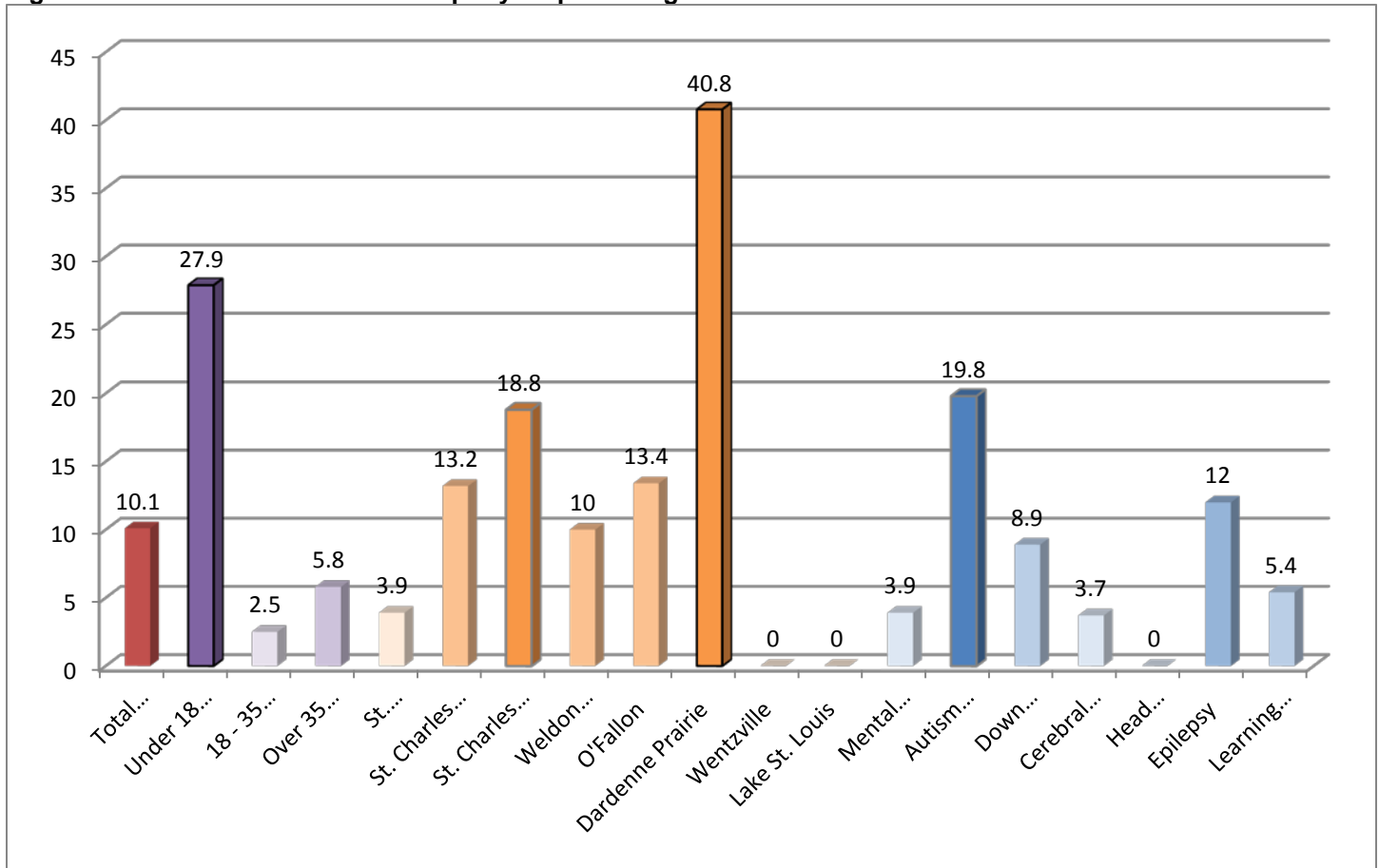


Fig s6b. Childcae - Overall Scores

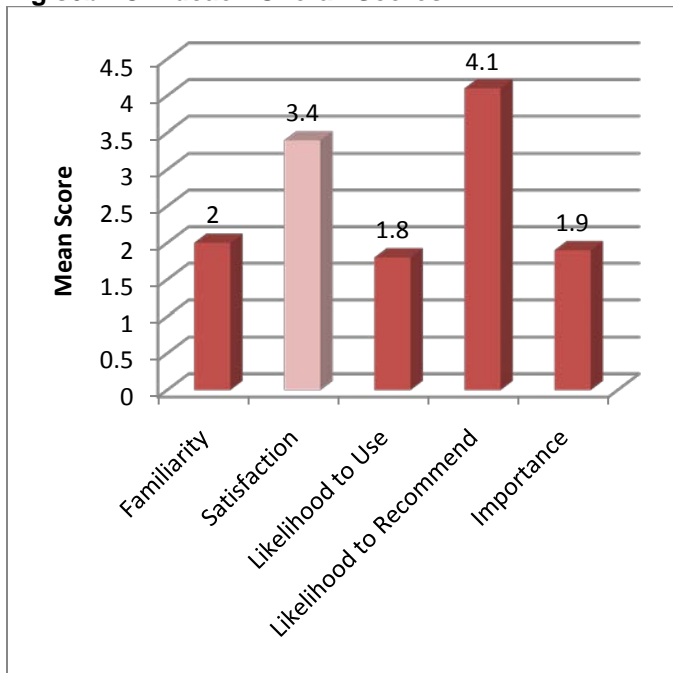


Fig s6c. Childcare - (Age)

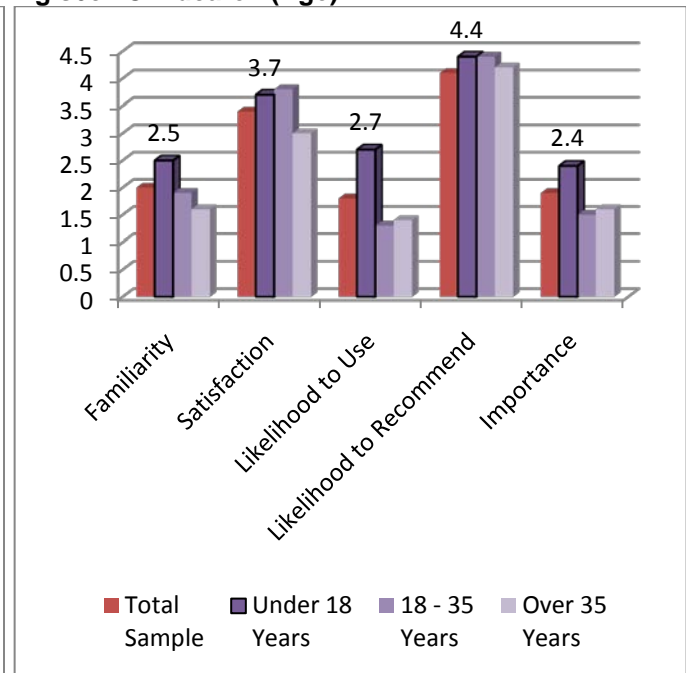


Fig s6d. Childcare - (At Least 10% Increase)

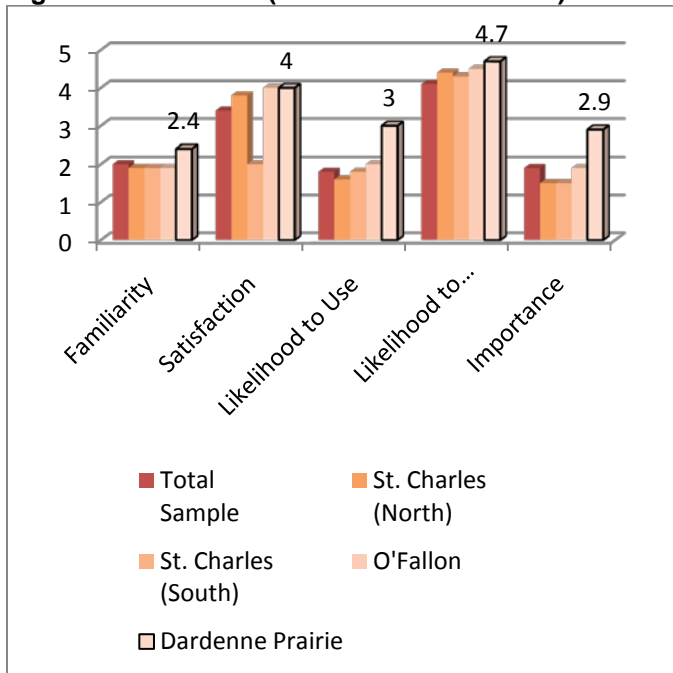
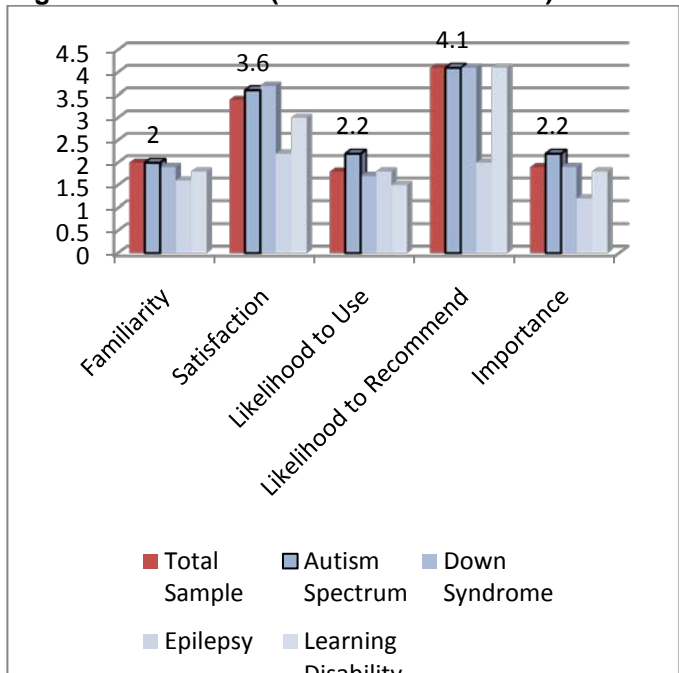


Fig s6e. Childcare - (At Least 5% Increase)



• **Open-ended comments related to Childcare focused on**

- Obtaining information related to Childcare and youth services, e.g. sports
 - “I would like to learn more about your services like childcare, adaptive equipment, center based respite and therapy”.
 - “I would like more info on childcare service and I’d like to know if there are any special needs sports programs that are age appropriate for my girls that are 6 and 7.”
 - “Sports or extracurricular activities for children with disabilities”.
 - “Would love to find some rec. activities (soccer, etc.) for children w/ develop delays and/or playgroups”.
- The lack of childcare activities and services
 - “Having some sort of day care for teens closer to home”.
 - “Respite, childcare never available”.
 - “Support group for high function Asperger’s children.”
- The cost of childcare services
 - “My improvement is I need extra money to pay for my daughter’s daycare because the state is not helping me enough”.

• **Childcare Summary**

- Below average familiarity (2.0, n=330, #13 Overall)
- Below average satisfaction (3.4, n=40, #13 Overall)
- Below average likelihood to use (1.8, n=310, #13 Overall)
- Below average likelihood to recommend (4.1, n=86, #11 Overall)
- Below average importance (1.9, n=255, #13 Overall)
- Use at least once per year increased by 10.1% (#11 Overall)
 - Use at least once per year increased by at least 40% among
 - Dardenne Prairie residents (40.8%)
 - Scored above average on all measures
 - Use at least once per year increased by at least 20% among
 - Individuals less than 18 years old (27.9%)
 - Above average on all measures
 - Use at least once per year increased by at least 15% among
 - Individuals with Autism (19.5%)
 - Below average familiarity (1.5, n=24)
 - Below average satisfaction (2.2, n=5)
 - Below average likelihood to recommend (2.0, n=1)
 - Below average importance (1.2, n=16)

- St. Charles (south) residents
 - Below average familiarity (1.8, n=31)
 - Below average likelihood to use (1.6, n=29)
 - Below average likelihood to recommend (4.0, n=8)
 - Below average importance (1.4, n=24)
- **Childcare Conclusions**
 - Lowest performance and high relative importance
 - Lowest score among all services on
 - Familiarity
 - Satisfaction
 - Likelihood to use
 - Importance (measured)
 - High relative importance
 - High level of shared variance with overall satisfaction means that increasing satisfaction with Childcare will have an effect on overall satisfaction
 - Low increase in expected future use
 - Highest increase expected among Dardenne Prairie residents, individuals less than 18 years old, individuals with Autism, and St. Charles (South) residents
 - Low familiarity among St. Charles residents and individuals with Autism
 - Open-ended comments related to
 - Obtaining information about childcare and youth activities like sports
 - The need for more convenient daycare services for teens, lack of availability
 - The high cost of childcare
- **Childcare Recommendations**
 - Focus less on
 - Accommodating future users
 - Low yearly usage increase
 - Focus more on
 - Raising Childcare performance
 - High relative importance
 - Raising familiarity and awareness of current services, especially in segments with increased usage, e.g. St. Charles (South) and individuals with Autism
 - Providing activities for children with disabilities (e.g. sports, playgroups)
 - Comments refer to the lack of physical activities for children, unavailability of current services, and high cost
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

7. In Home Respite

Respondents indicating that they would be using In Home Respite services at least once per month in the next five years increased 5.2% overall when compared to the percentage of respondents that currently use In Home Respite services. (Fig s7a, Fig s7b, Fig s7c, Fig s7d, and Fig s7e)

