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Medicaid Infrastructure Grant Needs Assessment: Final Report

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Executive Summary

Funded by the Centers for Medicare and Medicaid Services (CMS), the Medicaid Infrastructure Grant (MIG) is designed to support the competitive employment of people with disabilities. Awarded to the Connect to Work Center at the Bureau of Rehabilitation Services, Connecticut Department of Social Services, the grant is intended to facilitate enhancements to the state Medicaid program and services, to promote linkages between Medicaid and other employment-related service agencies and to develop a comprehensive system of employment supports for people with disabilities.

To achieve these goals and strengthen the employment infrastructure for Connecticut residents with disabilities, Connecticut is developing a comprehensive, statewide strategic plan. MIG Steering Committee members determined at the outset that the strategic plan should be based on the needs and experiences of people with disabilities and employers. A comprehensive needs assessment has been conducted as a first step in the strategic planning process. Beginning in January, 2006, the Connect to Work Center contracted with the University of Connecticut Health Center (UCHC) to conduct a statewide needs assessment for the MIG. With direct guidance from the MIG Steering Committee, the UCHC research team developed a multi-pronged approach to contact people with disabilities, employers, and service providers throughout Connecticut to assess their experiences, attitudes, and observations about employment for persons with disabilities.

The needs assessment included seven distinct research activities. This approach was used to gather information from multiple sources and stakeholders.

1) We conducted an extensive search of relevant literature. This step guided the development of the methods and instruments for collecting data.
2) Connecticut census and Department of Labor data were examined to set the context.
3) Potential partners were sought out from existing State councils, Workforce Investment Boards, and other entities.
4) People with disabilities completed a survey by telephone, in-person, or by mail. The survey included both quantitative, forced-choice questions and qualitative, open-ended questions about their experiences, expectations and needs regarding work and personal assistance.
5) Key informant interviews and focus groups with stakeholders were conducted. People with disabilities, family members, employers, and service providers participated in group discussions and one-on-one interviews that utilized a guiding set of open-ended questions addressing the key areas of concern.
6) A mailed survey went out to members of four regional Chambers of Commerce to gather input from employers.
7) The employment processes of four key State agencies were explored and mapped to identify strengths, weaknesses, overlap, and opportunities for collaboration and streamlining in the existing State system.

This executive summary provides a synopsis of all the Connecticut specific data. Please see the literature review in the full report for a national perspective.

I. Connecticut Employment and Disability Status

Strategic planning is in large part guided by the current and future composition of the population to which it is targeted. The accuracy of the plan can be complicated by public policy, changes in the social and economic well-being of constituents, improvements in health status, and various other societal constructs. Despite the possible margin of error, the data results can serve as a guiding framework in the decision-making process.

Connecticut is experiencing a "soft revolution," whereby knowledge is replacing physical resources as the main driver of economic growth (Mark A Stankiewicz, 2006, Office of Research, Connecticut Department of Labor). For example, 75% of the top 100 fastest growing jobs will be derived from fields requiring basic and/or advanced knowledge of math, science, or engineering. In addition, growth is expected to be highest in management and professional fields, with approximately 78,000 new positions created during the next 10-year period. This change represents more than 55% of Connecticut's job growth.

Department of Labor data document six of the fastest growing industries from 2002 to 2012 in Connecticut, including: healthcare, retail trade, education, finance/insurance, leisure/hospitality, and professional/technical. During this 10 year time period, the following job gains are predicted:

Health Care	35,470
Retail Trade	16,640
Education	13,690
Finance/Insurance	9,960
Leisure/Hospitality	14,440
Professional/Technical	15,530

Parallel to these industry growth trends, are the fastest growing occupations. Nine of these top occupations are listed here by annual growth, annual job openings, and 2005 average salary.

Occupation	Annual Growth	Annual Job Openings	2005 Average Salary
Registered Nurses	524	1,181	$62,063
Retail Salespersons	440	2,314	$22,064
Customer Service Representatives	375	820	$33,380
Accountants and Auditors	258	637	$62,209
Teachers Assistants	254	682	$23,352
Computer Systems Analysts	250	358	$70,984
Social/Human Services Assistants	248	384	$37,074
Nursing Aides/Orderlies	224	537	$26,768
Food Preparation Workers	218	709	$20,365

Despite what appear to be employment opportunities, recent estimates of unemployment among people with disabilities remain high. Mirroring the national average, the employment rate of working-age individuals with disabilities in Connecticut is approximately half of the rate of working-age individuals who are not disabled, 80% vs. 44% (Disability Status Reports, 2004; Stapleton, O'Day, & Livermore, 2005).

For individuals with disabilities who worked full-time/full-year, median labor earnings were $35,000 in 2004. At the same time, for people without disabilities in Connecticut, median labor earnings were $45,000. In contrast to earnings, median household income for people with disabilities was $45,000 in 2004. People without disabilities experienced a higher median household income ($80,000 in 2004).

An important variable directly related to employment potential is educational status. When comparing working-age individuals with disabilities to those without disabilities, the educational differences are striking. For example, over twice as many individuals without disabilities have bachelor's degrees or higher when compared to people with disabilities (38.8% versus 16.6%).

A critical aspect of employment trends in Connecticut is the older workforce. Labor data indicate that by the year 2010, Connecticut will have the seventh oldest population, with a median age of 39.6 years. Within 20 years, 18% of the state's population will be age 65 or older. In essence, Connecticut is entering a period of skilled worker shortage; a prime opportunity for older workers and people with disabilities to enter the labor market. The needs assessment presented here looks at overlap in the needs of these two groups.

II. Assessment of Partners

A key component of the MIG strategic plan was the identification of potential partners within the State's system who expressed commitment to advancing the goal of employment for people with disabilities. Interview questions were crafted to elicit helpful information to aid in planning for a supportive and inclusive workplace.

Between January, 2006, and May, 2006, the MIG team conducted a purposeful search of numerous State Councils, Workforce Investment Boards and other entities. In some cases, organizations were identified from State lists and relevance to employment appeared promising. In other cases, a working knowledge of the environment pointed toward Workforce Investment Boards, entities which had been partners in previous efforts, or which were recommended by contact people whose opinions were considered valuable.

The primary objective was to garner information and support in our effort to address the unemployment and underemployment of people with disabilities. The search had several secondary objectives: 1) to gather general information about the identified entities, including up-to-date contact information, mission statements, and priorities; and, 2) to provide education about the employment of people with disabilities, as well as the activities of the Medicaid Infrastructure Grant to address employment issues.

A telephone call was initiated with each of the identified groups. When available, websites were reviewed for additional information. Many groups were willing to share volumes of information about their respective entity. Once received, this information was reviewed and filed. The team concluded that the review process would be most useful if the results concluded with a summative rating of the entity in relation to the MIG planning process: very relevant, relevant, maybe, no. An entity categorized as very relevant would have experience with employment and persons with disabilities, have a mission statement reflecting employment as a priority, or have a demonstrated commitment to the topical area. Entities deemed relevant would be those that reflect the aspects listed above, but to a lesser degree. The category "maybe" is reflective of an entity that expressed interest, commitment or willingness to partner, but has limited or no

experience around the issue of employment. Finally, the category “no” acknowledged a group that was either irrelevant or verbally noted that there was no interest in the topic.

A total of 50 targeted interviews were completed: State Councils (n=30); Workforce Investment Boards (n=5); other entities (n=8), and Non-Profit organizations (n=7). Of these, 16 entities received a rating of very relevant and are committed partners in the MIG project.

III. Key Informant and Focus Group Interviews

More complex, qualitative information was derived from the key informant and focus group interviews. These interviews and discussion groups represent the voices of over 320 stakeholders, including people with disabilities, family members, service providers, state agencies, policymakers, and employers. Individuals with a variety of disabilities were interviewed: physical, intellectual, mental illness, hearing, and/or vision disabilities. This included people with disabilities living not only in the community, but those living in institutions such as prisons, group homes, or long term care facilities.

Despite the passage of the Americans with Disabilities Act (ADA, 1990), results of the focus group and key informant interviews demonstrated that many Connecticut residents with disabilities have yet to be successfully employed and do not feel protected from discrimination in many employment practices, including job application procedures, hiring, firing, promotion, benefits, and leave. While there have been improvements in the way people with disabilities have gained access to Connecticut’s workforce, the overall sense among these participants was that there is still a long way to go in providing employment opportunities for people with disabilities who are qualified to work and who may or may not need reasonable accommodations.

One overarching theme was the importance of focusing on the individual and their strengths, not their disabilities. To promote strengths, there was a strong sense that preparation for employment should start earlier and that the public, including teachers, employers, co-workers, service providers and the community at large should be educated about people with disabilities. The need for accommodations varied by disability and individual, and included the need for communication, flexibility, job coaches, mentors, personal care assistants, and physical access. In addition, larger concerns regarding transportation and adequate housing need to be addressed and were key issues.

Many people with disabilities value work and want to participate in the workforce, but acknowledge they are in a dilemma and are fearful that if they earn too much money they will lose the benefits that are necessary to pay for disability-related costs. It was also evident that increased financial incentives are clearly a motivating factor for employers, along with reduction in the perceived risk of hiring a person with disabilities. Results showed that both people with disabilities and employers would like increased and longer term support services. In addition, creativity and thinking outside of the box was stressed by many participants as an important part of the problem-solving process.

Themes from the focus groups and key informant interviews were grouped into the following content areas, with greater explanation given to selected areas: an aging and retiring workforce, advantages of hiring people with disabilities, barriers to employment for people with disabilities, transitional services, employer barriers, experiences employing people with

disabilities, experiences working with agencies and employers, and strengths and weaknesses of the existing service system.