Fig s7a. In Home Respite Use at least once per month percentage increase

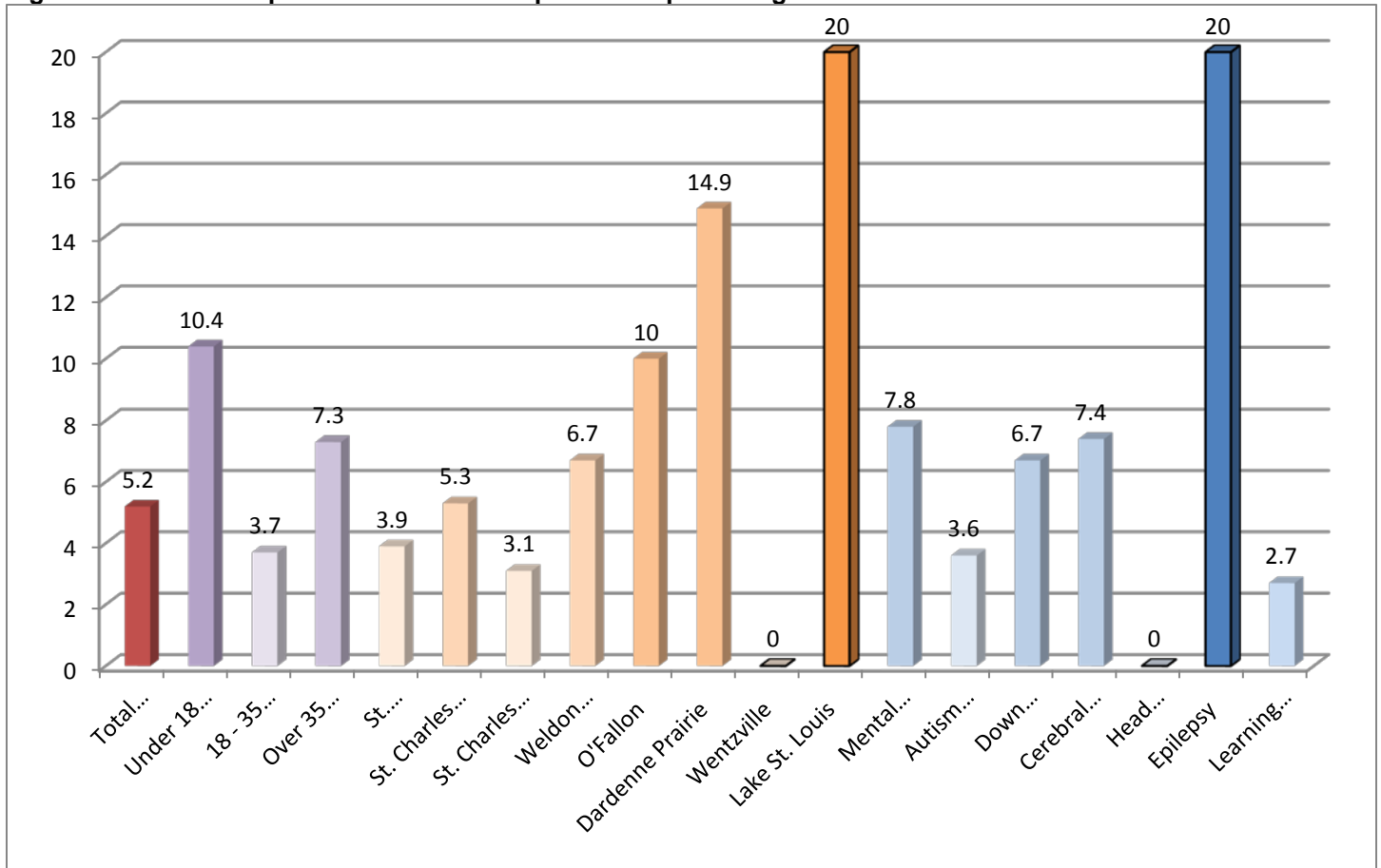


Fig s6b. In Home Respite - Overall Scores

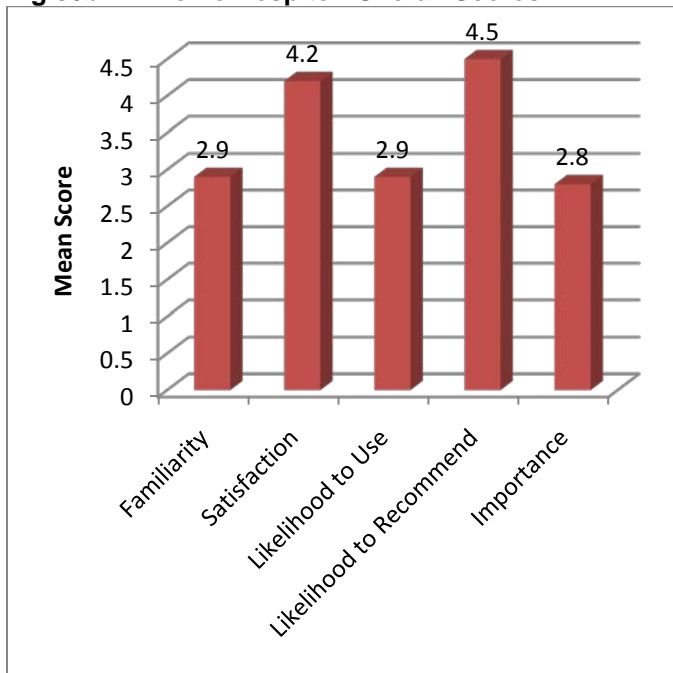


Fig s6c. In Home Respite - (Age)

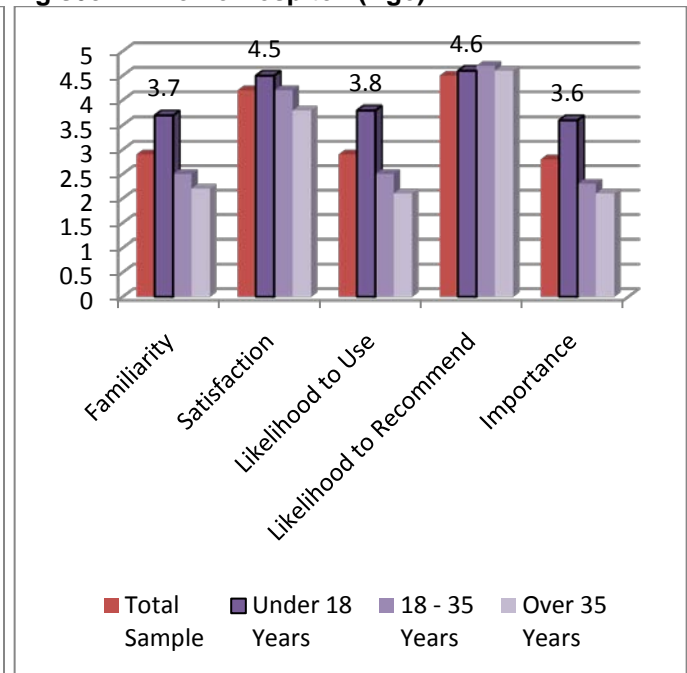


Fig s7d. In Home Respite - (At Least 10% Increase)

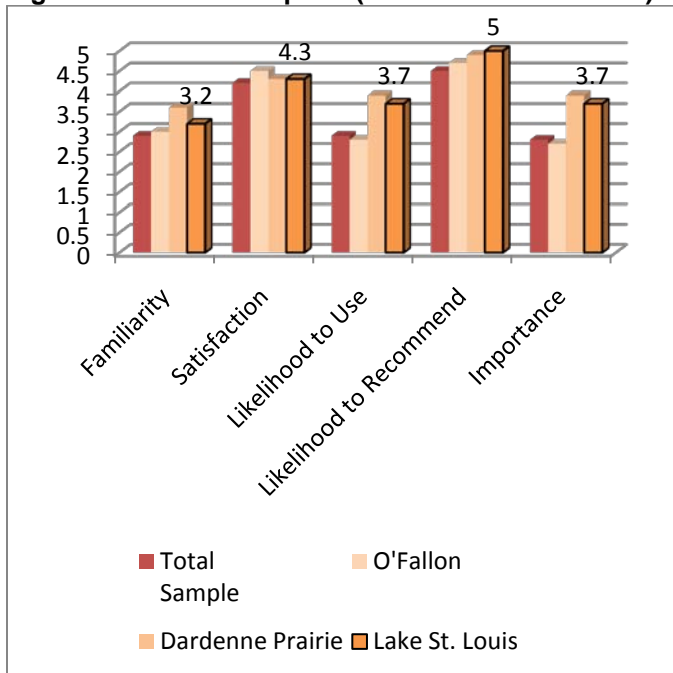
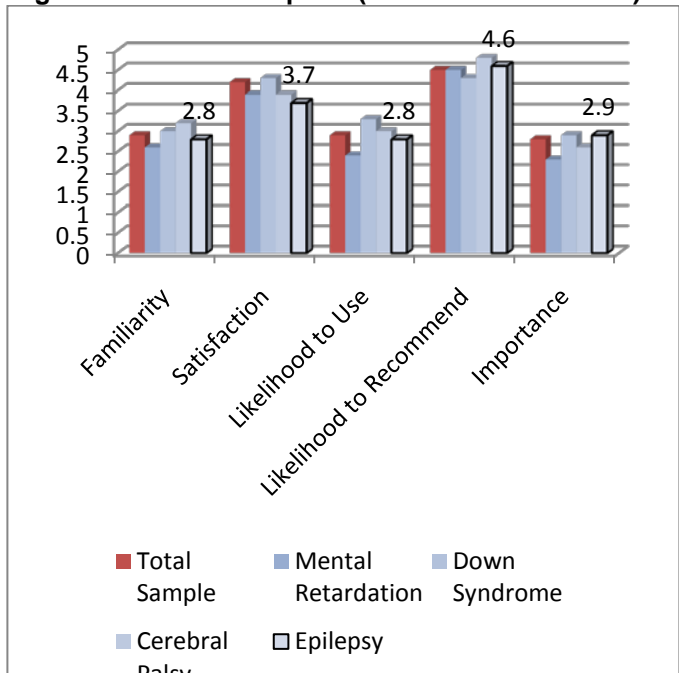


Fig s7e. In Home Respite - (At Least 5% Increase)



• **Open-ended comments related to In Home Respite focused on**

- Quality of service
 - “We receive in home respite services and EMAP funding to help with RDI expenses. We are very pleased with both agencies and especially our case manager.”
 - “I am totally satisfied and very grateful for all the services we receive from DDRB and community living as well as respite home!”
 - “Quality in home respite. People that want to work and not just sit around!!! Most quit when they find out that our son actually requires them to work and that he's not just a vegetable that allows them to be on the phone or texting.”
- Obtaining information about respite
 - “Understanding levels of respite better - never experienced it before. There's always thing that pop up as my son grows and things change - resources to handle different difficult situations/ challenges as they happen. Navigating IEP and processes and trying to understand why certain services are given and others are not through educational system when there is a need / poor score shown”.
 - “Need to know when [X] will be eligible for respite care”.
- Lack of respite resources, needs not being met
 - “Resources - especially a list of in home respite providers”.
 - “We love the in home respite but struggle to find regular providers. If the provider database could be updated. Provide more info that would be a big help”.
 - “More respite care.”
 - “Respite - in home or out of home”.
 - “Need more in home respite help. Currently only getting 5 hours 3 days a week. Additional funds are not available. Our case manager [X] is outstanding!”
 - “Respite, childcare never available”.
 - “I applied for respite care in June and still have not heard back”.
- Reimbursement related
 - “I would use respite more if I didn't have to pay out of pocket and get reimbursed. I usually don't have the money to pay right away”.
- Do not qualify for respite
 - “I feel that [X] should be able to obtain respite”.
 - “I would like in home respite, but didn't qualify for the service with the St. Louis regional office. I would also like more social skills, pragmatic skills, therapy group”.
 - “I wish we qualified for respite”.

- **In Home Respite Summary**
 - Above average familiarity (2.9, n=335, #2 Overall)
 - Above average satisfaction (4.2, n=128, #4 Overall)
 - Above average likelihood to use (2.9, n=320, #3 Overall)
 - Above average likelihood to recommend (4.5, n=168, #2 Overall)
 - Above average importance (2.8, n=276, #4 Overall)
 - Use at least once per month increased by 5.2% (#9 Overall)
 - Use at least once per month increased by at least 20% among
 - Lake St. Louis residents (20%)
 - Scored above average on all measures (but low number of total answers)
 - Individuals with Epilepsy (20%)
 - Below average familiarity (2.8, n=25)
 - Below average satisfaction (3.7, n=11)
 - Below average likelihood to use (2.8, n=23)
 - Use at least once per month increased by at least 10% among
 - Dardenne Prairie residents (14.9%)
 - Scored above average on all measures
 - Individuals under 18 years old (10.4%)
 - Scored above average on all measures
- **In Home Respite Conclusions**
 - High performance and low relative importance
 - Scored above average on all measures
 - Scored highest on
 - Familiarity
 - Likelihood to Recommend
 - Low relative importance
 - Low level of shared variance with overall satisfaction means that increasing satisfaction with In Home Respite will not have as large an effect on overall satisfaction
 - Moderate to low increase in expected future use
 - Highest increase expected among Lake St. Louis residents and individuals with Epilepsy
 - Lower than average familiarity and likelihood to use among individuals with Epilepsy
 - Open-ended comments related to
 - Quality of service
 - Obtaining Information about respite services
 - Lack of resources to find good providers, e.g. a list of providers
 - Not qualifying for respite
- **In Home Respite Recommendations**
 - Focus less on
 - Improving In Home Respite performance
 - Moderate to low relative importance and high performance means that In Home Respite qualifies as a candidate for de-emphasis
 - Accommodating future users
 - Low usage increase (once per month)
 - Focus more on
 - Improving access to information related to In Home Respite
 - Provide an updated and accessible list of providers
 - Comments mainly refer to the quality of the program, a lack of resources when it comes to finding providers, and not qualifying for respite
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

8. Facility/Center Based Respite

Respondents indicating that they would be using Facility/Center Based Respite services at least once per quarter in the next five years increased 14.5% overall when compared to the percentage of respondents that currently use Facility/Center Based Respite services, #10 Overall. (Fig s8a, Fig s8b, Fig s8c, Fig s8d, and Fig s8e)

Fig s8a. Facility/Center Based Respite Use at least once per quarter percentage increase

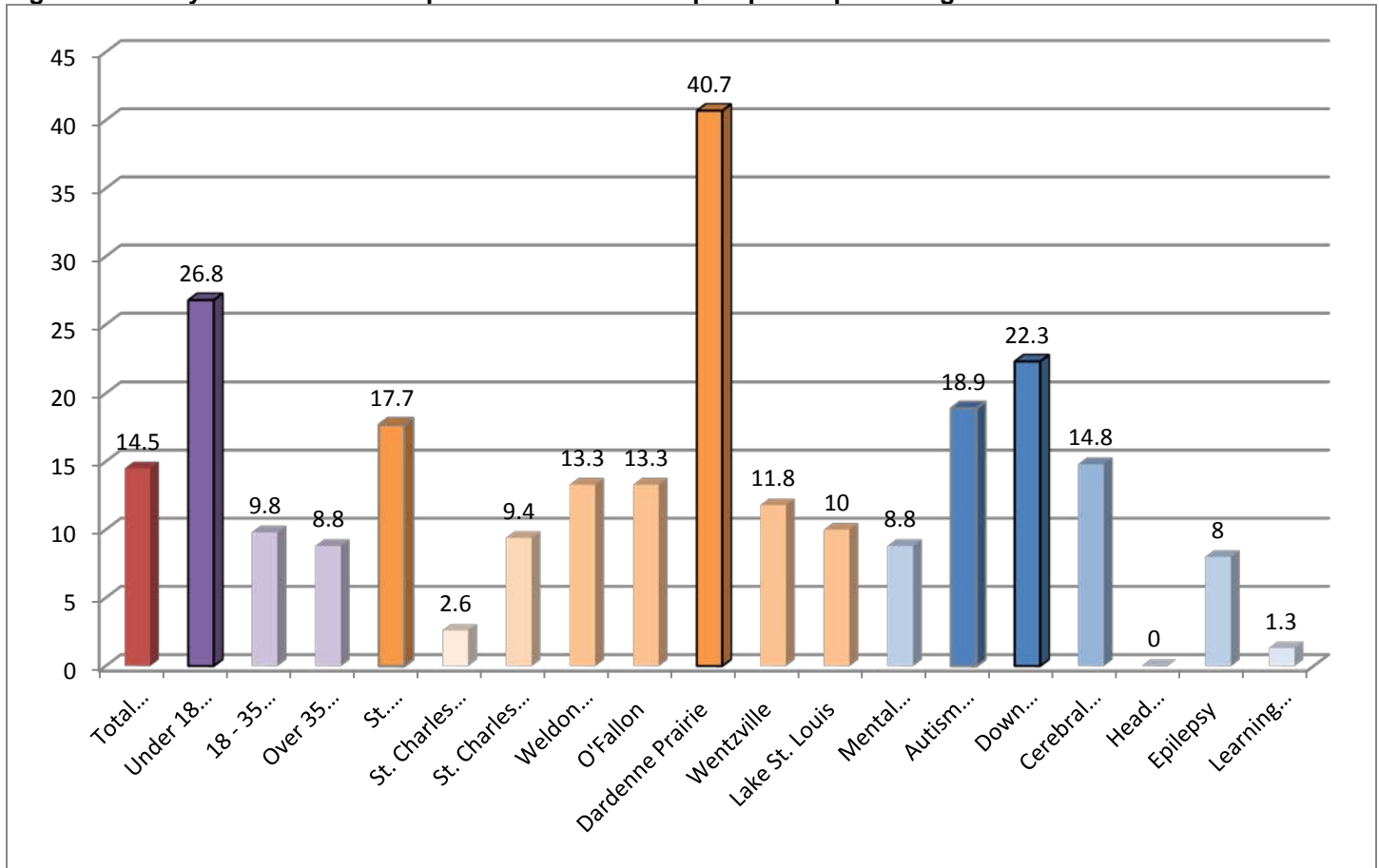


Fig s8b. Facility/Center Based Respite - Overall

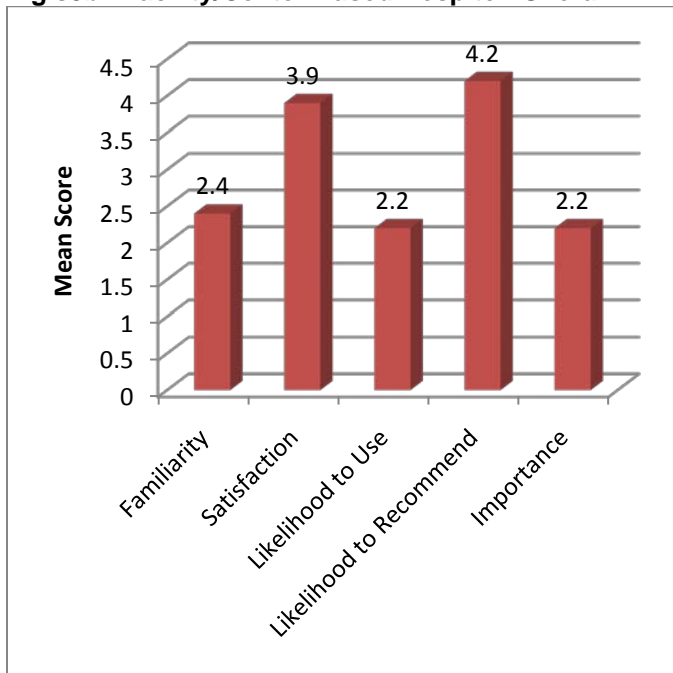


Fig s8c. Facility/Center Based Respite - (Age)