Advantages to hiring people with disabilities

Multiple advantages to employers of hiring people with disabilities were identified by participants. Overall advantages include:

- Untapped pool of qualified workers
- Add diversity to the workplace
- Increase level of awareness for co-workers, customers, and employers
- High job motivation, commitment, and dependability
- Job supports often available
- Tax credits for employers

Experiences employing people with disabilities

Some of the employers had limited experience with employing people with disabilities, while other primarily contract through provider agencies. Employers and providers with experience related the following:

- Positive experience for most employers
- Job coach or other supports important
- Contracting with a provider agency cost effective
- People with physical disabilities more attractive to employers than those with mental illness or other hidden disabilities

Barriers to employment for people with disabilities

People with disabilities often face multiple challenges to obtaining employment, including the following from the focus group and key informant interviews:

- Societal preconceptions and lack of awareness
- Low expectations
- Individual attitudes and beliefs
- Employment discrimination
- Benefit programs' limitations and complexity
- Transportation difficulties
- Lack of satisfying job opportunities
- Challenges in the hiring process
- Lack of job accommodations or support
- Need for skills and training, including social skills
- Personal care assistance
- Housing issues
- Lack of information about resources

Employer barriers to hiring people with disabilities

From the employer's perspective, barriers to hiring people with disabilities were as follows:

- Concerns about liability
- Lack of financial incentives for employers
- Accommodation concerns
- Lack of skilled, qualified applicants
- Co-worker concerns
- Concerns regarding relapse
- Employers' preconceptions and assumptions
- Lack of awareness and knowledge

Transitional services: The role of schools, service providers and families

Creating improved transitional services, which begin earlier and are broader in scope, was also a concern, including:

- Necessity to create a successful life in the community with financial independence
- Limited availability of transition services
- Lack of school involvement, and strengths vary by school system
- Scope of services often limited
- Necessity to develop life skills in addition to employment skills
- Improved services needed for those in long term care, prison, or other institutional residences
- Importance of parental and family support

Experiences working with agencies and employers

Employers and agencies both reported mixed experiences when working with each other.

Employer point of view:

- Creation of partnerships between employer and agency or provider best
- Agencies can provide skilled and qualified employees
- Agency vocational programs provide outsourcing for unskilled work
- Agencies not providing appropriate potential employees
- Extra paperwork involved
- Lack of knowledge regarding available agencies and the employment services they could provide

Service provider point of view:

- Employers in the service industry most receptive
- Personal connections helpful
- Frequently depend on the individual manager or corporate guidelines
- Great diversity in which types of employers or companies were willing to hire people with disabilities

- Great effort needed to convince employers to try the person as an employee, especially for potential employees with mental illness or behavioral issues
- Difficult to find an employer willing to provide needed accommodations
- Some employers more willing than others

Strengths of the existing service system

Elements of the existing community-based programs or State agencies are effective supports. These are not found in any one program, and their effectiveness often relies on the individual program or agency. Existing supports identified by respondents included:

- Job training
- Employment supports
- Vocational services such as career and benefits counseling
- Personalized approach
- Ability to create person-centered employment with employers
- Creativity and innovation

Weaknesses of the existing service system

Drawbacks of the current system were more easily identified and need to be addressed:

- Lack of funding
- Understaffing
- Gaps in the system
- Not enough interagency collaboration
- Lack of public transportation
- Time limited supports
- Lack of continuity of support
- Difficulty individualizing supports
- Risk of loss of benefits
- Lack of innovation

Positive suggestions

Positive suggestions from respondents included the following (order listed does not necessarily denote significance):

- Start earlier in school to prepare individual for independent living and employment
- Improve transportation
- Improve inter-agency coordination and communication
- Educate employers, including CEOs, managers, and staff
- Communicate more effectively with people who are deaf
- Improve understanding of benefits, benefits counseling, rules, and Social Security
- Funding for more services, supports, and staff
- Mentoring programs, especially for those returning to the community
- Peer assistance programs, such as offering a financial incentive to a co-worker who trains and assists a person with disabilities at work

- Individualized method of allocating funds
- Increase employer incentives, including incentives specifically for accommodations
- Actively solicit small employers to hire people with disabilities
- Onsite supervisors
- Increased provider and employer training
- Increased support for employees with mental illness or behavioral issues
- Create an ombudsman or liaison with business to advocate for employees with disabilities

IV. People with Disabilities in Connecticut: Interviews and Mail Survey

In addition to the focus groups and key informant interviews, a mail survey and telephone and in-person interviews were used to include a greater number of people with disabilities in this needs assessment. Effort was made to include people with all types of disabilities, including physical, intellectual, and mental illness disabilities. The survey instruments included an extensive section on employment, as well as questions regarding disability, personal assistance services (PAS), health, housing, transportation, and demographics. A total of 642 mail surveys or telephone/in-person interviews were completed. Surveys were completed by people with physical, intellectual, and mental illness disabilities, and by people who were currently working, had worked in the past, or had never worked.

A. Employment

Employment status

A total of 630 employment forms were completed. Of these, 572 (91%) were from working-age respondents, considered to be adults under age 70. Almost half of working-age respondents indicated they were currently working for pay (47%), and almost the same number indicated they had worked in the past (45%). Preliminary analysis noted marked differences in responses between the three employment status groups: currently working, worked in the past, and never worked for pay. Highlights of these findings are presented below.

- Current workers reported a younger onset of disability and fewer worked prior to onset of disability.

- The great majority of those who had worked in the past described their job as competitive employment, versus only one-third of those currently working.

- The majority of current wage earners (81%) and almost half of those who worked in the past (48%) reported earning less than $10.00 an hour, or just over $20,000 a year, if working full time. Wages were especially poor for current workers; over half of current workers earn less than $8.00 an hour.

Employment satisfaction and attitudes

Overall, both current and past workers liked their jobs and received some intrinsic rewards from working. Most looked forward to coming to work, felt needed as a result of working, and had at least one co-worker who was a friend. Satisfaction with their schedule and wages was also reported by both groups, with job security and satisfaction with their supervisor expressed by a

majority of current workers. A majority of respondents also gained other social rewards from working in the form of friendships in the workplace. For most, however, this friendship at work did not lead to spending time together outside of work. Although better paid and less likely to be underemployed, those who worked in the past expressed a somewhat lower level of job satisfaction than current workers. Other results include:

- Most respondents with either current or past work experience liked their job.
- Although reporting low wages overall, over one-third of both current and past workers strongly agreed that they were "happy with the amount this job pays (paid)."
- The two groups differed markedly in how they viewed their supervisors, with current workers much more likely to be satisfied with their supervisor than those who had worked in the past.
- The majority of past workers used "a lot" of their talents and abilities on the job, compared to fewer than half of those currently working.

Some dissatisfaction with their jobs was expressed by current and past workers as well. They worked hard, had little chance of promotion, would need additional training in order to get a better paying job, and received poor medical coverage and few benefits. Although most respondents from both groups felt worn out at the end of the day, still over half of those currently working indicated they wanted more hours. Current respondents were especially not satisfied with the medical coverage provided by their job, and did not anticipate a promotion in the next year.

Employment challenges

Using an open-ended question with space to write in answers, respondents were asked to describe the employment challenges they face. Challenges listed by respondents naturally fell into the following ten themes, the first five of which represent the most frequently mentioned by all respondents:

- Physical health problems or physical disability
- Transportation
- Personal assistance at work or at home
- Intellectual disability or cognitive difficulties
- Emotional difficulties or mental illness disability
- Work place accommodations
- Training or education
- Assistance to find job
- Lack of jobs with benefits or good pay
- Concerns about loss of benefits
- Older age
- Other or not specific

A few similarities and differences were found when examined across employment status.

- Physical health or physical disabilities was the number one employment challenge, mentioned in the most responses no matter what the person's employment status. These issues were especially difficult for those not currently working.

- Transportation was a barrier for respondents no matter what their employment status.

- Lack of personal assistance posed more of a problem for those who never worked.

- For those currently working, challenges related to intellectual disabilities, transportation, and mental illness were especially important.

Supports important for employment

While the majority of current workers did not need support from assistive devices, the majority of those who never worked rated many of these supports as very important for them to be employed. Those who worked in the past, as well as those who never worked, indicated aids for mobility and access were most important. Supports or modifications of interest to all three groups included vocational rehabilitation services, case manager support, and control over work pace or scheduling. Job coaching was less important for those who worked in the past than either current workers or those who had never worked, and personal assistance was most important to those who never worked. One-third of working respondents reported needing on-the-job modifications for their current job. Modifications still needed by current workers included computer aids, extra training, support staff, and flexible hours.

Future job plans

Although over half of those who worked in the past or never worked said they wanted a job, the great majority of those not working indicated they were not currently job hunting and were not optimistic about getting a job in the future. The majority of those currently working do not want a different job and therefore do not plan on leaving their current job in the next year. Support needed to either get a job or get a new job included more training or more education, computer skills, transportation, job coaches, on the job training, and assistance with finding a job.

Job meaning

Both intrinsic and extrinsic motivations were listed by respondents when asked to describe what having a job means to them. Extrinsic motivations included incentives such as earning money and being able to pay one's own way. The majority of responses indicated intrinsic rewards were a greater motivation. These include both personal and social rewards. Respondents reported increased self-esteem, feelings of independence, a sense of accomplishment, and feeling needed. Others spoke of giving back to society, being part of the community, and contributing to the workforce. The social rewards associated with having a job and connecting with other people were very important as well.