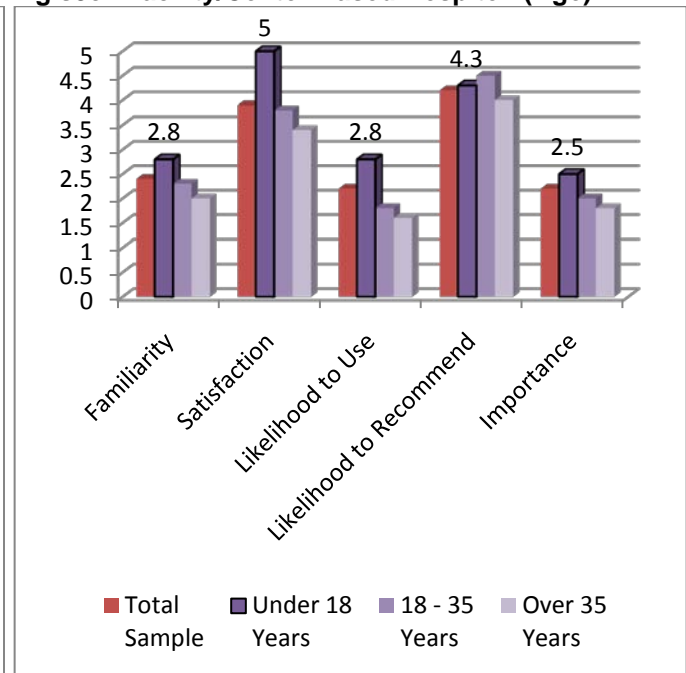


Fig s8d. Facility/Center Based Respite - (At Least 13% Increase)

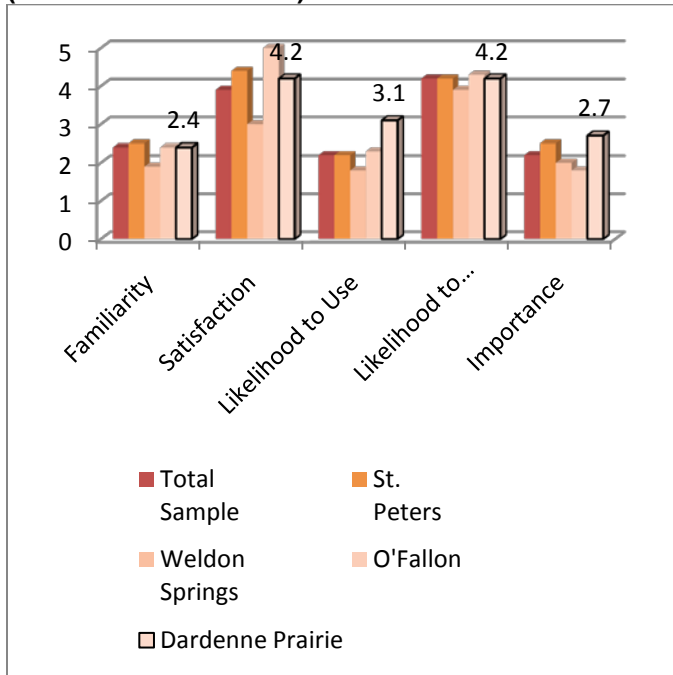
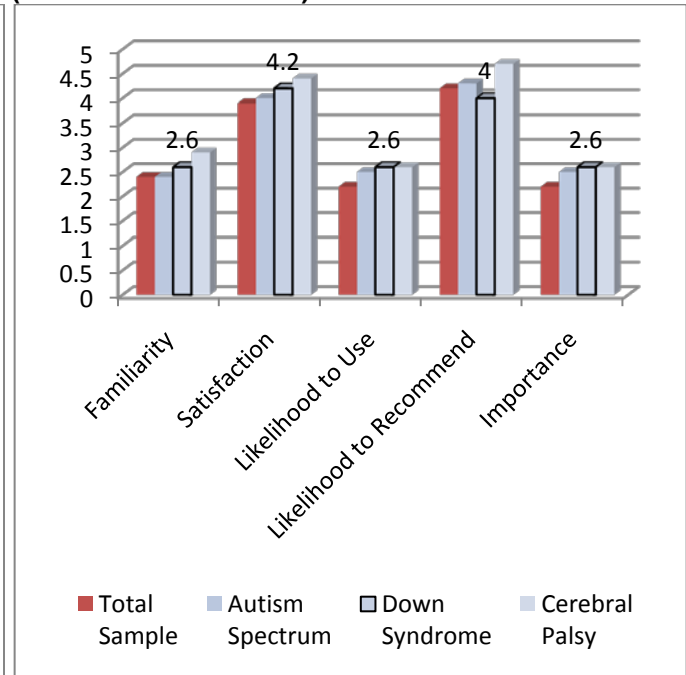


Fig s8e. Facility/Center Based Respite - (At Least 14% Increase)



• **Open-ended comments related to Facility/Center Based Respite focused on**

- Quality of service
 - “We are very pleased concerning services - we hope to utilize summer camps and once a month weekend respite. (When we have funding)”
- Obtaining information about youth services
 - “I would like to learn more about your services like childcare, adaptive equipment, center based respite and therapy”.
- Service modifications
 - “I would like respite where I could drop off than pick up when finished”.
- Needs not being met
 - “respite - in home or out of home”.
 - “I applied for respite care in June and still have not heard back.”
 - “Respite easier to use for people with no family in area”.
- Reimbursement related
 - “I would use respite more if I didn’t have to pay out of pocket and get reimbursed. I usually don’t have the money to pay right away”.

• **Facility/Center Based Respite Summary**

- Average familiarity (2.4, n=337, #8 Overall)
- Below average satisfaction (3.9, n=49, #9 Overall)
- Below average likelihood to use (2.2, n=315, #11 Overall)
- Below average likelihood to recommend (4.2, n=119, #9 Overall)
- Below average importance (2.2, n=262, #12 Overall)
- Use at least once per quarter increased by 14.5% (#10 Overall)
 - Use at least once per quarter increased by at least 40% among
 - Dardenne Prairie residents (40.7%)
 - Above average on all measures
 - Use at least once per quarter increased by at least 20% among
 - Individuals less than 18 years old (26.8%)
 - Above average on all measures
 - Individuals with Down Syndrome (22.3%)
 - Below average likelihood to recommend (4.0, n=22)
 - Use at least once per quarter increased by at least 15% among
 - Individuals with Autism (18.9%)
 - Above average on all measures
 - St. Peters residents (17.7%)

- Above average on all measures
- **Facility/Center Based Respite Conclusions**
 - Moderate performance and moderate relative importance
 - Scored below average on all measures except familiarity
 - Low to moderate relative importance
 - Low level of shared variance with overall satisfaction means that increasing satisfaction with Facility/Center Based Respite will not have as large an effect on overall satisfaction
 - Low increase in expected future use
 - Highest increase expected among Lake St. Louis residents and individuals with Epilepsy
 - Lower than average familiarity and likelihood to use among individuals with Epilepsy
 - Few open-ended comments regarding Facility/Care Based Respite
- **Facility/Center Based Respite Recommendations**
 - Focus less on
 - Accommodating future users
 - Low usage increase (at least once per quarter)
 - Highest usage increase expected in Dardenne Prairie and St. Peters
 - Improving overall Facility/Center Based Respite performance
 - Scored above average for segments with highest expected usage increases
 - Individuals less than 18 years old are extremely satisfied (satisfaction = 5.0)
 - Focus more on
 - Improving Facility/Care Based Respite performance among individuals over 35 years old
 - Moderate to low relative importance and means that improving satisfaction with Facility/Center Based Respite will not have a large effect on overall satisfaction and is a candidate for de-emphasis
 - Further investigating how to improve services
 - For individuals over 35 years old
 - For Weldon Springs residents
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

9. Therapy

Respondents indicating that they would be using Therapy services at least once per week in the next five years increased 12.4% overall when compared to the percentage of respondents that currently use Therapy services. (Fig s9a, Fig s9b, Fig s9c, Fig s9d, and Fig s9e)

Fig s9a. Therapy Use at least once per week percentage increase

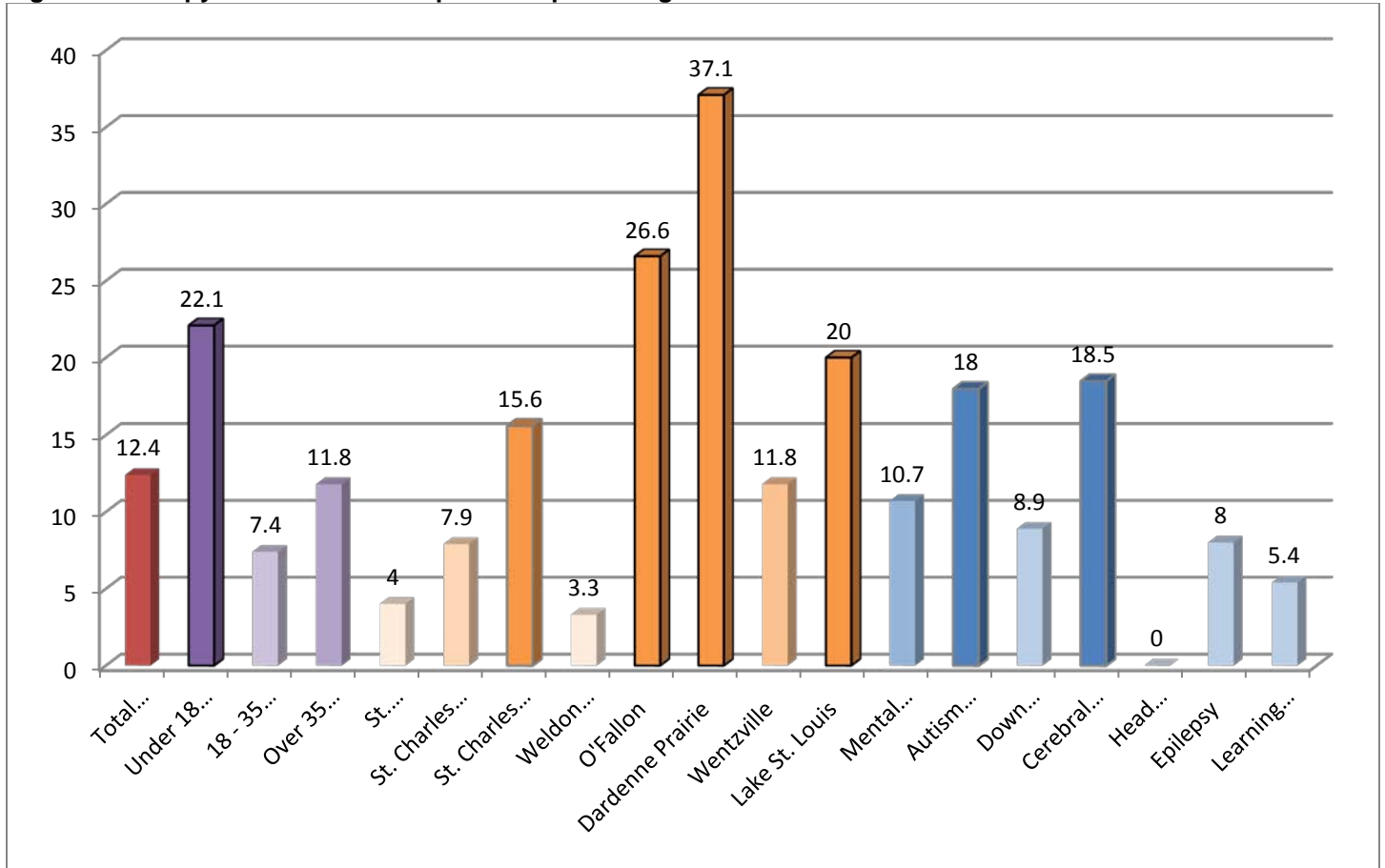


Fig s9b. Therapy - Overall Scores

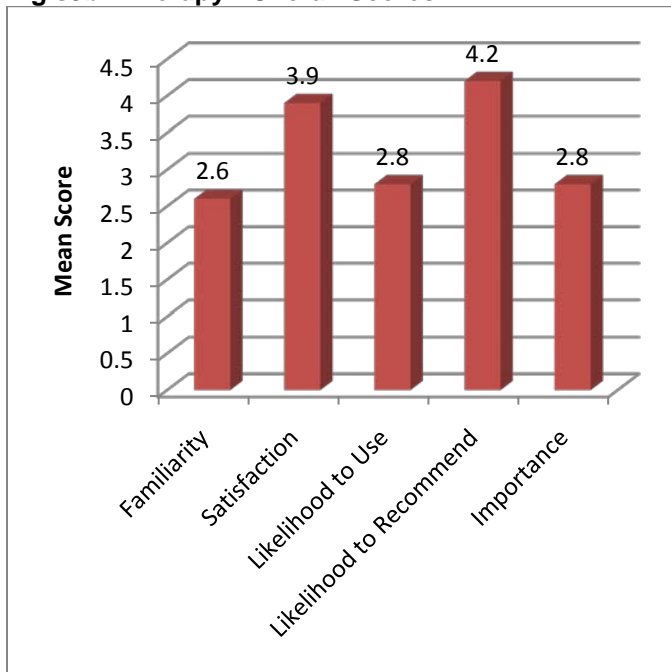


Fig s9c. Therapy - (Age)

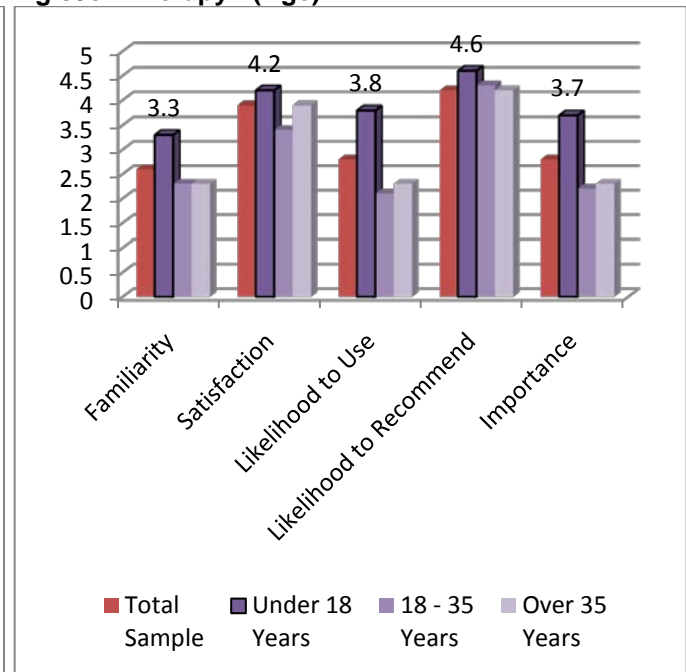


Fig s9d. Therapy - (At Least 15% Increase)

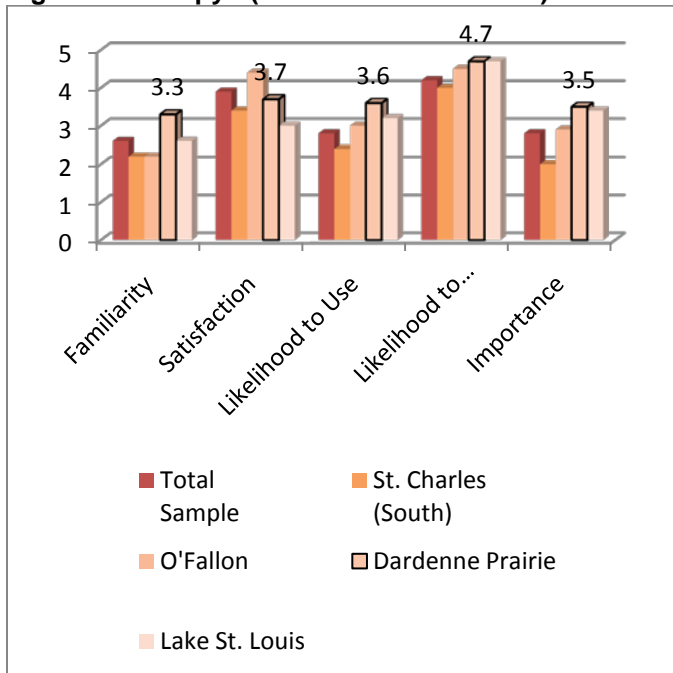
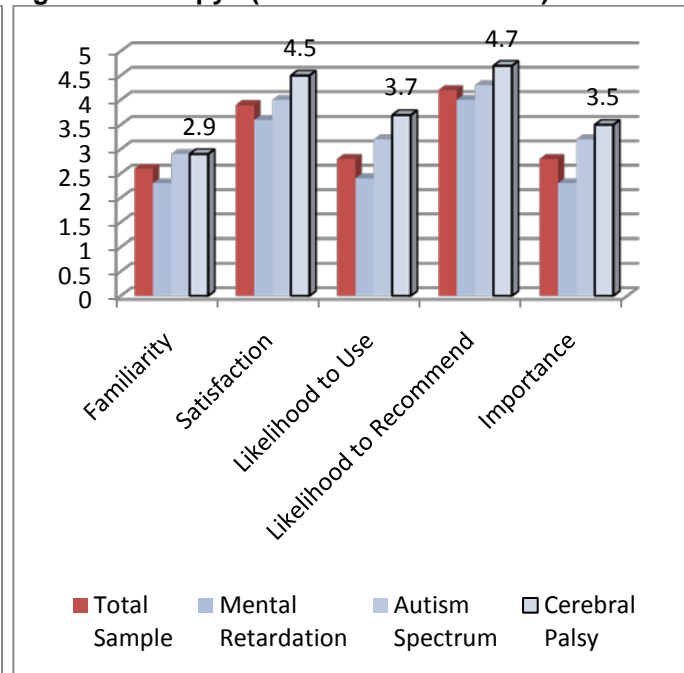


Fig s9e. Therapy - (At Least 10% Increase)



• **Open-ended comments related to Therapy focused on**

- Obtaining information about Therapy and youth related services
 - “Financial assistance or grants available for OT/Therapy”.
 - “Info about adaptive equipment and additional in-home therapy available”.
 - “Adaptive equipment available, such as a scooter for use at the mall, zoo, other outdoor activities, etc. Also, swim lesson therapy”.
 - “I’m not sure what other services are available. There are services mentioned on other side of survey that I’ve never heard of i.e. Therapy, adaptive equipment, transportation, etc.”
 - “Is there OT services available through DDRB?”
- Needs not being met
 - “Need more social therapy for high functioning Asperger’s”.
 - “Therapy and education advocacy”.
 - “[X] is not receiving OT therapy for needs at home. School is providing some access”.
 - “Need more therapy units”.
 - “Therapy outside of school”.
 - “More therapy”.
 - “I would [] like more social skills, pragmatic skills, therapy group.”
 - “Social, speech therapy.”
- Waiting for services, funding related issues
 - “Due to limited funds, no speech therapy”.
 - “[X] could benefit with more therapy and speech. She has been on the funding list for a few years now. It would be awesome to have some sign language as I’m teaching her as she is nonverbal”.
 - “I wish that we had funding so that my son could get more therapy and help me to teach him more social and self-help skills”.
 - “Logan needs PT, but has yet to be awarded this service”.
 - “There’s still services our daughter has been on a waiting list due to funding shortages, such as therapy”.
 - “Been on waiting list for years! Cranialsacral therapy, etc.”
 - “Therapy cost to go down and not have to wait so long for services”.
- Service modifications
 - “RDI therapy is not an approved therapy and we would love to see money become available in the future”.
 - “[X] would benefit from getting involved with volunteering in the community, taking part in more physical or recreational therapy and/or taking part in educational trips with peers”.

- **Therapy Summary**

- Above average familiarity (2.6, n=334, #4 Overall)
- Average satisfaction (3.9, n=103, #8 Overall)
- Above average likelihood to use (2.8, n=321, #4 Overall)
- Average likelihood to recommend (4.2, n=144, #6 Overall)
- Above average importance (2.8, n=273, #3 Overall)
- Use at least once per week increased by 12.4% (#8 Overall)
 - Use at least once per week increased by at least 30% among
 - Dardenne Prairie residents (37.1%)
 - Below average satisfaction (3.7, n=13)
 - Use at least once per week increased by at least 20% among
 - O'Fallon residents (26.6%)
 - Below average familiarity (2.2, n=29)
 - Individuals less than 18 years old (22.1%)
 - Above average on all measures
 - Lake St. Louis residents (20%)
 - Below average satisfaction (3.0, n=1)
 - Use at least once per week increased by at least 15% among
 - Individuals with cerebral palsy (18.5%)
 - Above average on all measures
 - Individuals with Autism (18%)
 - Above average on all measures
 - St. Charles (South) residents (15.6%)
 - Below average familiarity (2.2, n=32)
 - Below average satisfaction (3.4, n=7)
 - Below average likelihood to use (2.4, n=30)
 - Below average likelihood to recommend (4.0, n=11)
 - Below average importance (2.0, n=26)

- **Therapy Conclusions**

- Moderate performance and moderate to low relative importance
 - Scored average to above average on all measures
 - Low to moderate relative importance
 - Low level of shared variance with overall satisfaction means that increasing satisfaction with Therapy services will not have as large an effect on overall satisfaction
- Moderate increase in expected future use
 - Highest increase expected among Dardenne Prairie residents, O'Fallon residents, individuals less than 18 years old, and lake St. Louis residents
 - Below average familiarity in O'Fallon
 - St. Charles (South) scored lower than average on all measures
- Numerous open-ended comments related to
 - Obtaining information about Therapy services
 - Information about Adaptive Equipment also in some of the same comments
 - Therapy needs not being met
 - Long waiting lists and lack of funding

- **Therapy Recommendations**

- Focus less on
 - Improving overall Therapy performance
 - Scored above average on all measures, and above average for segments with highest expected usage increases
 - Moderate to low relative importance means improving overall Therapy performance will have less of an effect on overall satisfaction
- Focus more on
 - Accommodating future (and current) users
 - Moderate usage increase (at least once per week)
 - Highest usage increase expected in Dardenne Prairie, O'Fallon, and among individuals less than 18 years old
 - Increasing access to information related to Therapy services
 - Comments asking for more information about Therapy tend to also ask for information about Adaptive Equipment services

- Therapists indicated as good candidates information sources
- Improving Therapy performance in St. Charles (South)
 - Scored below average on all measures
- Decreasing time spent on waiting lists
- Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions
 - Comments indicate individuals currently use schools for many Therapy related services

10. Adaptive Equipment

Respondents indicating that they would be using Adaptive Equipment services at least once per day in the next five years increased 3.8% overall when compared to the percentage of respondents that currently use Adaptive Equipment services, #6 Overall. (Fig s10a, Fig s10b, Fig s10c, Fig s10d, and Fig s10e)

Fig s10a. Adaptive Equipment Use at least once per day percentage increase

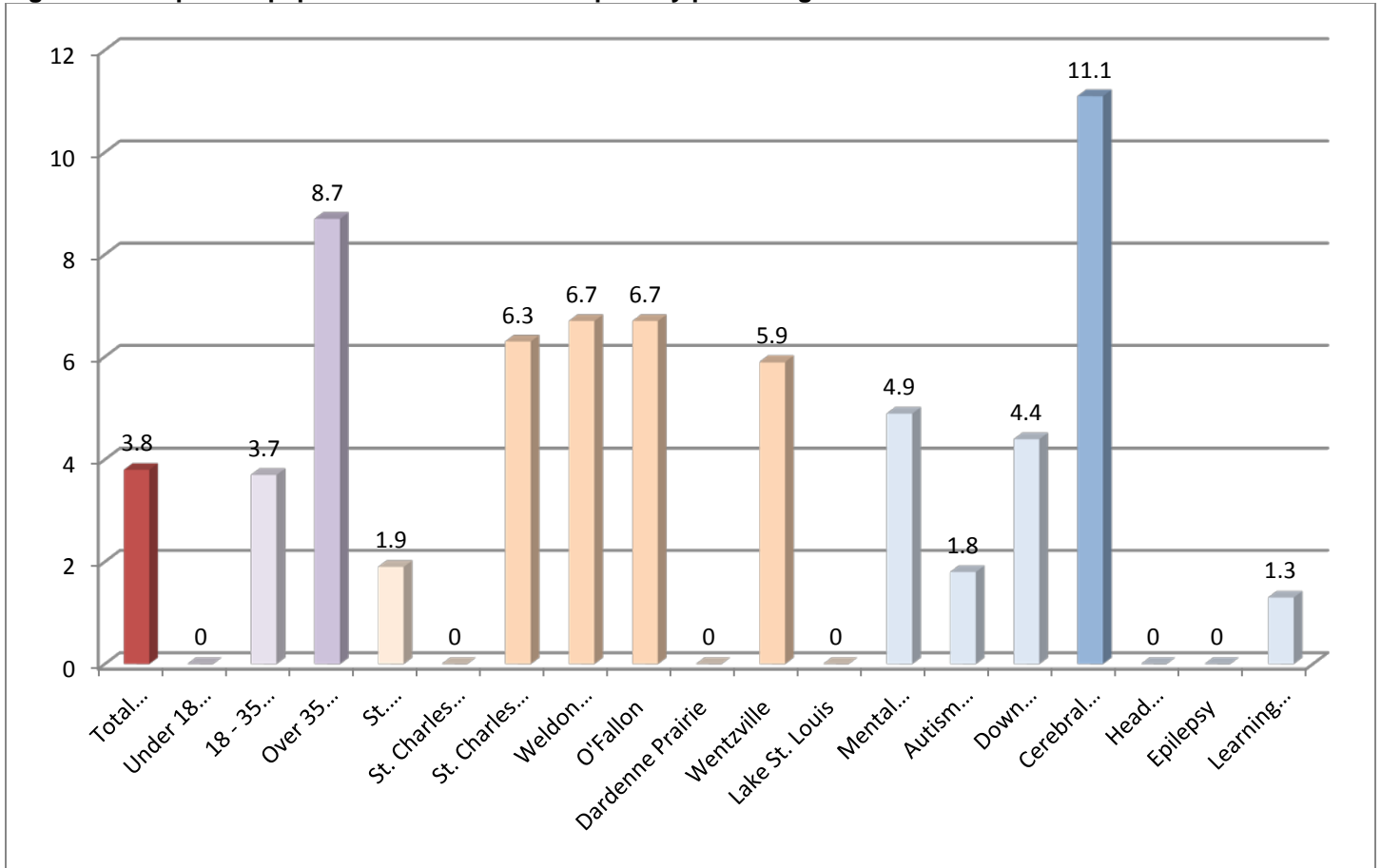


Fig s10b. Adaptive Equipment - Overall Scores

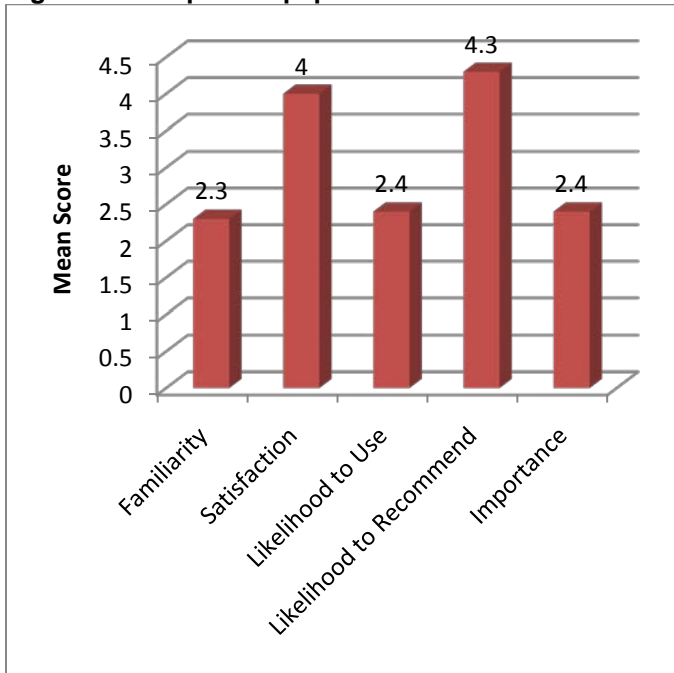


Fig s10c. Adaptive Equipment - (Age)

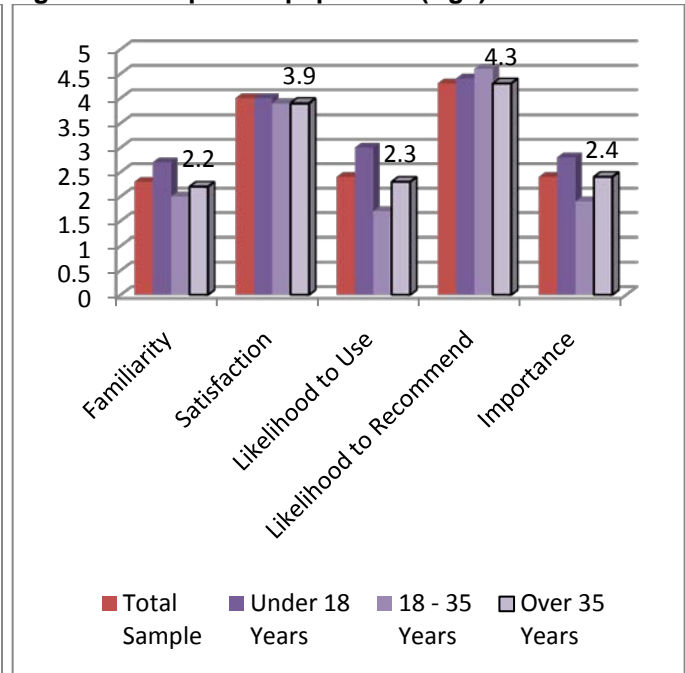


Fig s10d. Adaptive Equipment - (At Least 5% Increase)