B. Personal assistance services

In an effort to include the different types of paid assistance a person may receive, personal assistance services (PAS) was defined broadly as any paid assistance the person receives, defining it as, "People sometimes employ someone to help them with tasks like personal care, mobility, or communication. This person could be a personal assistant, helper, or anyone else who is paid to help them at home or at work." Areas of interest for PAS included:

- Experience and satisfaction
- Confidence in working with a personal assistant (PA)
- Locus of control
- Preferences for self-directed care

Experience and satisfaction

- The majority of non-working respondents (both past and never worked) currently use paid personal assistance, compared with less than half of current workers.

- Overall satisfaction with PA services was high. The majority of respondents were very satisfied with PA quality of work and service schedule.

- Still, four out of ten respondents reported problems or difficulties with their PA, including lateness, poor quality of work or not doing their work at all, bad attitude, theft, and unreliability.

- More past workers without a current PA indicated they would like these services than those currently working or who had never worked.

Confidence in working with a PA

- Those who had worked in the past had the highest levels of confidence in their abilities to find and hire a PA, to talk directly to a PA who is not doing a good job, or to work out any disagreements they might have with the PA, and current workers were the least confident group on each of these items.

- Fewer respondents agreed they could find a replacement if their scheduled PA could not come in, and this did not differ by work status. Comments made it clear that people who are connected to an agency have an easier time getting a replacement on short notice.

Locus of control

Self-directed care depends on the person's ability to take part in the different aspects of their provision of care. To employ personal assistants for home or work, complete self-direction includes meaningful participation of consumers in the recruitment, management, and payment of their personal assistants. However, often a person's desire for control over their assistance falls somewhere along a continuum, from no participation whatsoever, to participation in, and control of, every aspect of care. Using a scale modified from Sciegaj, Capitman, & Kyriacou (2004), this desire, or locus, of control was examined in three basic areas: finding and hiring;

training and managing; and paying the PA. Please note these responses are not mutually exclusive.

Finding and hiring a PA: Many respondents expressed a desire for some help, with one-third or more of respondents wanting assistance from either family members, a State agency, a case manager or a provider agency. Almost one-quarter of respondents wanted complete independence in this area.

Training and managing a PA: Respondents' preferences followed a similar trend as with the recruitment of their PAs, although not quite as much assistance from others was desired with this area. No assistance in the training or management of a PA was desired by just over one-quarter of respondents.

Paying a PA: Overall, respondents wanted less family assistance and more professional help, especially from the State, for this activity. Only about 15% of respondents were willing to take this on alone.

Preferences for self-directed care

When locus of control for PAS was examined using vignettes in the in-person interviews, more respondents chose the scenario which included some outside assistance, than either the traditional provider agency model or complete self-direction. The preferred approach was a modified plan in which the individual and the personal manager or provider agency of their choice work together to determine what services and schedule are desired, find these services, and purchase them. While most respondents wanted to have some say in the service schedule, services to be provided, and choice of PA, the majority still desired some help or guidance with some of the more challenging aspects of employing a PA, namely for training, hiring, firing, and paying the PA.

C. Living arrangements

A wide variety of living arrangement was reported by respondents, with the following being the most common (in ascending order): with a spouse or relative, alone with no paid support, or in a supervised living arrangement.

- Those who worked in the past were most likely to live alone with no paid support.
- Current workers were most likely to live in a supervised living apartment or a group home.
- Very few respondents had a live-in paid assistant.
- Most respondents found their neighborhood was safe, have easy access to a grocery store, do not need more privacy at home, and are friends with at least one neighbor.
- A greater percentage of nonworking respondents needed assistive devices or modifications at home than current workers.

D. Transportation

A wide variety of transportation difficulties was reported by respondents, including problems of availability, accessibility, needing someone to drive, lift van access, cost, or lack of personal car. Only half of respondents had easy access to public transportation. Respondents who never worked had the most transportation obstacles, including needing someone to drive, lack of available transportation, and limited travel destinations provided by group transportation.

E. Disability, health, and assistance needed

Disability status was ascertained by self-report using five categories: physical, intellectual, mental illness, hearing, or vision. Among all respondents who were of working age, two-thirds had physical disabilities, forty percent reported intellectual disabilities, and one-quarter had mental illness disabilities (responses not mutually exclusive). The great majority of those not currently working reported a physical disability, while fewer than half of current workers reported this disability. A much greater percentage of those currently working reported an intellectual disability than nonworking respondents. Significantly fewer respondents in any employment status had either a hearing or vision disability.

Past workers had a later onset of disability, and correspondingly a greater percentage of past workers worked before they became disabled. They also reported the poorest health. The majority of both those currently working and those who never worked reported themselves in excellent or good health, compared with only one-third of those who worked in the past.

Approximately half of all respondents needed help from another person with personal care in the home, whether or not they were currently receiving such assistance. A majority of those not working required this assistance, compared with only a minority of current workers.

F. Demographics

The average respondent was female (52% of respondents), Caucasian (86% of respondents), age 47, a high school graduate, and never married (56% of respondents). Overall, past workers were older (58 years) than either current workers (42 years) or those who never worked (53 years). More of those currently working were male, while two-thirds of those who worked in the past were female. Those who had never worked were significantly more likely to have stopped school before completing high school.

Most of the respondents lived on very little income. Over half of respondents indicated that their total family income before taxes was under $10,000 a year, while another third had a pre-tax total income of $10,000 to less than $25,000 a year. When financial difficulties were assessed, those who had worked in the past had more trouble paying for most items than either the current working participants or those who had never worked. This included paying for rent or mortgage, utilities, credit card debts, car or van expenses, medical care, and food. With the exception of utilities, those who never worked or were currently working had fewer financial difficulties.

V. Employer Survey

Connecticut employers are a key part of the equation for successful employment of people with disabilities. In an effort to reach more employers and obtain more quantitative information, the Steering Committee partnered with four Chambers of Commerce across the state to send out a mail survey. A total of 653 surveys were analyzed from the following four Chambers of Commerce: Chamber of Commerce of Northwest Connecticut, Middlesex County Chamber of Commerce, Chamber of Commerce of Eastern Connecticut, and Bridgeport Regional Business Council. Respondents to the survey had businesses located in 145 different zip codes across Connecticut.

Over half of respondents reported they are CEO/CFO/business owners. The most common types of businesses represented were retail/sales, manufacturing/industry, financial, health care, and education. One-third of respondents were from companies reporting fewer than ten employees, and one-quarter from companies with ten to forty-nine employees. Some of the more salient results of the survey are reported below.

Experience employing people with disabilities

Employers could see people with disabilities working most often at lower skilled or entry level positions, such as secretarial or administrative support or entry level/unskilled work. However, over 40% felt jobs such as managerial, professional, or sales positions could also be filled by people with disabilities.

Employer barriers to hiring people with disabilities

Numerous barriers were offered by employers in response to an open-ended question regarding barriers to hiring people with disabilities. As with the employers in the focus groups, many of these employers' comments related only to physical disabilities, such as being in a wheelchair, or to intellectual disabilities. This was very apparent from the accommodations barriers listed – many related to accessibility accommodations for people with physical disabilities, including the cost to make such accommodations. Challenges related to finding skilled employees focused not only on physical disabilities, but those traditionally associated with intellectual disabilities as well, with an emphasis on needing employees with "skill sets," "coordination," and "mental abilities." In addition, about half of the financial barriers referred to costs traditionally associated with intellectual disabilities, such as needing extra supervision or training. Other financial concerns also echoed those given by the focus group employers, such as concerns about increased health care costs and reduced productivity. Interestingly, liability issues were not as emphasized by these employers, although those mentioned paralleled those of the focus group participants, such as fear of lawsuits or of complying with unknown laws.

When grouped into themes, the barriers written in the employer mail survey reiterated most of the employer concerns from the focus groups. The following barriers are listed in ascending order, from most to least frequently mentioned.

- Preconceptions, assumptions, fear of the unknown
- Accommodation concerns
- Need for skilled and qualified employees
- Financial and productivity concerns
- Liability issues

- Customer reactions
- Transportation concerns

Accommodations

Opinions concerning accommodations and how easy or difficult each would be for their company to provide were also assessed. Providing assistive technology and physical modifications along with shifting an employee's hours were considered the easiest accommodations to supply. However, changing an employee's job tasks or allowing them to work at home was considered much more difficult to offer, and providing a person to assist with job related activities was considered the most difficult accommodation to make. However, even though physical modifications were considered by employers the easiest to accommodate, only one-quarter of employers indicated their company would definitely hire more people with disabilities if funds were provided for accommodations.

Influence of size of business

There was a clear and strong relationship between company size and several variables, including jobs people with disabilities could hold, ease of providing modifications, the impact of financial incentives on hiring, encouragement of applications, productivity concerns, positions available for people with disabilities, and attitudes. It is unclear whether this difference is primarily motivated by attitude, experience, or lack of available positions within respondent businesses.

Attitudes

Respondents reported conflicting and somewhat negative opinions about the presence of persons with disabilities in the workplace environment.

- 71% agreed that employers are reluctant to hire people with known disabilities
- 50% felt that the cost of accommodations is "too expensive"
- 50% reported that people with disabilities would have difficulty performing the jobs available at their companies
- 44% agreed they might be sued over not providing accommodations

Consistently confusing is a lack of response congruence. While the majority of all respondents believed that the benefits of hiring a person with disabilities outweighs the costs, the majority believed that work productivity would decrease, time off would be greater, accommodations would be expensive, and law suits would increase. On a more positive note, virtually all employers (90%) would hire more people with disabilities if the person had the skills and experience needed for the job.