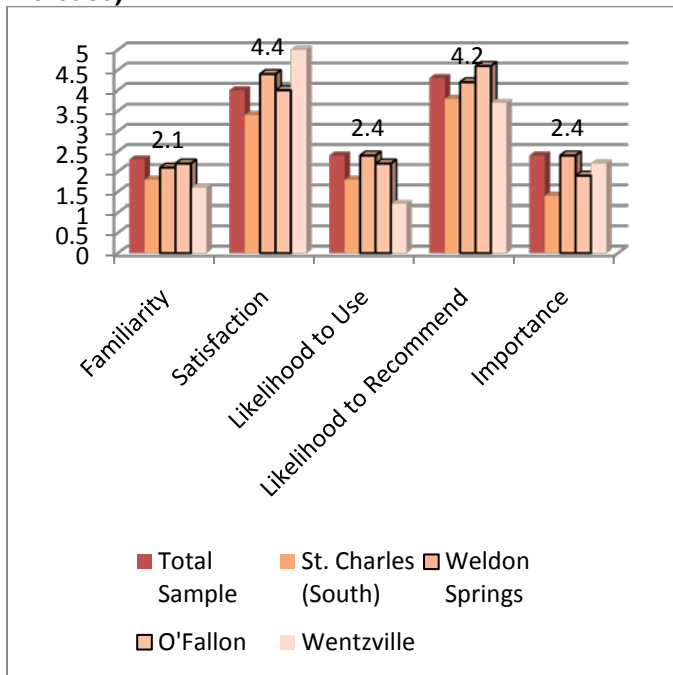
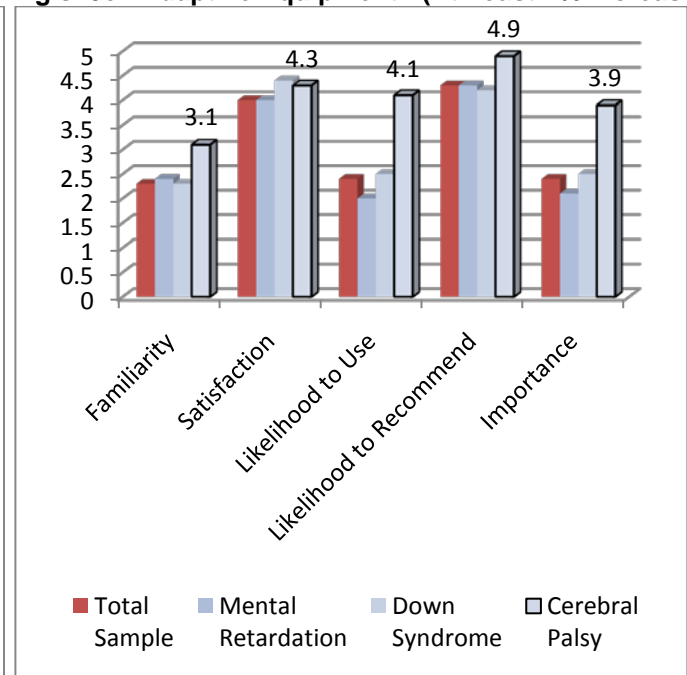


Fig s10e. Adaptive Equipment - (At Least 4% Increase)



- **Open-ended comments related to Adaptive Equipment focused on**
 - Obtaining more information on Adaptive Equipment and related services (e.g. therapy)
 - “Info about adaptive equipment and additional in-home therapy available”.
 - “Adaptive equipment available, such as a scooter for use at the mall, zoo, other outdoor activities, etc.”
 - “I would like to know more about transportation, adaptive equipment and educational advocacy.”
 - Needs not being met
 - “Not enough focus by the case manager on pursuing financing for adaptive equipment in the home (grants etc.)”.
 - “Better case management, educational advocacy, adaptive equipment”.
 - “We have had a rep come out from adapt-ability and he made a list of equipment we needed in our home. It has been over a year and we are still waiting to hear when it will be available.”
 - “Help with adaptive equipment and medical costs and needs.”
- **Adaptive Equipment Summary**
 - Below average familiarity (2.3, n=335, #10 Overall)
 - Average satisfaction (4.0, n=90, #5 Overall)
 - Below average likelihood to use (2.4, n=316, #8 Overall)
 - Average likelihood to recommend (4.3, n=134, #5 Overall)
 - Average importance (2.4, n=257, #6 Overall)
 - Use at least once per day increased by 3.8% (#6 Overall)
 - Use at least once pre day increased by at least 10% among
 - Individuals with cerebral palsy (11.1%)
 - Scored above average on all measures
- **Adaptive Equipment Conclusions**
 - Moderate to high performance and low relative importance
 - Scored average on
 - Satisfaction
 - Likelihood to recommend
 - Importance
 - Scored below average on
 - Familiarity
 - Likelihood to Use
 - Low relative importance

- Low level of shared variance with overall satisfaction means that increasing satisfaction with Adaptive Equipment services will not have as large an effect on overall satisfaction
 - Moderate increase in expected future use
 - Highest increase expected among individuals with Cerebral Palsy and Individuals over 35 years old
 - Above average on all measure for individuals with Cerebral Palsy
 - Individuals over 35 years old scored slightly lower than average on
 - Familiarity
 - Satisfaction
 - Likelihood to use
 - St. Charles (South) scored lower than average on all measures
 - Open-ended comments related to
 - Obtaining information about Adaptive Equipment services
 - Waiting lists and lack of funding
- **Adaptive Equipment Recommendations**
 - Focus less on
 - Improving overall Adaptive Equipment performance
 - Moderate to high performance and low relative importance
 - Segments with highest expected usage increase scored either above average or only slightly below average on all measures
 - Focus more on
 - Accommodating future users
 - Moderate to high usage increase (at least once per day)
 - Highest usage increase expected among individuals with Cerebral Palsy and individuals over 35 years old
 - Increasing access to information related to Adaptive Equipment services
 - Comments asking for more information about Adaptive Equipment tend to also ask for information about Therapy services
 - Improving Adaptive Equipment performance in St. Charles (South)
 - Scored below average on all measures
 - Decreasing time spent on waiting lists
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

11. Transportation

Respondents indicating that they would be using Transportation services at least once per day in the next five years increased 11.7% overall when compared to the percentage of respondents that currently use Transportation services, #2 Overall. (Fig s11a, Fig s11b, Fig s11c, Fig s11d, and Fig s11e)

Fig s11a. Transportation Use at least once per day percentage increase

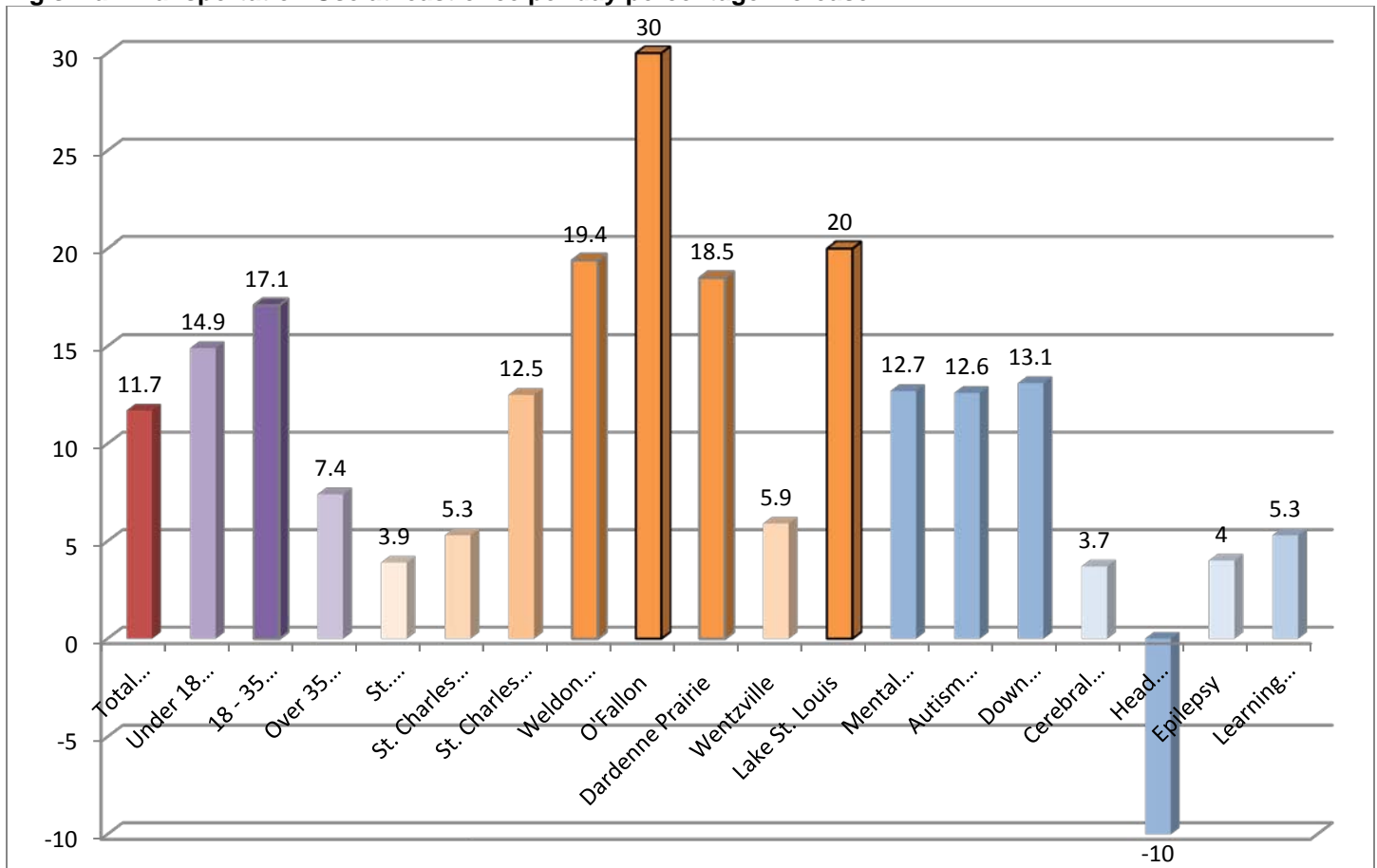


Fig s11b. Transportation - Overall Scores

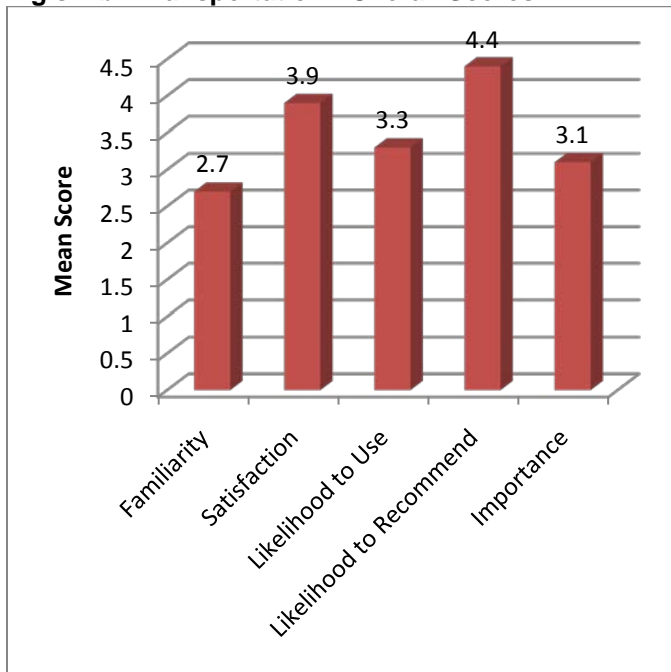


Fig s11c. Transportation - (Age)

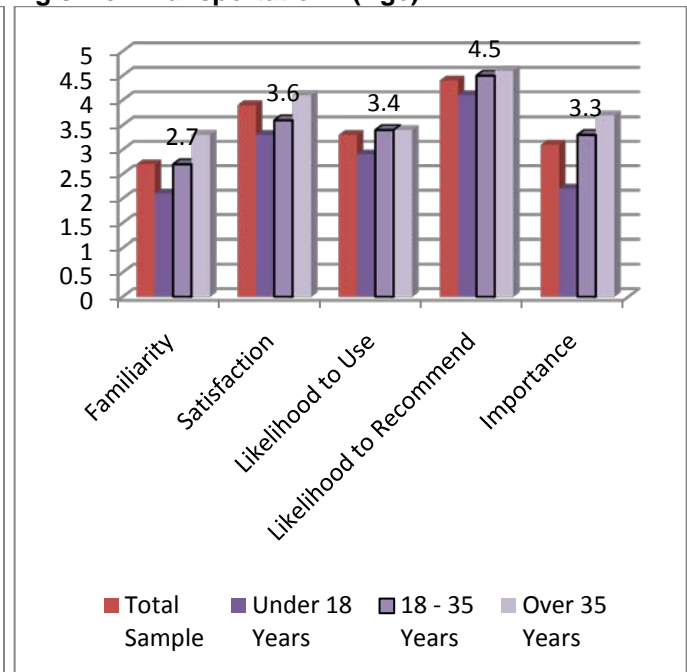


Fig s11d. Transportation - (At Least 15% Increase)

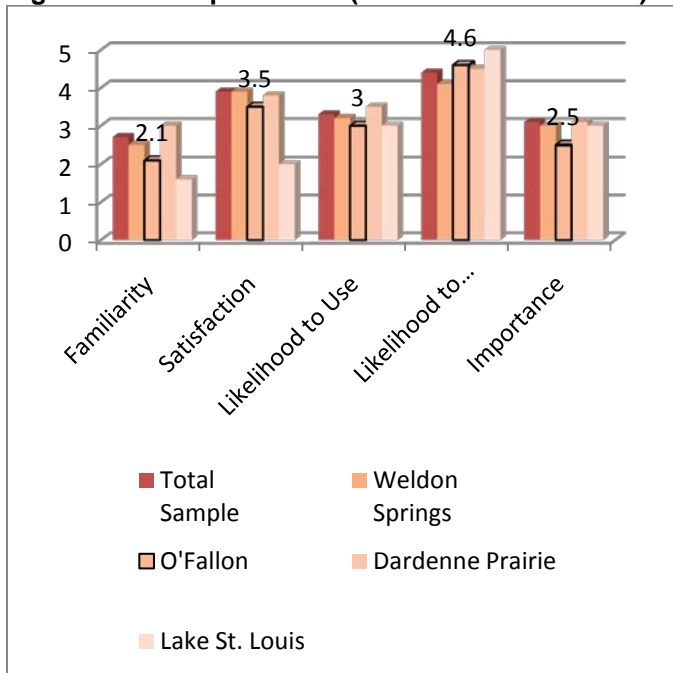
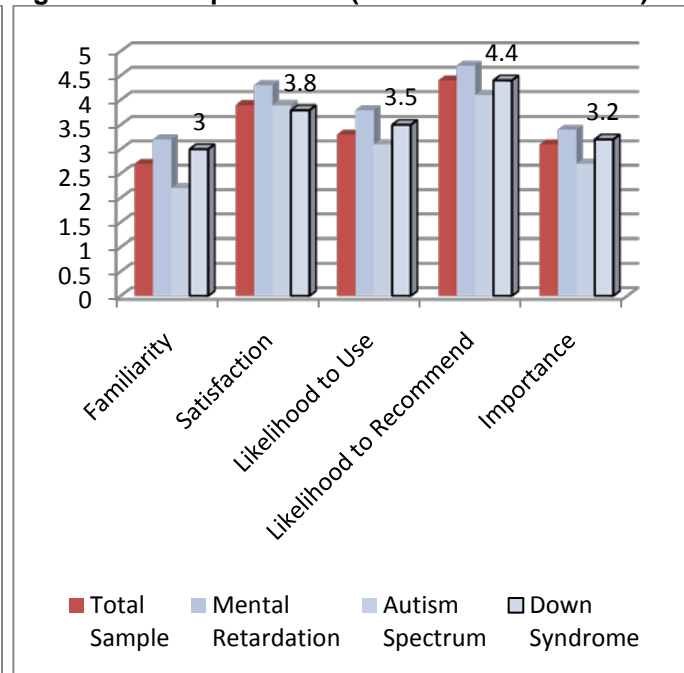


Fig s11e. Transportation - (At Least 10% Increase)



• **Open-ended comments related to Transportation focused on**

- Obtaining information on Transportation
 - “Roommates - Independent living facilities - Affordable transportation routes”.
 - “Any transportation services”.
 - “Transportation services available in St. Charles County.”
- Need for more Transportation
 - “Before he got a driver’s license, we searched, without success for any way to get him to work and back besides a \$25 one-way cab ride. Transportation services for the disabled are needed badly”.
 - “Transportation is vital”.
 - “Lack of public transportation, and social groups, sex education”.
 - “Our need for transportation to/from work at BCI is our greatest need”.
 - “We need transportation in St. Charles Co. for people with disabilities that don’t drive. We need more ILA services available”.
 - “I have no insurance, no job and no transportation”.
 - “The main thing right now is transportation to and from school”.
 - “Transportation that is affordable and available”.
 - “Transportation. Mike was receiving free transportation before he moved to St. Charles. Now we have to find his transportation”.
 - “At this time my family and I are having transportation problems, vehicle broke down”.
 - “Easier transportation”.

• **Transportation Summary**

- Above average familiarity (2.7, n=341, #3 Overall)
- Average satisfaction (3.9, n=124, #7 Overall)
- Above average likelihood to use (3.3, n=334, #2 Overall)
- Above average likelihood to recommend (4.4, n=167, #4 Overall)
- Above average importance (3.1, n=276, #2 Overall)
- Use at least once per day increased by 11.7% (#2 Overall)
 - Use at least once per day increased by at least 20% among
 - O’Fallon residents (30%)
 - Below average familiarity (2.1, n=29)
 - Below average satisfaction (3.5, n=4)
 - Below average likelihood to use (3.0, n=30)
 - Below average importance (2.5, n=24)
 - Lake St. Louis residents (20%)
 - Below average familiarity (1.6, n=10)
 - Below average satisfaction (2.0, n=1)

- Below average likelihood to use (3.0, n=9)
 - Below average importance (3.0, n=5)
 - Use at least once per day increased by at least 15% among
 - Weldon Springs residents (19.4%)
 - Below average familiarity (2.5, n=29)
 - Below average likelihood to use (3.2, n=29)
 - Below average likelihood to recommend (4.1, n=14)
 - Below average importance (3.0, n=28)
 - Dardenne Prairie residents (18.5%)
 - Below average satisfaction (3.8, n=10)
 - Individuals between 18 and 35 years old (17.1%)
 - Below average satisfaction (3.6, n=31)
- **Transportation Conclusions**
 - Moderate performance and high relative importance
 - Scored above average on all measures
 - Moderate performance
 - Lowest scoring measure was satisfaction
 - High relative importance
 - High level of shared variance with overall satisfaction means that increasing satisfaction with Transportation services will have a large effect on overall satisfaction
 - High increase in expected future use
 - Highest increase expected among O'Fallon, Lake St. Louis, Dardenne Prairie, and Weldon Springs residents, as well as individuals less than 35 years old
 - Scored below average on all measures for individuals less than 18 years old
 - Below average scores on most measures except in Dardenne Prairie
 - Many open-ended comments related to
 - Lack of Transportation services
 - Obtaining information about Transportation services
 - Increasing Transportation would make it easier to use other services
- **Transportation Recommendations**
 - Focus less on
 - Providing information about Transportation services
 - High familiarity
 - Focus more on
 - Accommodating future users
 - High usage increase (at least once per day)
 - Lowest regional increase in St. Peters, St. Charles, and Wentzville
 - Improving Transportation performance
 - Focus on prioritizing Transportation among
 - O'Fallon and Lake St. Louis Residents
 - Individuals less than 35 years old
 - Scored lower than average on all measures in St. Charles (South)
 - High relative importance indicates that improving satisfaction with transportation services will have a large effect on overall satisfaction
 - Comments indicate that the lack of Transportation services in St. Charles County make it difficult to use other services
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Transportation services are shared by both youth focused and adult focused dimensions
 - Improved Transportation services can help bridge the gap between youth and adult services by providing a smoother transition to those services

12. Educational Advocacy

Respondents indicating that they would be using Educational Advocacy services at least once per year to once per quarter in the next five years increased 9.6% overall when compared to the percentage of respondents that currently use Educational Advocacy services. (Fig s12a, Fig s12b, Fig s12c, Fig s12d, and Fig s12e)

Fig s12a. Educational Advocacy Use at least once per year to once per quarter percentage increase

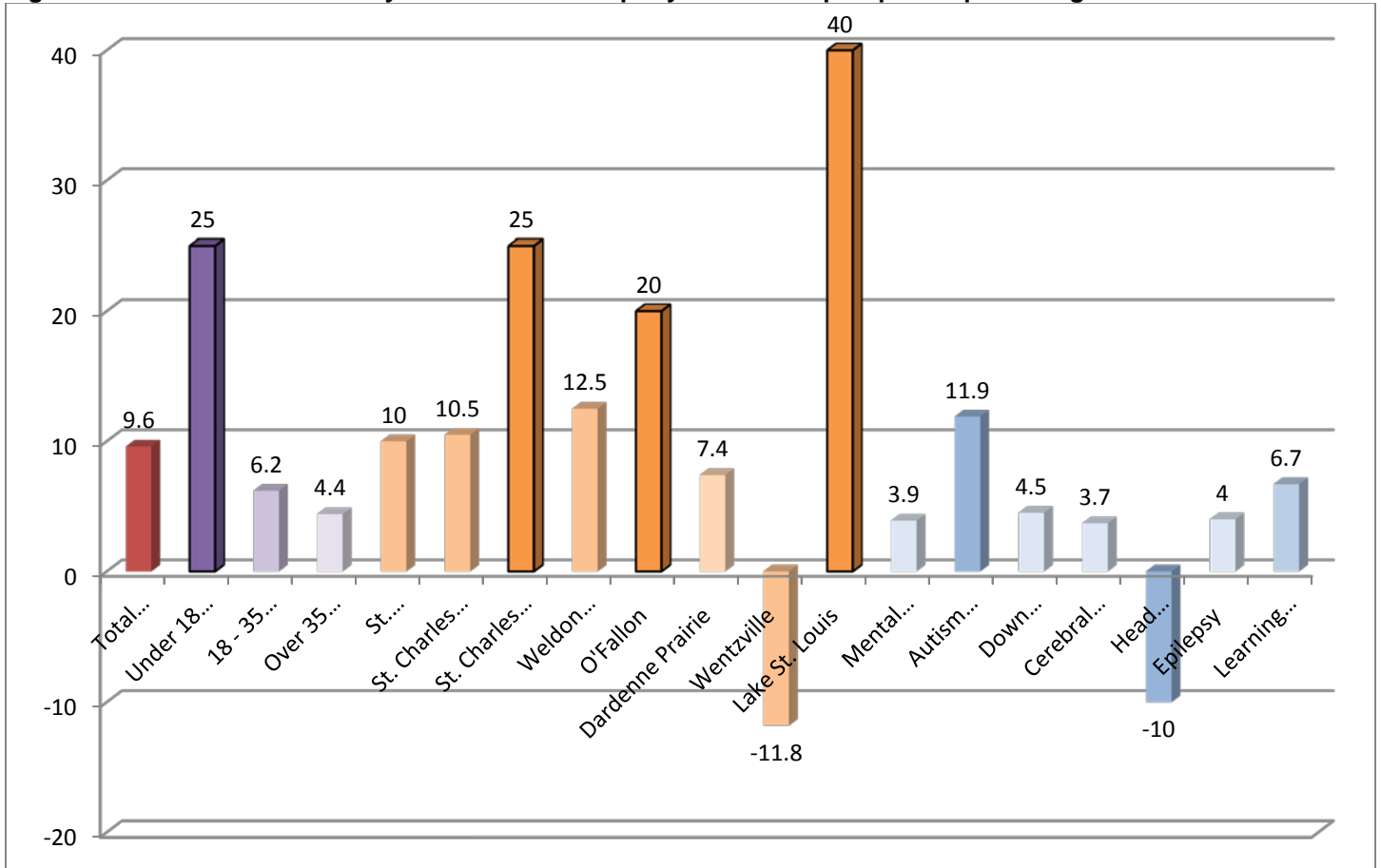


Fig s12b. Educational Advocacy - Overall Scores

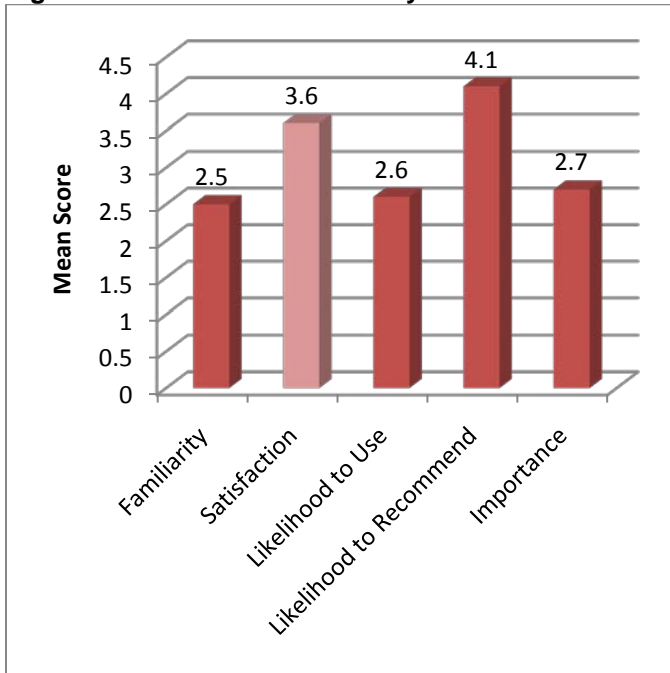


Fig s12c. Educational Advocacy - (Age)

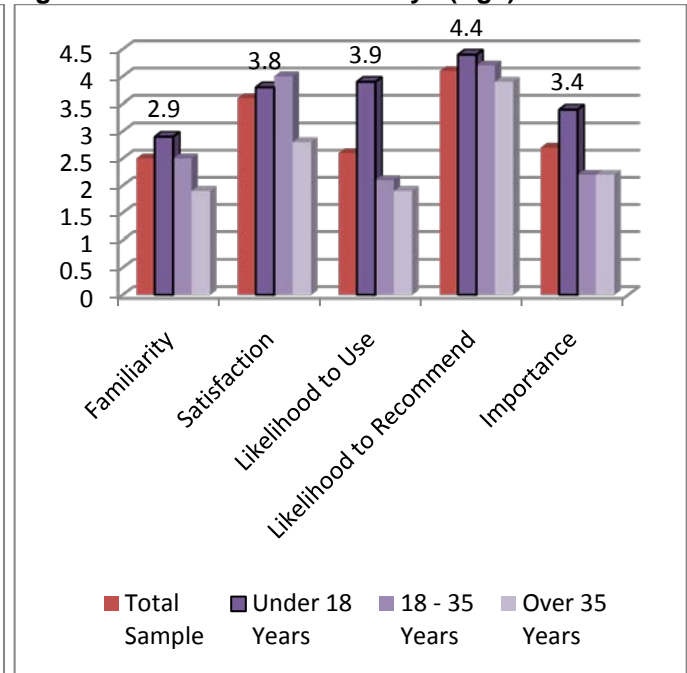


Fig s12d. Educational Advocacy - (At Least 20% Increase)

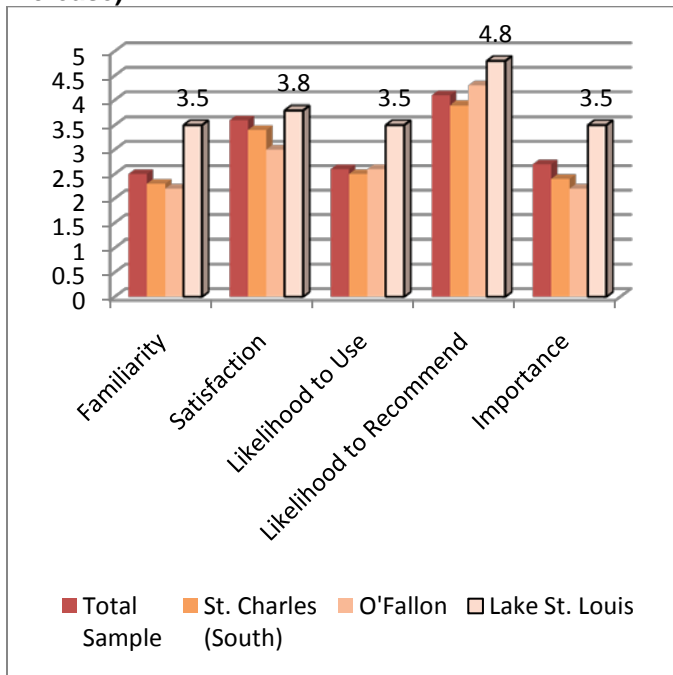
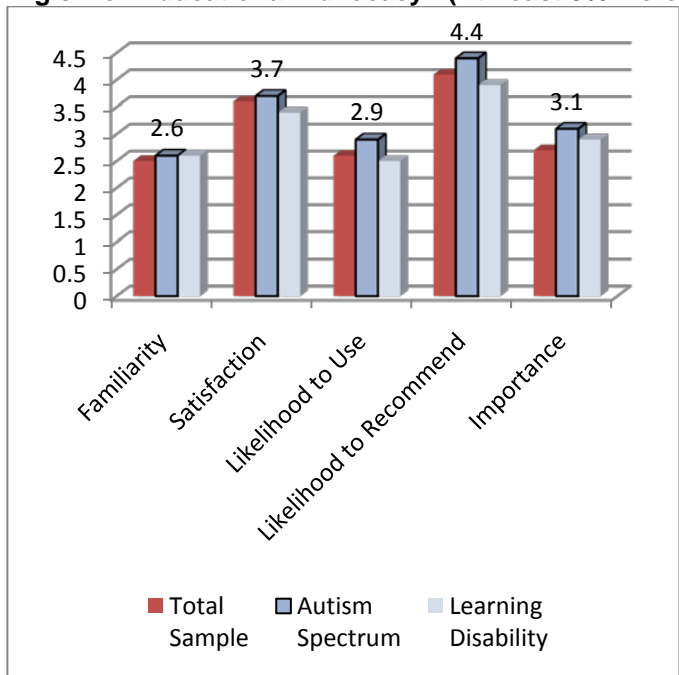


Fig s12e. Educational Advocacy - (At Least 5% Increase)



- **Open-ended comments relating to Educational Advocacy focused on**
 - Obtaining more information about Educational Advocacy and related services
 - “Educational services for [X]”.
 - “I am mild in disability, I need educational opportunities to improve my skills and find a good job for life”.
 - “Educational advocacy, information, community awareness of what is in place to help!”
 - Educational needs not being met
 - “Therapy and education advocacy”.
 - “Currently all of [X]’s needs are addressed EXCEPT he needs a program to address his educational needs better.”
 - “Education on disability on how to work with behaviors in high functioning Asperger’s”.
 - “Acting on getting more education and transportation”.
 - “Classes, continuing education for families would be great. We have 3 typical children who also need support and currently have no services. Ages 8, 15, and 19 years old”.
 - “Communication - Updates on progress in reg. Education classrooms”.
 - “Provide financial guidance programs, information/education in written format”.
- **Educational Advocacy Summary**
 - Average familiarity (2.5, 334, #5 Overall)
 - Below average satisfaction (3.6, n=94, #12 Overall)
 - Average likelihood to use (2.6, n=319, #5 Overall)
 - Below average likelihood to recommend (4.1, n=142, #10 Overall)
 - Average importance (2.7, n=265, #5 Overall)
 - Use at least once per year to once per quarter increased by 9.6% (#12 Overall)
 - Use at least once per year to once per quarter increased by at least 30% among
 - Lake St. Louis residents (40%)
 - Above average on all measures (low total answering)
 - Use at least once per year to once per quarter increased by at least 20% among
 - Individuals under 18 years old (25%)
 - Above average on all measures
 - St Charles (South) residents (25%)
 - Below average familiarity (2.3, n=31)
 - Below average satisfaction (3.4, n=8)
 - Below average likelihood to use (2.5, n=29)
 - Below average likelihood to recommend (3.9, n=15)
 - Below average importance (2.4, n=25)