VI. State Agency Employment Processes

To complement this work, an analysis was completed of four Connecticut agencies which serve people with disabilities: the Board of Education and Services for the Blind, Bureau of Rehabilitation Services, Department of Mental Health and Addiction Services, and Department of Mental Retardation. Through interviews with key employees, an overview of the employment

process for each agency was created. Areas of interest included eligibility requirements, services provided, process gaps, outcome measures, employment and career support, agency follow up, system barriers, and suggestions for improvement.

VII. Discussion

Over 1,600 individuals provided information for the Connecticut MIG needs assessment. Focus groups, key informant interviews, surveys, telephone and in-person interviews, and informal discussions served as the primary vehicles for the acquisition of knowledge relevant to the employment of people with disabilities and older adults in Connecticut. With guidance from the published literature and a diverse and committed group of Steering Committee members, the research team designed a series of data collection instruments aimed at obtaining information from various informants. Interested parties included but were not limited to:

- People with disabilities of all ages
- Active and potential employers from across the state
- Parents and advocates
- Vocational counselors, benefits specialists, transition coordinators, and other service providers
- Program directors
- Policy makers

Results indicated a number of barriers in the system, impacting employers in addition to current and potential employees. The typical employee with disabilities in Connecticut works part-time, earns less than $8 per hour, has a desire to increase hours, and reports an intellectual disability. Individuals who reported that they no longer work because of a disability tended to be older than current workers, report that the primary disability is physical in nature, worked full-time and earned substantially more than those currently employed prior to being disabled. In general, current and past workers reported a high level of job satisfaction.

Not surprisingly, the majority of respondents wanted additional personal assistance support, which was most heavily endorsed by those who reported that they have never worked and by those who worked in the past. When presented with a hypothetical situation, three-fourths of all respondents said they would want assistance with hiring and managing a PA.

A number of system-wide strengths and weaknesses were identified that will be capitalized on as the project moves forward. Participants all agreed that the existing community-based programs or state agencies are successful in assisting people with disabilities to find employment at least some of the time. This included BRS, BESB, DMR, DOL, the Connect to Work program, and mental health providers. Often, however, it was certain components of the programs that were successful, or even some individual at the agency who is really making it work. Strengths of the existing system include job training, supported employment, and vocational services such as career and benefits counseling. An additional strength was the identification and commitment of 16 program partners in the state. All are poised to collaborate with the MIG project.

Weaknesses in the system identified by participants include the time limited nature of supports, lack of funding, understaffing, gaps in the system, not enough interagency collaboration, and lack of public transportation. Other system barriers include no long term support for people with disabilities, lack of continuity of support for people in the system, and difficulty individualizing

supports. One barrier mentioned repeatedly was the risk that people with disabilities have in losing their benefits if they make over the allowed income amount. In addition, many participants suggested there is not enough creativity and that people should be more innovative in their ideas.

Next steps

Between the time that the research was completed and the time this report was finalized, the Steering Committee and other stakeholders have taken the planning process a step further. The barriers identified in the needs assessment were considered and prioritized at an Employment Summit in June, 2006. They are now incorporated into Connecticut's employment strategic plan.

The next step in the strategic planning process is the design and implementation of initiatives with the intended purpose of improving the employment of persons with disabilities. Each individual initiative will have a target audience, process measures, and intended goals. The role of the research team will be to design and implement a detailed evaluation strategy with a focus on process, consumer satisfaction, changes in employment status and cost-benefits. To ensure a closed loop process, the continued role of the research team is to assess whether the plan meets the needs of our stakeholders: individuals with disabilities and employers.

Mirroring the strategic planning process, an array of stakeholders including people with disabilities, providers, employers, employees, and family members will be called upon to evaluate the various programs and projects. The proposed goal is to contact 100% of all future MIG participants using myriad methods: mail survey, telephone interview, or focus group. Connecticut will use these initiatives to provide opportunities for the successful employment of all people with disabilities.

Complete citations for referenced articles are included in the Medicaid Infrastructure Grant Needs Assessment Final Report.

I. Introduction

Funded by the Centers for Medicare and Medicaid Services (CMS), the Medicaid Infrastructure Grant (MIG) is designed to support the competitive employment of people with disabilities. Awarded to the Connect to Work Center at the Bureau of Rehabilitation Services, Connecticut Department of Social Services, the grant is intended to facilitate enhancements to the state Medicaid program and services, to promote linkages between Medicaid and other employment-related service agencies and to develop a comprehensive system of employment supports for people with disabilities.

To achieve these goals and strengthen the employment infrastructure for Connecticut residents with disabilities, Connecticut is developing a comprehensive, statewide strategic plan. MIG Steering Committee members determined at the outset that the strategic plan should be based on the needs and experiences of people with disabilities and employers. A comprehensive needs assessment has been conducted as a first step in the strategic planning process. Beginning in January, 2006, the Connect to Work Center contracted with the University of Connecticut Health Center (UCHC) to conduct a statewide needs assessment for the MIG. With direct guidance from the MIG Steering Committee, the UCHC research team developed a multi-pronged approach to contact people with disabilities, employers, and service providers throughout Connecticut to assess their experiences, attitudes, and observations about employment for persons with disabilities.

The needs assessment included seven distinct research activities. This approach was used to gather information from multiple sources and stakeholders.

The needs assessment included seven distinct research activities. This approach was used to gather information from multiple sources and stakeholders.

1) We conducted an extensive search of relevant literature. This step guided the development of the methods of collecting data and the data collection instruments.
2) Connecticut census and Department of Labor data were examined to set the context.
3) Potential partners were sought out from existing state councils, work force development boards, and other entities.
4) People with disabilities completed a survey by telephone, in-person, or by mail. The survey included both quantitative, forced-choice questions and qualitative, open-ended questions about their experiences, expectations and needs regarding work and personal assistance.
5) Key informant interviews and focus groups with stakeholders were conducted. People with disabilities, family members, employers, and service providers participated in group discussions and one-on-one interviews that utilized a guiding set of open-ended questions addressing the key areas of concern.
6) A mailed survey went out to employer members of four regional Chambers of Commerce to gather their input.
7) The employment processes of four key state agencies were explored and mapped to identify strengths, weaknesses, overlap, and opportunities for collaboration and streamlining in the existing state system.

The following report presents a comprehensive overview of all seven components of the needs assessment.

II. Literature Review and Analysis

A comprehensive literature search was conducted electronically and by hand to review current literature on the employment needs of people with and without disabilities (inclusive of people 15 and older) as related to: attitudes and expectations about employment, barriers to employment, job search behavior and strategies, measurement of employment outcomes (including existing employment measures of satisfaction and success), and an overview of activities related to people with disabilities in other states. Multiple databases including Academic Search Premier, Ageline, CINAHL, EconLit, ERIC, PsychINFO, PubMed, LexisNexis Academic, CenStats: U.S. Census Bureau, HAPI - Health & Psychosocial Instruments, ICPSR - Inter-University Consortium for Political and Social Research, and SCOPUS were used in the search. The search proceeded by exploding the appropriate index term in each database and combining this with a free text search using key words including: employment, employment barriers, employment and disabilities, employment strategies, employment networks, supported employment, employee's attitudes, employers' attitudes, job-seeking behavior, job search process, job seeking barriers, job search, job search skills, job choice, self-efficacy, school to work, transition-age youth, self-directed employment, business and disability, and employment measurement and outcomes. All relevant articles were compiled and reviewed, and reference lists were checked for additional publications.

Information on state specific employment activities includes information on activities and programs that enhance employment opportunities for people with disabilities (including transition-to-work aged youth) who are able to work and who want to do so. Information on the Ticket to Work Program, demonstration projects, cooperative agreements, and grants is presented by state alphabetically (See Appendices A, B and C).

A. Needs of people without disabilities looking for employment

Employment attitudes and expectations

With the growing numbers of people entering the workforce over the past couple of decades, there has been an increased interest in understanding employment attitudes, expectations, and barriers involved in procuring a job. For most people, work is a context to which they devote most of their waking hours and from which they derive an essential measure of their identity (Hulin, 2002). Employment provides a source of autonomy, self-esteem, relationship outside of the family, purpose in life, income and security (Altschuler, 2004; Hulin, 2002; Philipson, 2002; Pratt, 2000). Research shows that social connections at work are positively correlated with mental health and life satisfaction (Hodson, 2004). Attitudes towards work refer to job satisfaction and stress, employment involvement, and organizational commitment (Conte, Dean, Ringenbach, Moran, & Landy, 2005; Zickar, Gibby, & Jenny, 2004). Employment attitudes are also related to perceived support from peers and making use of interests and skills (Altschuler, 2004).

Research findings show that when total number of work hours matches an employee's preferences, employees tend to exhibit greater satisfaction, diminished levels of emotional exhaustion, and decreased intent to leave work (Holtom, Lee, & Tidd, 2002). Findings also indicate that employees who have involuntary work schedules demonstrated lower levels of job satisfaction and commitment, and unlike voluntary workers, satisfaction and commitment did not improve with length of time working for an organization (Holtom et al., 2002). As suggested by several researchers, perceived match between an employee's knowledge, skills, and capacity

as related to job requirements, also influences worker attitudes (Barling & Gallagher, 1996; Feldman, 1996). In addition, employees who perceive their skills to surpass job tasks or believe their abilities are not completely used, think of themselves as being underemployed (Holtom et al., 2002). Studies show that underemployment contributes to negative attitudes toward employment (Feldman, 1996). Conversely, the more employees' attain their preferred work outcomes, the more they tend to have positive attitudes toward work and demonstrate more positive employment behaviors (Feldman, 1996).

Organizational research provides considerable insight into peoples' attitudes toward work and the expectations related to it. Organizational scholars suggest that people develop strong feelings for their job and the organization that employs them. Developmental psychologists have long contended that it is natural for people to have feelings of ownership and that in an organizational context, it is therefore not surprising to observe the phenomenon of ownership (Pierce, O'Driscoll, & Coghlan, 2004; Van Dyne & Pierce, 2004). Looking at ownership as an attitudinal state, psychological ownership has been defined as "that state where an individual feels as if the target of ownership is theirs" (Pierce et al., 2004). Researchers differentiate between the attitudes of psychological ownership and commitment to an organization. For example, psychological ownership reflects how much a person feels the organization is his or hers, and organizational commitment entails the degree to which a person is willing to remain connected to the organization (Pierce et al., 2004). As noted by researchers, feelings of ownership are "fundamentally different from wanting (or needing or feeling obliged) to maintain membership in an organization (i.e., organizational commitment)… Having the sense of possession that characterizes psychological ownership is also different from having a positive and pleasurable mood that stems from appraising the job as providing valued outcomes" (Pierce et al., 2004). In sum, job satisfaction, as an attitude toward work, encourages organizational membership and identification with an organization, and reveals a measure of pride in the attachment to the organization.

In the literature, social exchange theorists focus on reciprocity and the balance between work and employment rewards, while organizational support theorists assert that people develop global ideas related to the degree to which they think the organization values their contributions and cares about their welfare (Parker et al., 2003; Rhoades & Eisenberger, 2002). Some of the literature indicates that peoples' work attitudes and expectations are shaped by a psychological contract, and that people are more likely to terminate their employment and look for a new job if they feel the organization has broken a promise or if reciprocity is lacking (De Vos, Buyens & Schalk, 2005). Peoples' employment expectations include: recognition, autonomy, expression, career growth, diversity, teamwork, structure, environment, balance, and stability. Some expectations are clearly understood by both employer and employee, including the benefits of approval, fairness of treatment, favorable job conditions, respect, supervisor and co-worker support, salary, promotion, and access to information, such as job enrichment or training that enables a person to better fulfill job responsibilities (Rhoades & Eisenberger, 2002). Research suggests that peoples' motivation, commitment, and length of time employed in an organization depend, in large part, on their expectations and perceptions related to employment terms and how they perceive these terms to be carried out (De Vos et al., 2005).

Youths' conceptions of work are generally focused on making meaning of their employment experiences and are usually framed by their family history, cultural heritage, and personal visions (Chaves et al., 2004). Developmental researchers have documented that as early as age seven, children are cognizant of the correlation between income and employment and have developed an awareness of the existing relationships between employers, employees, and consumers (Chaves et al., 2004). Since the family is the principle socializing force for youth, it

makes sense that children begin to understand the employment world as they watch family members engage in the workforce and as they listen to them discuss their experiences at work.

Several studies report that contextual factors such as family, community, and the job market significantly influence youths' views about the purpose, worth, and attitudes regarding employment as well as the fit between youths' aspirations and actual educational and career goals (Chaves et al., 2004). Findings from one study suggest that youth have high aspirations toward work, but these do not always mesh with their educational plans (Chaves et al., 2004). Other researchers report that youth from higher socioeconomic backgrounds typically view employment as more important and as having possibilities for expressing themselves whereas youth from lower socioeconomic backgrounds view employment as a way to earn money (Blustein et al., 2002). Researchers report that inner city youth attitudes toward employment are directly affected by the incidence of joblessness and the atmosphere of hopelessness that permeates communities in which they live (Quane & Rankin, 1998).

One study of youth demonstrates youths' complex attitudes toward work that are associated with their general educational experiences and plans for the future, and indicates that some youth express high levels of anxiety related to considering employment as a primary life activity; in some situations, it is noted that anxiety motivates youth to be more engaged in their academics and committed to planning for a career (Philips, Blustein, Jobin-Davis, & White, 2002). Qualitative data reveal how many youths define work and the attitudes they have towards it (Chaves et al., 2004). Youths described work as, "A place where you go and get paid for what you do," "…something you love doing. Something that you wake up every morning for and can't wait to do it," and "Work is not always a bad thing, it is fun" (Chaves et al., 2004, pp. 279 - 280). The literature on youths' attitudes and expectations toward work also indicates that students view employment as part of the transition from school to work as being structured and influenced by parents and as a basis for social exploration beyond home and school (Green, 1990).

One-quarter of workers in the United States between 58 and 73 years of age remain in the workforce after they retire from full-time employment (Altschuler, 2004). Social commentators note that traditional definitions of employment may not reflect the attitudes and expectations of older workers' attitudes toward work (Bambrick & Bonder, 2005). Research shows that older adults perceive work as contributing to self-concept, giving back to the community, and remaining engaged; productive activities of older adults add to quality of life and also have positive implications for society (Bambrick & Bonder, 2005). In recent years, older women have made a notable appearance in the workforce. In 2000, it was reported that 1.8 million older workers are women (Altschuler, 2004). Researchers report that older women value employment as a means to contribute toward their personal identity, to gain independence from men, lost dreams and regrets associated with educational opportunities, and competitive employment (Altschuler, 2004).

Barriers to employment

There are numerous barriers that prevent people from gaining employment. Some of these include: addictions (drug and/or alcohol abuse), age (younger or older), appearance (body language, disfigurement, presentation), application forms (incomplete or messy, not able to communicate in English, poor spelling), and attitude (anger, dishonesty, lacks initiative, negativity, rudeness, unprofessional, and unwillingness to learn) (Angel & Harney, 1997). Other barriers as often identified by social agencies include people with: little or no work history, low basic skills, no high school diploma or GED, criminal records, low self-esteem, housing

problems, long-term welfare recipient, limited proficiency in English, and lack of accessibility to transportation (Angel & Harney, 1997). Research shows that people receiving general assistance often have low work skills and typically experience multiple barriers to employment including health problems, lack of transportation, and lack of education (Halter, 1996; Rankin, 2003). Limited transportation services hinder employment among people who are poor; for example, in Cincinnati, Ohio transportation was a barrier to employment for approximately 30 percent of people needing general assistance (Halter, 1996). Most studies indicate that 45 to 50 percent of the population on general assistance does not have a high school diploma and those who are poor and living in urban areas are less likely to have a high school diploma or the equivalent (Halter, 1996).

Youth living in urban communities and especially poor, racial/ethnic minority youth face significant barriers that make it difficult for them to successfully participate in the world of work (Chaves et al., 2004; Green, 1990). Racial/ethnic and gender discrimination, a greater incidence of crime in inner city communities, and lack of available jobs make it more challenging for youth who are poor to enter the workforce (Chaves et al., 2004). These barriers often make it difficult for youth to attain the education needed in order to gain competitive employment in a global market (Chaves et al., 2004). For example, disparities in school funding limit technological resources and educational and vocational programs so that students do not have the same opportunities as those in affluent schools have (Chaves et al., 2004). The challenge to find meaning in work applies to all youth; however, for poor and working-class youth, the developmental task of finding employment is more difficult (Chaves et al., 2004). Some youth have internal barriers including lack of interest or motivation to seek employment while others are faced with obstacles that include low cognitive ability, deficits in basic skills, perseverance, and engagement with school (Blustein et al., 2002). External barriers include less availability of guidance office services and other resources as well as lack of financial resources for continued education at the college level and less availability of relational resources, such as parental participation and support (Blustein et al., 2002; Quane & Rankin, 1998).

Older adults have an abundance of human capital that's been accumulated over a lifetime of paid employment and participation in society. They are typically in good health, are well-educated, and have significant expertise in diverse employment situations; however those who want to continue to work in some capacity after they retire from full time work often experience barriers to employment. Significant barriers, recognized as limiting employment, include perceptions that an older person is not qualified to carry out duties associated with current employment opportunities (Gibson, Zerbe, & Franken, 1992). Research findings also show older people are lacking in suitable job-search skills, are often the focus of discrimination, are thought to be more expensive to employ, and are more difficult to incorporate into the corporate culture (Gibson et al., 1992).

B. Needs of people with disabilities looking for employment

Employment attitudes and expectations

In order to enable people with disabilities to prepare for and engage in employment that is meaningful and rewarding, it is useful to gain a better understanding of the needs, attitudes, and expectations of this population. Census figures indicate that approximately 49.7 million people over the age of five have a disability; this is a proportion of one in five United States' residents, or about 19 percent of the total population (U.S. Census Bureau, 2002; U.S. Census Bureau, 2003). Among these: 5.2 million were between the ages of 5 and 20; 30.6 million were

between the ages of 21 and 64 – 57 percent of this group were employed; 14.0 million were 65 and over – those with disabilities comprised 42 percent of people in this age group; 72 percent of people 16 to 64 with work disabilities had high school diplomas or higher education in 2001; 11 percent of people 16 to 64 with work disabilities had college degrees or more in 2001 (U. S. Census Bureau, 2002).