- O'Fallon residents (20%)
 - Below average familiarity (2.2, n=29)
 - Below average satisfaction (3.0, n=4)
 - Below average importance (2.2, n=24)
- **Educational Advocacy Conclusions**
 - Low performance and moderate to high relative importance
 - Low performance
 - Lowest scoring measure was satisfaction
 - Scored average to below average on all measures
 - Below average satisfaction
 - Below average likelihood to recommend
 - High relative importance
 - High level of shared variance with overall satisfaction means that increasing satisfaction with Educational Advocacy services will have a larger effect on overall satisfaction
 - Low increase in expected future use (at least once per year)
 - Highest increase expected among Lake St. Louis and St. Charles (South) residents individuals less than 18 years old, and O'Fallon residents
 - Scored above average on all measures for Lake St. Louis residents and individuals less than 18 years old
 - Below average scores on all measures in St. Charles (South)
 - Open-ended comments related to
 - Obtaining more information on Education Advocacy services
 - Conflating General Education (e.g. school) with Educational Advocacy
- **Educational Advocacy Recommendations**
 - Focus less on
 - Accommodating future users
 - Low future usage increase
 - Improving Educational Advocacy performance
 - Among Lake St. Louis residents
 - Lake St. Louis residents indicated that Schools are the best way to receive information
 - Among individuals with Autism
 - Focus more on
 - Improving Educational Advocacy awareness
 - Develop clear distinctions between Education and Educational Advocacy
 - Improving Educational Advocacy performance
 - Among St. Charles (South) residents
 - St. Charles (South) residents indicated that Schools are the best way to receive information
 - Among O'Fallon residents
 - High relative importance indicates that improving satisfaction with transportation services will have a larger effect on overall satisfaction
 - Comments indicate that respondents seem to use Educational Advocacy and Educational Needs interchangeably
 - Further investigate the disconnect between Education and Educational Advocacy

13. Case Management

Respondents indicating that they would be using Case Management services at least once per year in the next five years decreased 8.1% overall when compared to the percentage of respondents that currently use Case Management services. (Fig s13a, Fig s13b, Fig s13c, Fig s13d, and Fig s13e)

Fig s13a. Case Management Use at least once per year percentage increase

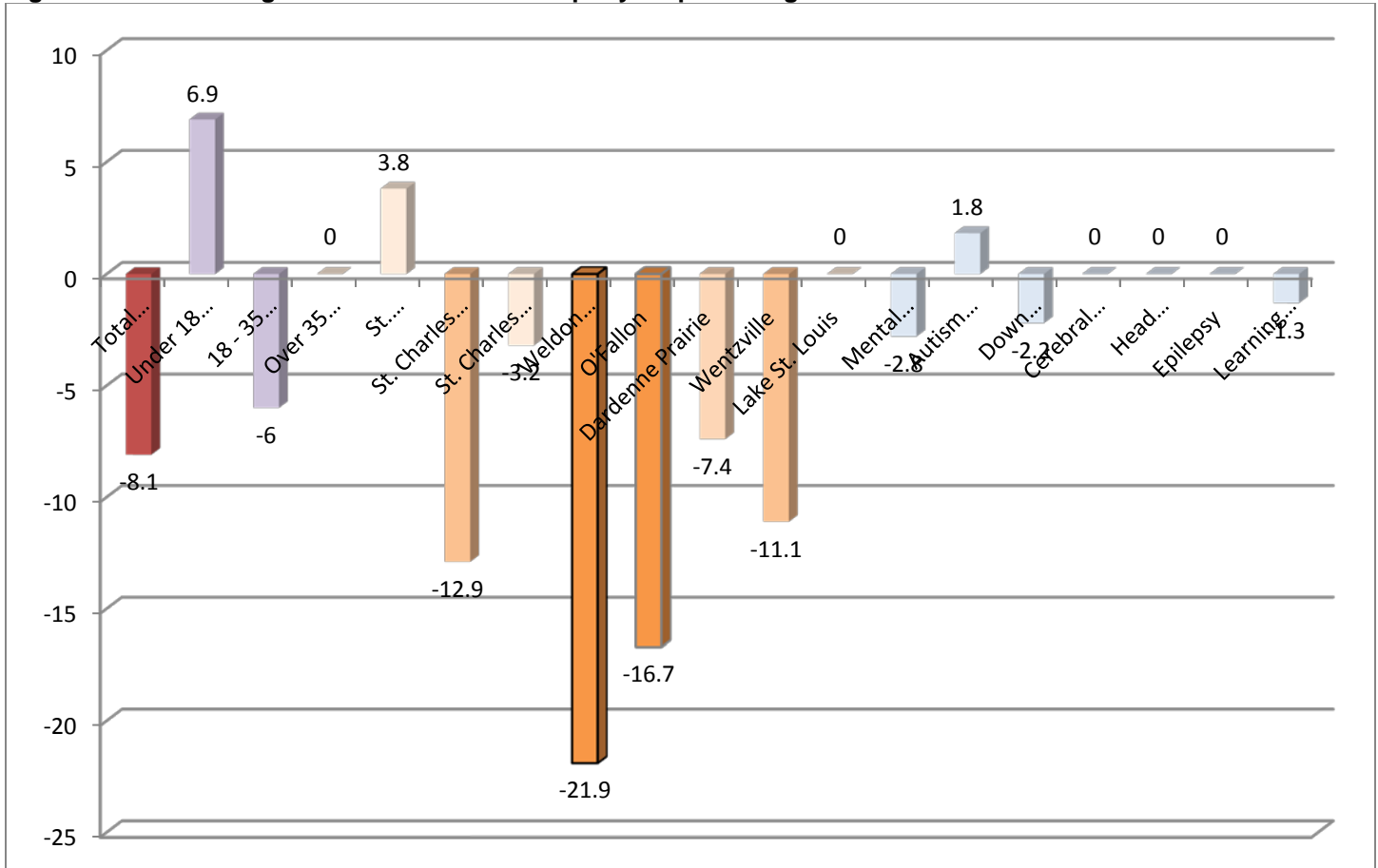


Fig s13b. Case Management - Overall Scores

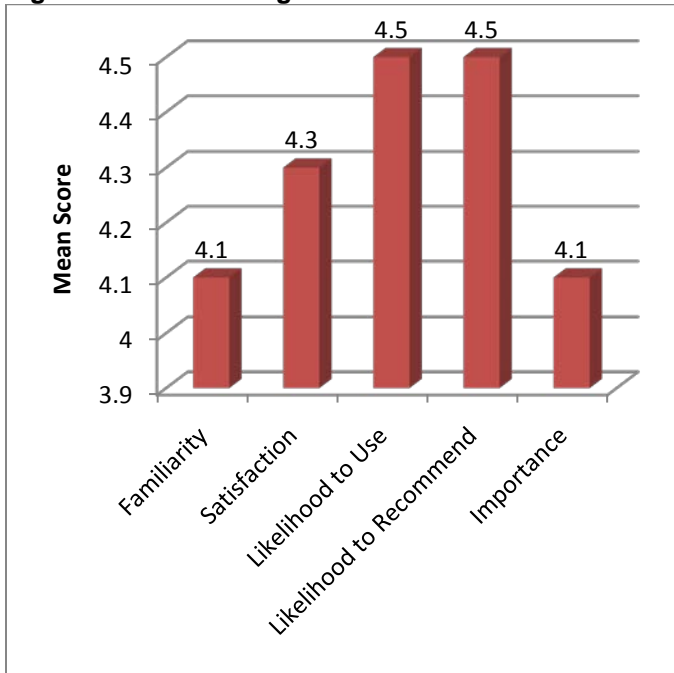


Fig s13c. Case Management - (Age)

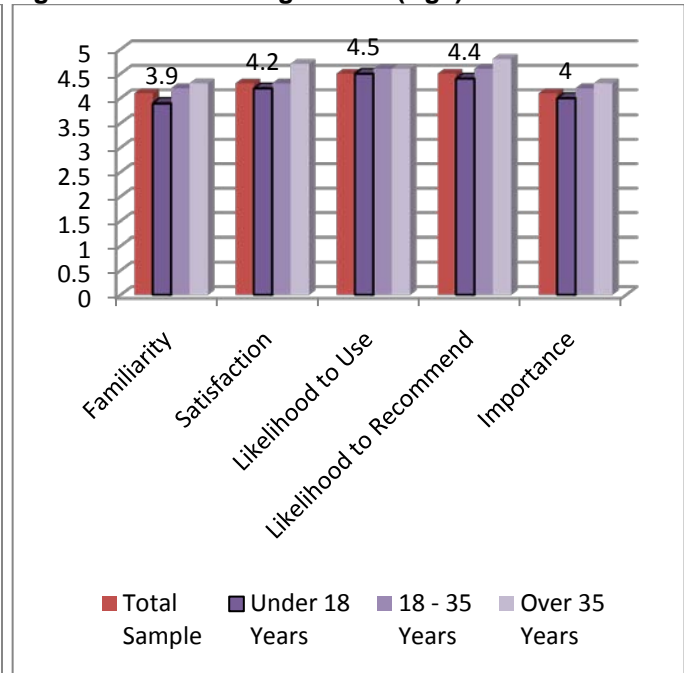


Fig s12d. Case Management - (At Least 10% Decrease)

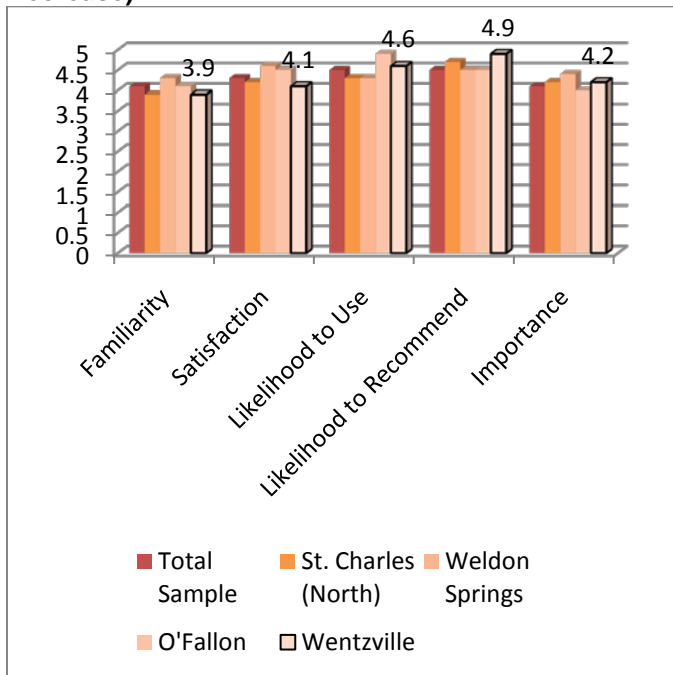
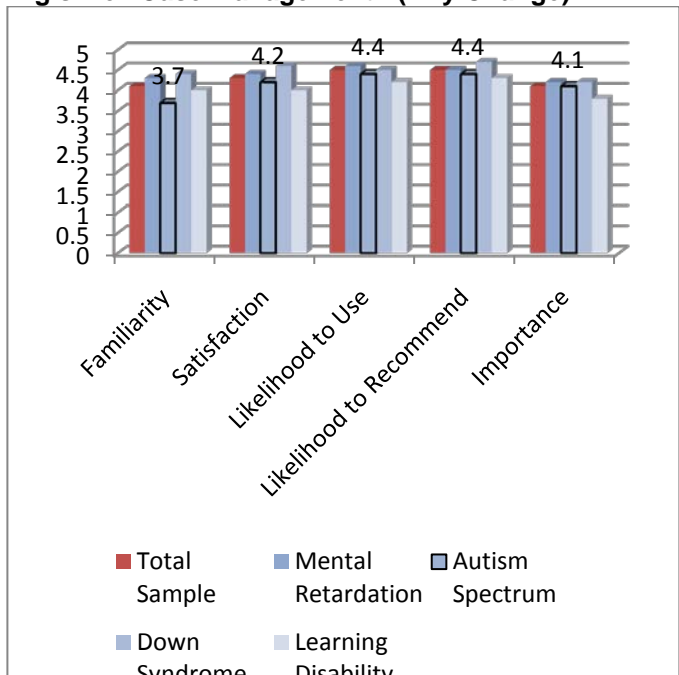


Fig s12e. Case Management - (Any Change)



- **Open-ended comments related to Case Management focused on**
 - Efficiency/Management of case workers
 - “Less turnover among case managers. This will enable them to complete tasks”.
 - “Would be nice if DDRB management would follow up with facilities regarding case manager’s duties being done promptly and providing assistance to consumers in need of assistance”.
 - “Making sure the case workers are fully knowledgeable about all necessary services”.
 - “I would like to see a little more follow up with my case. I feel like there was not very good communication in the past years.”
 - “When a case manager goes out on medical leave no one works their files. The individualized plan was a joke as the wait list was. Never had any services except rec, council!”
 - “I am not certain. I have researched things on web etc... and communicated with my case manager to correct things after I did that; she did and my plan is written. I would hope that she is keeping track of any funding and my son case along with the others”.
 - Quality of case managers/management
 - “The people who help me and my case manager are all wonderful. I just need more hours. Please consider letting me stay in my own house instead of going to a home. I don’t know if any could give me the care I get here. Very very grateful for your help”.
 - “We are very pleased with both agencies and especially our case manager”.
 - “[X] has an excellent case manager”.
 - “I like my case worker”.
 - “My case manager [X] is constantly updating me on current info. In the field of autism, he sends me info/emails whenever something comes up, he is so helpful and pro-active”.
 - “My case manager provides all of my needs”.
 - “We could not be happier with our case manager. Rebecca is very helpful and helps us find in home respite which is very helpful financially”.
 - Needs not being met/improvements
 - “Be contacted 1x per month by case worker”.
 - “More contact with case worker. Phone calls returned”.
 - “I’m not receiving the support I would like from case management”.
 - “Having a case manager has only allowed me to get \$300 two summers ago through Rec. Council and her support initially (case manager)”.
 - “A better case manager who helps us instead of one who tries to remove us from the benefits”.
 - “We do not understand all of the services. We are now on our 3rd case manager. WE are very disheartened because this is to be of some help and it has not been”.
 - “I need better case management”.
 - “Not enough focus by the case manager on pursuing financing for adaptive equipment in the home. (grants etc.)”.

- “Seek to change from Regional center to DDRB for case management”.
- “Case manager needs to get things done in a timely manner. A lot of times I have to email, ask and plead to get things done”.
- “Regional Center case manager won’t help. I suggest DDRB instead. I feel I have to ask my case manager for services instead of her suggesting services”.