The term “disability” has been defined in numerous ways by various researchers, judicial bodies and legislatures. Some people have one disability while others have multiple disabilities. Some disabilities are minor while others are major and have a greater impact on the career opportunities a person can pursue. Approximately 9 million people of all ages have a severe disability that requires personal assistance to perform daily activities of living (U. S. Census Bureau, 1997). Disabilities found in all age populations include but are not limited to: cognitive deficits (e.g., mental retardation; acquired brain injuries), physical disabilities (loss of sight, hearing; orthopedic disabilities; systemic disabilities, such as diabetes), and psychological disabilities (e.g., schizophrenia; bipolar). Within the 19 percent of the 257.2 million people age 5 and older in the civilian non-institutionalized U. S. population, specific disabilities include: about 9.3 million (3.6 percent) have a sensory disability involving sight or hearing, 21.2 million (8.2 percent) have a condition that limits basic physical activity (i.e., walking, climbing stairs, lifting); 12.4 million (4.8 percent) have a physical, mental, or emotional condition causing problems in learning, memory, or concentration; 6.8 million (2.6 percent) have a physical, mental, or emotional problem causing difficulty in self-care or in-home ambulation; 18.2 million (8.6 percent) of people16 or older have a condition that makes it difficult to leave their home and move about in the community; 21.3 million (11.9 percent of the 178.7 million people this age) age16-64 have a condition that affects their ability to be employed (U. S. Census Bureau, 2003). The mean earnings in 2000 of year-round, full-time workers 16 to 64 with work disabilities were $33,109. By comparison, those without work disabilities earned an average of $43,269 (U. S. Census Bureau, 2001).

Age is the primary factor affecting the probability of having a disability, however although better healthcare is helping children with disabilities survive into adulthood, an increasing number of children are developing chronic diseases (i.e., asthma, diabetes) during childhood and will need life-long healthcare and support to manage their illnesses (Beresford, 2004). There are also differences by race and ethnicity. For example, in the age group 55 to 64, the percentage with a severe disability was 20 percent among Caucasians not of Hispanic origin, 35 percent among Blacks and 28 percent among people of Hispanic origin (U. S. Census Bureau, 1997).

A primary purpose of the Americans with Disabilities Act of 1990 was to increase the rate of employment of people with disabilities by making it unlawful to practice discrimination against people with disabilities. However, over a decade later, Americans with disabilities still face significant gaps in securing employment, education, and accessible public transportation so they can work (National Organization on Disability, 2000). Among those who have disabilities, there are those who want to work, those who are unable to work, those who have alternatives to employment, and those interested in training.

Attitudes and expectations toward work often vary among people with disabilities depending on the type of disability they have. For some people, disability has a minimal influence on employment development, while for others the same disability may significantly impact their life experiences, self-esteem and future outlook (Szymanski & Hanley-Maxwell, 1996). For many people with disability, disclosure of their disability creates a risk and causes a great deal of anxiety (Piggott, Sapey, & Wilenius, 2005). For example, in a study of employment among people with epilepsy, many participants perceived that employers would find a reason to fire a

person with epilepsy when the condition was revealed, thus seeking a supportive employer who had knowledge of epilepsy was instrumental in finding and maintaining employment (Piggott et al., 2005). In another study, participants expressed concern about disclosing their disability during job interviews; this was a special concern for participants with mental illness (Fortinsky & Trella, 2004). Interactions between personal, social, and environmental aspects including beliefs, gender, self-efficacy, educational background, culture, and socioeconomic status all have the potential to influence how a person feels about disability and employment (Cinamon & Gifsh, 2004). Therefore understanding the work attitudes and expectations of people with disabilities is complex.

In general, people with disabilities have similar attitudes toward work that people without disabilities have. In a study of unmet needs and barriers to independent living among adults with disabilities, a common theme from focus groups discussions was the desire to contribute something meaningful to society (Fortinsky & Trella, 2004). Other research findings indicate that work is important to people with disabilities because it has the potential to improve overall health and functioning (Goodwin & Kennedy, 2005). It is also a part of being valued and respected within society and is an important way to experience social inclusion (Arksey, 2003). In other words, employment provides psychosocial benefits for people with disabilities. For example, work provides structure and opportunities for shared experiences with others outside of the nuclear family as well as connections to goals that go beyond personal ones; it can also shape personal identity and fuel self-esteem, in the same way it does for people without disabilities (Goodwin & Kennedy, 2005).

Research findings show that employment benefits society and the economy in addition to increasing a person's financial independence and self-worth (Smith, Webber, Graffam, & Wilson, 2004). In the literature, self-esteem and self-confidence are noted as the two most important benefits of work (Goodwin & Kennedy, 2005). From a clinical perspective, employment may lead to outcome improvements by increasing self-esteem, lessening psychiatric symptoms in people with mental illness, and decreasing dependency (Crowther, Marshall, Bond, & Huxley, 2001). As with people without disabilities, attitudes towards work refer to job satisfaction and stress, employment involvement, and organizational commitment (Conte et al., 2005). Goodwin and Kennedy (2005) report that people with disabilities experience high levels of satisfaction associated with work and benefits of self-esteem, work structure, and socialization. This same study supports the perspective that work should be provided as an important part of rehabilitation where appropriate (Goodwin & Kennedy, 2005).

Unfortunately, while people with disabilities have the same overall attitudes toward work that people without disabilities have, the current system of disability benefits presents conflicting messages regarding the economic benefits of working. To be eligible for Social Security Disability Insurance (SSDI) benefits, including cash benefits, a person must be unable to engage in substantial gainful activity (SGA). People with disabilities receiving a SSDI cash benefit face losing this benefit if they earn more than SGA, currently defined as earning more than $860.00 per month, with a greater amount allowed for people who are blind (Social Security Administration, 2005). This creates a potential "cash cliff" which acts to limit the amount earned by people receiving cash disability benefits (Livermore, Stapleton, Nowak, Wittenburg, & Eiseman, 2000). By earning under SGA, and continuing to receive SSDI, a person with disabilities may possibly earn more than if he/she were only working. This is especially true for people with disabilities who are only able to work part-time or at a low income job.

Disability recipients are also often apprehensive about the possible loss of other benefits. For example, often there is real concern over the loss of health benefits, as well as concern over the ability to continue earning above SGA, and subsequent fear of not being able to regain full benefits if no longer able to work at that level (General Accounting Office, 1998; Stapleton et al., 1995; Stapleton, Livermore, Scrivner, & Tucker, 1997). The Medicaid for the Employed Disabled (Connecticut's Medicaid Buy-in Program) program was created to ensure that health benefits would not be lost by people returning to work (Porter, 2004). Despite this protection of health benefits, preliminary data showed that the majority of participants (75%) were still earning under the SGA one and a half years after implementation (Connecticut Department of Social Services, 2001; Porter, 2004). Thus, while disability beneficiaries have always been encouraged to work, current work incentives are not always considered adequate to offset this potential loss of Social Security Disability Insurance benefits (Livermore et al., 2000; O'Day, 1999).

Other non-benefit related concerns also exist which prohibit some people with disabilities from successful employment. Appropriate jobs are also not always available. For example, people with disabilities who are unable to do physically demanding work are limited to jobs that are sedentary and should have a wider variety of jobs made available to them (Shrey, Bangs, & Mark, 1991). In addition, because of certain disability limitations, people may need specific education or training in order to enter the work force (Shrey et al., 1991). People who have been compromised by disability or injury and who have vocational potential expect assistance through policies that will support them in their endeavors to experience meaningful employment. People with disabilities have expectations to experience a good match between their personal skills and the skills needed for employment. In describing the Marriott Foundation's "Bridges…from School to Work" program, Donovan and Tilson (1998) report that successful employment outcome is dependent on the synthesis of matching needs with abilities. Hotchkiss (2003) also underscores the expectation that people with disabilities have for more appropriately matching skills and employment.

Work not only plays a significant role in adult life but also contributes to self-concept and well-being in youth (Cinamon & Gifsh, 2004). It should be remembered that young people with disabilities are "first and foremost *young people.* They behave and experience many of the same adjustment problems as other teenagers. They have the same self-esteem concerns and normal adjustment problems related to home, community, and sexuality" as people without disabilities (Wehman, 1992, p. xvii).

For youth, as for adults, inclusion in the work world suggests that an individual is a constructive member of society and it also fulfills the expectations of individuals as well as society (Cinamon & Gifsh, 2004). Significant increases in the enrollment into higher education of students with disabilities is evidence that young people with disabilities look forward to and expect the same opportunities as their counterparts that don't have disabilities. According to Norton & Field (1998), two-year colleges are the fastest growing post-secondary institutions enrolling students with disabilities. Although many young people with disabilities are receiving education beyond high school they still have difficulty becoming employed. Research shows that this is due to lack of knowledge in how to interview effectively for employment, difficulty in disclosing personal needs for specific accommodations at work, and difficulty understanding the behaviors necessary for retaining employment (Norton & Field, 1998). A Career Placement Project demonstrated that increasing career preparedness is effective in helping youths with disabilities find work (Norton & Field, 1998). Research also has also shown that professional development of staff leads to improved practice with youth and increases positive youth outcomes. An estimated one in eight youth have a disability; for example, 36% of high school dropouts have

learning disabilities and 59% have emotional or behavioral disorders (Blackorby & Wagner, 1996). Success in the workforce development system requires that people working with youth understand disability and are knowledgeable about employment access strategies and disclosure regulations, and are able to help them connect with appropriate resources.

Research indicates that youth have a strong desire to be part of the work world, but lack information and are not familiar with occupations and the benefits of being employed (Cinamon & Gifsh, 2004). In the same study of youth with mild mental retardation, findings indicate that they view the labor market primarily as a source of earning money and circumventing loneliness, they have very little idea what occupations are available to them, they consider abilities and personal interests when considering work, and underscore the importance of "behaving nicely" at work and arriving at work on time (Cinamon & Gifsh, 2004). Clearly, there are domains that can be emphasized when helping youth with disabilities transition from high school to work by providing them with definitions of work, reasons for working, and promoting self-awareness and knowledge about the work world.

Barriers to employment for people with disabilities

The literature overwhelmingly supports the view that working is both a right and a responsibility for people with disabilities; however adults with disabilities face numerous barriers to employment and are the only group in the United States for whom not being employed is considered an acceptable way to live (Marrone & Golowka, 1999). Barriers to employment include both internal and exterior barriers.

Internal barriers include limited physical functioning, coping with treatment demands, uncertainty, lack of confidence, fear of disclosure to an employer, and vulnerability to psychological suffering (Arksey, 2003; Barlow, Wright, & Cullen, 2002; Piggott et al., 2005). In one study on unmet need and barriers to independent living among adults with disabilities, focus group participants disclosed their frustration related to the difficulty of finding productive employment (Fortinsky & Trella, 2004). In addition, low self-esteem, limited early life experiences, lack of confidence in decision-making (Enright, 1997), and dependency issues (Gerber, Ginsberg, & Reiff, 1992) are also internal barriers to employment.

There are many external barriers to employment for people with disabilities. The most obvious are perhaps the environmental barriers that include poor architectural design of buildings restricting access to transport both to public and private facilities (i.e., lack of handicap accessible ramps and wide entrances to accommodate wheel chairs) Mobility, transportation issues, and poor public transportation infrastructure also create obstacles for people with disabilities (Crudden, Sansing, & Butler, 2005; Schartz, Schartz, & Blanck, 2002). Other external barriers to employment include the negative attitudes of society, employer attitudes, social stigma, and prejudice resulting from stereotypes (Barlow et al., 2002; Enright, 1997; Piggott et al., 2005). In a study by Fortinsky and Trella (2004) to explore unmet needs and barriers to independent living among adults with disabilities, participants in all of the focus groups mentioned discrimination as an obstacle to employment both during job interviews and at work once they were employed. Research also shows that people with disabilities who are a minority or who are female and belong to a minority group experience dual discrimination (Randolph, 2005). Clearly, many barriers are social rather than individual and could begin to be overcome by viewing people with disabilities more as contributing members of society and not solely as those deserving of help.

Poverty is also a significant barrier and is negatively associated with the ability to work. According to Baron and Salzer (2002), “The U. S Labor market is unforgiving, and a grim economic future awaits *anyone*, with or without disabilities, who cannot measure up to its demands” (p. 586). Approximately one in ten adult of working age without disabilities live in poverty; for people with some work limitations, the rate of poverty is three times greater, and for those with significant disabilities the rate increases to 38.3 percent (Schartz et al., 2002). Regardless of gender and age, significant monetary disparities exist between Americans with and without disabilities; for example, people with disabilities earn approximately 72 percent of what individuals without disabilities earn yearly (Schartz et al, 2002). This proportion reflects the fact that people with disabilities are more likely to be employed in part time or temporary jobs. The rate of poverty for people with disabilities who work part time is about 60 percent higher than those without disabilities who work full time (Schartz et al., 2002).

Level of educational attainment and lack of meaningful career opportunities are other external obstacles to employment for people with disabilities (Barlow et al., 2002; Marrone & Golowka, 1999). Key issues identified as employment barriers by people with disabilities include length of time out of work and lack of appropriate or suitable jobs (Arskey, 2003). In addition, history of failed attempts in job seeking, benefit disincentives, medical insurance, financial tradeoffs (loss of food stamps, Section 8 housing subsidies, special program supports), and insufficient support to re-enter employment are also considered external obstacles to employment (Marrone & Golowka, 1999; Piggott et al., 2005). Limited range of available occupations, difficulties finding employment, few successful role models, and fear of losing Social Security benefits are significant barriers for people with disabilities who are seeking work (Enright, 1997; Piggott et al., 2005). Exclusion from the labor market often results in reduced income, lower buildup of pension rights, loss of social networks, companionship, and low self-esteem (Arksey, 2003). Barlow et al. (2002) suggest that building confidence in people with disabilities may enable them to overcome some of the external barriers associated with the environment and employment organizations.

People with mental illness experience a higher rate of unemployment than people with other disabilities and face barriers that are somewhat different from people who have physical disabilities (Baron & Salzer, 2002; Corbière, Mercier, & Lesage, 2004). It is more often than not assumed that if they work at all, individuals with mental illness will have low-paying work and low-status employment with recurrent turnover (McCrohan, Mowbray, Bybee, & Harris. 1994). Significant obstacles include the presence of psychiatric symptoms (i.e. depression that inhibits keeping to a schedule and paranoid delusions that disrupt employment relationships), deficits in interpersonal skills (i.e., poor social skills impede positive social interactions that are necessary in the work place), and disabling cognitive deficits (i.e., decreased ability to problem solve and think in a logical manner resulting in reduced work performance) (Baron & Salzer, 2002). The literature suggests that the frequency and strength of psychiatric symptoms may account more for the high rate of unemployment in this population than the presence of symptoms (Cook & Razzano, 2000). In addition, job-seeking involves several planning and decision-making processes. These processes are experienced as especially difficult for people with mental illness and erode their confidence in their ability to attain employment goals (Corbière et al., 2004). The longer individuals in this population remain unemployed, the greater their awareness of employment barriers and the greater the likelihood they will also struggle with lower levels of self-efficacy and self-esteem. Self-efficacy theory is often applied to the vocational realm. Self-efficacy expectations are typically learned from accomplishment, observation, and/or encouragement and support (Lent & Maddux, 1997); for those with mental illness who struggle with cognitive deficits, it is difficult to form self-efficacy expectations. In addition, for many people with mental illness, length of tenure at work is another employment

barrier because long-term employment in this population is a major problem (Provencher, Grigg, Mead, & Mueser, 2002). Only 10-20 percent of individuals with mental illness participate in competitive employment, and while more are involved in supported employment, the drop out rate exceeds 40 percent (Provencher et al., 2002). Typically, people with mental illness in supported employment on average retain their jobs for 70 days (Provencher et al., 2002).

For youth, as with other age groups, motivation is an important element of work performance. Reinforcement from school personnel is as important as motivation and when it is lacking, it presents a barrier for youth with disabilities who are transitioning from school to the workforce (Wehman, 1992). According to Wehman (1992), people are not typically intrinsically motivated to work; they need significant incentives. Thus lack of incentives (i.e., opportunity to earn competitive wages, receive time off for illness and vacations, enrollment in an affordable insurance program) is a barrier to employment for youth. Because youth with disabilities have difficulty advocating for themselves, lack of an appropriate advocate is also a significant barrier to employment (Wehman, 1992). In addition, lack of school-age programming and transitional planning and services are barriers that, if provided, would enable youth to experience more productive transitions from high school to employment (Gerber et al., 1992). Lack of knowledge regarding career and vocational services also exists and need to be addressed in order to help youth seeking employment (Barlow et al., 2002). Employment models that work but need to be expanded upon include transitional employment, supported employment (i.e. individual placement model and group placement models), and peer counseling (Wehman, 1992). Transitional planning is especially beneficial because it "ensures that appropriate adult options and support mechanisms are in place before the individual graduates so that an integrated lifestyle can be maintained" (Hess, 1992, p. 275). Transitional planning also assists the service delivery system by exploring the effectiveness of current programs and by becoming "the driving force for the development of new opportunities for individuals with disabilities" (Hess, 1992, p. 275).

People with disabilities often have limited opportunities to utilize decision-making skills not because they don't possess such skills but more often because of the pessimistic attitudes and practices of service providers and social organizations (Hamner, Timmons, & Bose, 2002). In many situations, problems within the rehabilitation system itself have made it more of a barrier than a resource in helping people with disabilities find employment et al., 2005; Schartz et al., 2002). Research shows that high unemployment rates among people with disabilities cannot be explained by a lack of aptitude or aspiration to work; it is more an issue of poor connections between providers and employers (Gates, Akabas, & Zwelling, 2001). Data show that the best way to provide employment support for people with disabilities in helping them overcome these barriers are: focus on flexibility in service delivery to ensure that services are constructed to meet peoples' needs; provide a clear path to services so consumers who need more training or services can feel at ease in requesting extra assistance, and encourage job seeker competence and autonomy so that people with disabilities can better manage their own job search and career decisions (Hamner et al., 2002).

C. A comparison of job search behavior and strategies of people without and with disabilities

People without disabilities

Annually, millions of individuals engage in the process of searching for employment as a result of completion of education and training, reentry into the workforce, interest in pursuing different career opportunities, or involuntary loss of employment (Kanfer, Wanberg, & Kantrowitz, 2001). It is anticipated that individuals in the United States will experience as many as twelve job transitions over the course of a forty year work life (Kanfer et al., 2001).

Job search behavior is a complex activity and has been the focus of a great deal of research. In essence, the job-search process is characterized as a search for information (Schmit, Amel, & Ryan, 1993). The process is also described as a "purposive, volitional, self-managed, and dynamic pattern of activity directed toward the goal of gaining employment" (Wanberg, Glomb, Song, & Sorenson, 2005, p. 411). Specific job search behavior includes being able to make realistic decisions about one's career, seeking information about particular job vacancies, making contacts with agencies and organizations needing workers, being able to competently present appropriate knowledge, aptitude, and skills to prospective employers (Rankin, 2003). Most jobs are acquired through three methods: informal channels, such as family, friends, personal contacts; formal methods, such as help-wanted ads, public and private organizations, employment agencies, and job training programs; direct application, such as submitting a job application directly to an employer. A large body of literature indicates that informal methods, utilizing social networks, are significant in helping individuals find jobs and reach economic goals (Brown, 2000; Carey, Potts, Bryen, & Shankar, 2004; Green, Tigges & Diaz, 1999; Mau & Kopischke, 2001; Mouw, 2003) and that personal contacts play a principal role in a job seeker's capacity to discover job opportunities that are interesting and that they qualify for (Brown, 2000). Research indicates that as many as 40% to 70% of individuals find employment through contacts in their social networks (Carey et al., 2004). Social networks are highly effective in helping people locate jobs because they provide conduits of communication for the information that makes it possible to link potential employees with job opportunities (Carey et al., 2004; Mau & Kopischke, 2001). For unadvertised job opportunities, such networks may be the only way to obtain information about them. Larger social networks provide more information than smaller ones and characteristics of the people in the networks are critical because they influence the effectiveness of the network contacts and the possibility that contacts will keep the job-seeker in mind as employment opportunities become available (Carey et al., 2004).