- **Case Management Summary**

- Above average familiarity (4.1, n=347, #1 Overall)
- Above average satisfaction (4.3, n=298, #2 Overall)
- Above average likelihood to use (4.5, n=337, #1 Overall)
- Above average likelihood to recommend (4.5, n=294, #1 Overall)
- Above average importance (4.1, n=311, #1 Overall)
- Use at least once per year decreased by 8.1% (#13 Overall)
 - Use at least once per year decreased by at least 15% among
 - Weldon Springs residents (-21.9%)
 - Below average likelihood to use
 - O’Fallon residents (-16.7%)
 - Below average importance (4.0, n=29)
 - Use at least once per year decreased by at least 10% among
 - St. Charles (North) residents (-12.9%)
 - Below average familiarity (3.9, n=38)
 - Below average satisfaction (4.2, n=34)
 - Below average likelihood to use (4.3, n=38)
 - Wentzville residents (-11.1%)
 - Below average familiarity (3.9, n=18)
 - Below average satisfaction (4.1, n=16)

- **Case Management Conclusions**

- High performance and highest relative importance
 - High performance
 - Scored above a 4.0 on all measures
 - Highest relative importance
 - Highest level of shared variance with overall satisfaction means that increasing (or decreasing) satisfaction with Case Management services will have the largest effect on overall satisfaction
- Lowest increase in expected future use (at least once per year)
 - Lowest expected increase
 - Only service with future usage decrease
 - Largest decreases are among
 - Weldon Springs residents
 - O’Fallon residents
 - Future usage expected to increase among
 - Individuals currently less than 18 years old
 - St. Peters residents
 - Scored above average on all measures except importance
 - Individuals with Autism
 - Below average familiarity
- Open-ended comments related to
 - Efficiency/Management of Case Workers
 - Quality of Case Management services and Case Managers
 - Case Management needs not being met

- **Case Management Recommendations**

- Focus less on
 - Accommodating future users
 - Lowest future usage increase among all services
 - Only service with overall usage decrease
 - Improve overall Case Management performance
 - Scored above average (top three) on all measures
- Focus more on
 - Maintaining Case Management performance

- Highest relative importance indicates that keeping satisfaction with Case Management services high will have the largest effect on overall satisfaction
- Comments indicate that Case Management perceptions vary widely depending on the case worker
 - Focus on improving management of individual Case Workers
- Using Case Management services to help individuals with developmental disabilities bridge the service gap when transitioning between youth-orientated services and adult-orientated services (Table 9c)
 - Case Management and Transportation span both underlying service dimensions

VI. Recommendations

1. General Recommendations

- **PRI's recommendations include the following:**
 - Segment service needs According to
 - Age (less than 18, 18 to 35, and over 35)
 - Youth orientated services include (less than 18):
 - Therapy
 - In Home Respite
 - Childcare
 - Adaptive Equipment
 - Educational Advocacy
 - Facility/Center Based Respite
 - Adult orientated services include
 - Sheltered Workshop Employment
 - Independent Living
 - Adult Day Program
 - Residential/Group Home
 - Community Employment
 - Services that span both service areas include
 - Transportation
 - Case Management
 - Focus on increasing satisfaction among youth (Under 18) and those with Learning Disabilities
 - More youth coming in the system, a higher percentage of youth are diagnosed with Autism
 - Comments mentioned that service needs change once an individual turns 18, PRI recommends focusing on using services that are perceived to be part of both youth and adult services to help bridge the gap between those services, providing as smooth a transition for the individual as possible.
 - Youth use a wider variety of information sources than adults and use the following sources much more than adults:
 - Internet
 - School
 - Therapist
 - Pediatrician/Doctor
 - Those under 18 prefer Email over Printed Mail in order to get information
 - Future expected usage and performance
 - Most services with high future expected use either had high performance measures or low relative importance measures, meaning that maintaining current satisfaction levels and preparing to accommodate more individuals in the future will go farther to address their needs.
 - Services with high future expected use or low relative importance include
 - Residential/Group Home (maintain performance)
 - Independent living (low performance, low relative importance)
 - Sheltered Workshop Employment (candidate for de-emphasis)
 - Adult Day Programs (maintain performance)
 - Therapy (moderate performance, low relative importance)
 - Adaptive Equipment (low relative importance, candidate for de-emphasis)
 - Most services with low future expected use either had low performance or high relative importance scores, meaning that although usage is not expected to increase, increasing or maintaining (in the case of high satisfaction) performance among the following services will go farther to address their needs
 - Services with low satisfaction and low future usage increase include
 - Community Employment (low performance, low relative importance)
 - Childcare (low performance, high relative importance)
 - Facility/Center Based Respite (low performance, low relative importance)
 - Educational Advocacy (low performance, high relative importance)

- Case Management (high performance, high relative importance)
 - Transportation scored high on relative importance, moderate on performance, and had high estimated future usage increase
 - PRI recommends both improving transportation services and preparing to accommodate new users of Transportation services
 - Moderate performance and high relative importance means increases in Transportation performance will have a relatively large increase in overall satisfaction
 - Large number of comments on the need to improve transportation services
 - Comments indicated that improving transportation services will make it easier to use all other services related to developmental disabilities
 - In Home Respite scored low on relative importance, high on satisfaction, and low on usage increase
 - PRI recommends In Home respite as a potential candidate for de-emphasis
- Prioritize improving service needs in the following regions
 - Lake St. Louis
 - St. Charles (South)
 - Wentzville
 - O'Fallon
- Prioritize improving service needs among individuals less than 18 years old
 - Focus on smoothly transitioning from youth orientated services to adult orientated services using Case Management
- Prioritize improving service needs among individuals with Epilepsy, Autism, and Learning Disabilities
- Prioritize providing information/updates to individuals
 - On a waiting list for services
 - Transitioning from youth to adult services
 - Prioritize providing information related to the following services
 - Youth services
 - Childcare
 - Therapy
 - Adaptive Equipment
 - Educational Advocacy
 - In Home Respite
 - Comments indicate need for updated/accessible provider list/database
 - Adult services
 - Community Employment
 - Individuals less than 18 years old also requested information for future reference
 - Focus on therapy,
- Prioritize increasing Transportation services
 - High relative importance and moderate performance means there is an opportunity to raise overall satisfaction by improving Transportation
 - Comments indicate that improving Transportation services in St. Charles County will make it easier to use all other services, making it easier to fulfill their needs
- Maintain Case Management performance
 - Case Management is perceived as being part of both underlying service dimensions (youth and adult)
- Prioritize increasing satisfaction with Educational Advocacy and Childcare services
 - Lowest performing services and low usage increase but high relative importance
- Should the need arise, consider de-emphasizing services with above average satisfaction and low relative importance
 - In Home Respite
 - Adaptive Equipment
 - Sheltered Workshop Employment
- Further research recommendations include
 - Conducting focus groups with guardians of individuals less than 18 old
 - Attempt to determine what their current unmet needs are
 - Attempt to determine how to best transition individuals less than 18 years old into adult-oriented services without feeling like they have lost everything when they become adults

- Conducting focus groups with guardians of individuals between the ages of 18 and 35
 - Attempt to determine what the biggest obstacles were when transitioning from youth-orientated services to adult-orientated services and what they perceive would have been (or still would/could be) the most effective way to overcome those obstacles

2. Individual Service Recommendations (Taken from service summaries)

A. Focus on Increased Usage

• 1. Residential/Group Home Recommendations

- Focus less on
 - Improving Residential/Group Home performance
 - Individuals currently using Residential/Group Home services are satisfied with current services
- Focus more on
 - Maintaining current level of performance
 - Providing more information about Residential/Group Home services
 - Accommodating future users
 - Highest daily usage increase
 - Provide families with younger individuals looking to transition to a group home (either now or in the future) with information to prepare for and simplify the transition
 - Develop strategies that focus on smoothly transitioning individuals under 18 years old and 18-24 years old and with developmental disabilities to more adult-oriented services

• 2. Independent Living Recommendations

- Focus less on
 - Improving Independent Living performance
 - Individuals using Independent Living services indicated low satisfaction but the service has the lowest relative importance so improvements in service performance will not have a dramatic impact on overall satisfaction
 - If service quality is to be improved, St. Charles (North) residents scored the lowest among all regions in likelihood to use and likelihood to recommend
- Focus more on
 - Accommodating future users
 - High daily usage increase
 - Develop strategies related to transitioning from youth-orientated services to adult-orientated services

• 4. Sheltered Workshop Employment Recommendations

- Focus less on
 - Increasing Sheltered Workshop Employment performance
 - Above average performance and moderate relative importance means that Sheltered Workshop Employment is performing well but shares a low amount of variability with overall satisfaction, making it a potential candidate for de-emphasis
 - No comments related to the quality or performance of the service
- Focus more on
 - Accommodating future users
 - High daily usage increase
 - Raise familiarity and awareness of current services among individuals currently less than 18 years old that will be using the services in the next five years and Weldon Springs, O'Fallon, and Lake St. Louis residents
 - Comments related to future use or difficulties with using current services (i.e. lack of transportation makes using the service difficult)

• 5. Adult Day Program Recommendations

- Focus less on
 - Increasing Adult Day Program performance
 - Highest performance and high relative importance mean that Adult Day Program services are performing well

- Individuals with Mental Retardation indicated the highest usage increase and scored above average on all measures
 - Comments refer to the quality of current programs
 - Focus more on
 - Maintaining current level of satisfaction
 - Accommodating future users
 - High daily usage increase
 - Raise familiarity and awareness of Adult Day Program services among O'Fallon residents
 - Comments related to future use or difficulties with using current services (i.e. lack of transportation makes using the service difficult) as well as the need for more adult day program services in general
- **9. Therapy Recommendations**
 - Focus less on
 - Improving overall Therapy performance
 - Scored above average on all measures, and above average for segments with highest expected usage increases
 - Moderate to low relative importance means improving overall Therapy performance will have less of an effect on overall satisfaction
 - Focus more on
 - Accommodating future (and current) users
 - Moderate usage increase (at least once per week)
 - Highest usage increase expected in Dardenne Prairie, O'Fallon, and among individuals less than 18 years old
 - Increasing access to information related to Therapy services
 - Comments asking for more information about Therapy tend to also ask for information about Adaptive Equipment services
 - Therapists indicated as good candidates information sources
 - Improving Therapy performance in St. Charles (South)
 - Scored below average on all measures
 - Decreasing time spent on waiting lists
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions
 - Comments indicate individuals currently use schools for many Therapy related services
- **10. Adaptive Equipment Recommendations**
 - Focus less on
 - Improving overall Adaptive Equipment performance
 - Moderate to high performance and low relative importance
 - Segments with highest expected usage increase scored either above average or only slightly below average on all measures
 - Focus more on
 - Accommodating future users
 - Moderate to high usage increase (at least once per day)
 - Highest usage increase expected among individuals with Cerebral Palsy and individuals over 35 years old
 - Increasing access to information related to Adaptive Equipment services
 - Comments asking for more information about Adaptive Equipment tend to also ask for information about Therapy services
 - Improving Adaptive Equipment performance in St. Charles (South)
 - Scored below average on all measures
 - Decreasing time spent on waiting lists

B. Focus on Increasing Performance

- **3. Community Employment Recommendations**
 - Focus less on
 - Accommodating future users

- Moderate weekly usage increase
 - Focus more on
 - Improving Community Employment service performance
 - Focus on improving satisfaction among adults less than 35 years old and individuals (currently) less than 18 years old
 - Focus on providing services for adults less than 35 years old
 - Providing information to individuals currently less than 18 years old about current and future Community Employment opportunities
- **6. Childcare Recommendations**
 - Focus less on
 - Accommodating future users
 - Low yearly usage increase
 - Focus more on
 - Raising Childcare performance
 - High relative importance
 - Raising familiarity and awareness of current services, especially in segments with increased usage, e.g. St. Charles (South) and individuals with Autism
 - Providing activities for children with disabilities (e.g. sports, playgroups)
 - Comments refer to the lack of physical activities for children, unavailability of current services, and high cost
- **8. Facility/Center Based Respite Recommendations**
 - Focus less on
 - Accommodating future users
 - Low usage increase (at least once per quarter)
 - Highest usage increase expected in Dardenne Prairie and St. Peters
 - Improving overall Facility/Center Based Respite performance
 - Scored above average for segments with highest expected usage increases
 - Individuals less than 18 years old are extremely satisfied (satisfaction = 5.0)
 - Focus more on
 - Improving Facility/Care Based Respite performance among individuals over 35 years old
 - Moderate to low relative importance and means that improving satisfaction with Facility/Center Based Respite will not have a large effect on overall satisfaction and is a candidate for de-emphasis
 - Further investigating how to improve services
 - For individuals over 35 years old
 - For Weldon Springs residents
- **12. Educational Advocacy Recommendations**
 - Focus less on
 - Accommodating future users
 - Low future usage increase
 - Improve Educational Advocacy performance
 - Among Lake St. Louis residents
 - Lake St. Louis residents indicated that Schools are the best way to receive information
 - Among individuals with Autism
 - Focus more on
 - Improving Educational Advocacy awareness
 - Develop clear distinctions between Education and Educational Advocacy
 - Improving Educational Advocacy performance
 - Among St. Charles (South) residents
 - St. Charles (South) residents indicated that Schools are the best way to receive information
 - Among O'Fallon residents
 - High relative importance indicates that improving satisfaction with transportation services will have a larger effect on overall satisfaction
 - Comments indicate that respondents seem to use Educational Advocacy and Educational Needs interchangeably

- Further investigate the disconnect between Education and Educational Advocacy

- **13. Case Management Recommendations**

- Focus less on
 - Accommodating future users
 - Lowest future usage increase among all services
 - Only service with overall usage decrease
 - Improve overall Case Management performance
 - Scored above average (top three) on all measures
- Focus more on
 - Maintaining Case Management performance
 - Highest relative importance indicates that keeping satisfaction with Case Management services high will have the largest effect on overall satisfaction
 - Comments indicate that Case Management perceptions vary widely depending on the case worker
 - Focus on improving management of individual Case Workers
 - Using Case Management services to help individuals with developmental disabilities bridge the service gap when transitioning between youth-orientated services and adult-orientated services (Table 9c)
 - Case Management and Transportation span both underlying service dimensions

C. Transportation (Increase Performance and Usage)

- **11. Transportation Recommendations**

- Focus less on
 - Providing information about Transportation services
 - High familiarity
- Focus more on
 - Accommodating future users
 - High usage increase (at least once per day)
 - Lowest regional increase in St. Peters, St. Charles, and Wentzville
 - Improving Transportation performance
 - Focus on prioritizing Transportation among
 - O'Fallon and Lake St. Louis Residents
 - Individuals less than 35 years old
 - Scored lower than average on all measures in St. Charles (South)
 - High relative importance indicates that improving satisfaction with transportation services will have a large effect on overall satisfaction
 - Comments indicate that the lack of Transportation services in St. Charles County make it difficult to use other services
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Transportation services are shared by both youth focused and adult focused dimensions
 - Improved Transportation services can help bridge the gap between youth and adult services by providing a smoother transition to those services
 - Accommodating future users
 - Low future usage increase
 - Improve Educational Advocacy performance
 - Among Lake St. Louis residents
 - Lake St. Louis residents indicated that Schools are the best way to receive information
 - Among individuals with Autism
- Focus more on
 - Improving Educational Advocacy awareness
 - Develop clear distinctions between Education and Educational Advocacy
 - Improving Educational Advocacy performance
 - Among St. Charles (South) residents
 - St. Charles (South) residents indicated that Schools are the best way to receive information
 - Among O'Fallon residents

- High relative importance indicates that improving satisfaction with transportation services will have a larger effect on overall satisfaction
- Comments indicate that respondents seem to use Educational Advocacy and Educational Needs interchangeably
 - Further investigate the disconnect between Education and Educational Advocacy

D. In Home Respite (High performance and low relative importance candidate for de-emphasis)

- **7. In Home Respite Recommendations**
 - Focus less on
 - Improving In Home Respite performance
 - Moderate to low relative importance and high performance means that In Home Respite qualifies as a candidate for de-emphasis
 - Accommodating future users
 - Low usage increase (once per month)
 - Focus more on
 - Improving access to information related to In Home Respite
 - Provide an updated and accessible list of providers
 - Comments mainly refer to the quality of the program, a lack of resources when it comes to finding providers, and not qualifying for respite.
 - Bundling information on services related to transitioning from high school or young adult to adulthood (Table 9c, e.g. Childcare, Respite, Therapy, and Adaptive Equipment)
 - Case management and Transportation services are shared in the underlying youth and adult dimensions

VIII. Appendix