Besides depending on a personal social network in job seeking, some individuals use formal methods or a "*structured* job information market" to find employment (Mau & Kopischke, 2001, p. 141). This includes reading, answering, and placing advertisements in newspapers, attending job fairs, using school or professional employment resources and more recently accessing the internet. While networking is the most common approach for white collar workers to find employment, newly graduated college students tend to use résumés and want ads as the most common way to search for a job (Mau & Kopischke, 2001).

The job search literature has focused more on college students and the skills they use in searching for employment than on people with limited education. However, existing literature suggests that people with less education use different job seeking skills, are apt to be less mobile, and experience higher unemployment rates than those with more education (Rankin, 2003). Granovetter (1983), who underscored the importance of informal connections for those seeking jobs, noted that the strength of ties between job seekers and informal contacts

corresponds to the quality of the employment gained. For example, research shows that weak ties with acquaintances, or those not in a person's network of family or friends, provide information that is not available through strong ties (family or friends) and that strongly tied contacts provide much less useful information because they tend to be similar to others in the strongly tied network (Granovetter, 1983; Green et al., 1999). It is not surprising, therefore, that people who use weak contacts (those outside of their own network) are able to obtain better jobs with higher pay than those who depend on family and friends for information about potential jobs (Granovetter, 1983). It was also found that poor and disadvantaged workers are more likely to use strong-tie contacts (families and friends) which may, in part, explain the difficulty they have in escaping poverty (Granovetter, 1983). In sum, people living in poverty tend to view themselves as not having many alternatives and therefore tend to seek work opportunities through the network they are most familiar with and have the easiest access to – family and friends.

Elliot (1999) found that the social isolation typically found among impoverished people, encourages reliance on family and friends and keeps them from seeking formal job recruitment opportunities. Preferences of employers for certain racial and ethnic groups, the use of ethnic networks for job information, and other behavior that is discriminatory affects job seeking behavior (Falcon & Melendez, 2001). Studies show that Blacks and Latinos seem to rely more on informal networks in seeking jobs than Whites (Falcon & Melendez, 2001). Limitations of the social networks of disadvantaged individuals in lower level jobs also prevents them from networking with higher status people in the workplace and from learning about potential employment that is better paying than what they may have access to through the strong tie networks of family and friends (McGuire, 2000).

An individual's "core self-evaluation" or "positive self-concept" is key in seeking employment and is thought to be comprised of self-esteem (self-perception of one's value as an individual), generalized self-efficacy (confidence in one's ability to manage a variety of situations), locus of control (perceived level of control over one's life events/circumstances), and emotional stability (tendency to be self-assured/stable) (Judge, Van Vianen & De Pater, 2004; Wanberg, et al., 2005, p. 412). Although the term core self-evaluation is new, its beginnings are founded in self-efficacy theory. Core self-evaluation is a concept that characterizes the basic assessments people make about themselves and their performance in their surroundings (Judge et al., 2004). For example, individuals who have positive core evaluations evaluate themselves in a consistent, positive way across settings, including employment; they also typically see themselves as competent, valuable, and in charge of their lives (Judge et al., 2004).

Research shows that positive self-concept is especially important in the ability to persist in job searching over longer periods of time (Wanberg et al., 2005). It appears that many researchers exploring job search behavior and employment are unfamiliar with the theoretical foundations of self efficacy as it relates to job searching or employment career, however, Betz and Hackett (2006) point out that according to Bandura's theory, information about self-efficacy springs from four principle sources: "performance accomplishments (enactive mastery experiences), vicarious learning (modeling), physiological and affective states (emotional arousal, e.g., anxiety), and verbal persuasion (encouragement)" (p. 4). According to Bandura, performance accomplishments are the strongest of these self-efficacy beliefs (Waghorn, Chant, & King, 2005). These principles and Bandura's theory provide a broad framework for beginning to understand the complexities of job search behavior. For example, knowing the sources of information on efficacy can enable one to better comprehend why some people embrace job searching strategies and exhibit job search behavior while others avoid such strategies and don't exhibit job search behavior. Bandura's theory is not only helpful in understanding various

job search behaviors but is especially useful in understanding career development in people with disabilities (Judge et al., 2004).

The literature suggests there are a number of variables that act as predictors of job seeking behavior; these include both person and situational variables. Person variables include: job seeking self-efficacy (the confidence an individual has to successfully execute several job seeking activities), employment commitment (the significance of work to a person), and conscientiousness (the level of determination and organization an individual has job seeking) (Wanberg, Watt, & Rumsey, 1996). Situational variables include social support (coping resources for those who are seeking employment), economic hardship (financial difficulty and reduction of standard of living), and unemployment negativity (the level of stress a person experiences related to being unemployed) (Wanberg et al., 1996). Findings show that there is a significant association between conscientiousness and job seeking support and job seeking behavior or the intention to seek employment (Wanberg et al., 1996). Research also shows that gender may predict job seeking intention with females more likely than males to have prospective intentions to look for employment (Wanberg et al., 1996).

With rapid changes in technology, thousands of internet sites containing millions of postings for job advertisements and résumés indicate that the internet may be the newest social channel through which employment information can be communicated (Fountain, 2005). As of 2000, approximately 40 percent of U.S. households had access to the internet and 55 percent of working-age adults utilize the internet, and 13 percent of unemployed and 7 percent of employed Americans accessed the internet to job search (Fountain, 2005). Web sites that offer job search information for employees include hotjobs.com and monster.com.

Theoretical perspectives are frequently referred to in the literature and are used to explain job-seeking attitudes, expectations, and behavior in gaining employment (Van Hooft, Born, Taris, Van Der Flier, & Blonk, 2004a). For example, according to theories of reasoned action (TRA), which is based on the assumptions that individuals behave rationally, intentions are indications of the effort individuals plan to exercise in executing a behavior and are a function of both the individual's attitude toward the behavior (whether positive or negative) and the subjective norm, which mirrors the individual's perception of social demands associated with carrying out the behavior (Van Hooft et al., 2004a). The theory of planned behavior is an extension of TRA, includes the variable perceived behavioral control (PBC), and is related to an individual's perception of how easy or difficult the behavior is to carry out (Wanberg et al., 2005). PBC is associated with Bandura's concept of self-efficacy and suggests that individuals are more likely to be motivated to act on their intentions and perform a behavior if they consider the behavior to be within their control (Van Hooft et al., 2004a). Although nine meta-analyses of these approaches show that attitudes, subjective norms, and PBC explain 40 to 50 percent of the inconsistency in behavioral intentions, other research indicates that only between 19 to 38 percent of the variance is due to intentions and PBC (Van Hooft et al., 2004a). The application of PBC to the study of job search has been successful and is widely known to be comprehensive in capturing the motivational aspects that influence the behavior and explain the perception of behavioral control (Wanberg et al., 2005).

Several studies show support for the expectancy-value theory (Van Hooft, Born, Taris, Van Der Flier, & Blonk, 2004b). This theory purports that job search behavior is predicted by an individual's subjective value of having employment and their expectations related to the opportunity to locate work (Van Hooft et al., 2004b). Job search studies also show a strong correlation between job search self-efficacy and job seeking as well as positive relationships between job search importance, appeal, and competence with job search purposes and

behavior (Van Hooft et al., 2004b). In other studies job search behavior has been found to depend on a person's abilities and skills as well as on the opportunities and resources an individual has (Van Hooft et al., 2004b; Vesalainen & Vuori, 1999). In several studies, financial need is a variable shown to be a valid predictor of job search behavior and is mediated by instrumental attitude, subjective norm, and job search intention (Van Hooft et al., 2004b; Vesalainen & Vuori, 1999).

While social networks are significant because of the resources they offer, having minimally developed social networks is a barrier for people who are seeking employment. In addition, people who have limited social networks may be disadvantaged because they are receiving information and help from people like themselves (Green et al., 1999). Minorities and women also face barriers in searching for employment because they tend to be concentrated in a limited range of occupations, have lower earnings, and are more likely to be living in poverty than white males (Mau & Kopischke, 2001). Lack of education and job skills, poor job orientation, passivity, and work experience are barriers that hinder job-seeking behavior (Rankin, 2003; Vesalainen & Vuori, 1999). In addition, difficulties in balancing the responsibilities of work and family are an obstacle for some women in seeking work (Rankin, 2003).

People with disabilities

Successful employment remains a critical issue for people with disabilities and although legislative mandates and changes in attitudes have resulted in some advances, the rate of employment of working-age individuals with disabilities is approximately half of the rate of employment of working-age individuals who are not disabled (Stapleton, O'Day, & Livermore, 2005). While Title I of the Americans with Disabilities Act of 1990 (ADA) has clarified the legal rights of people with disabilities, recent estimates of unemployment among people with disabilities remain high, between 70 and 80 percent (U.S. Equal Employment Opportunity Commission, 2005; Sowers, McLean, & Owens, 2002). The Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC) reports that the employment rate of working age people with disabilities in the U. S. decreased from 37.9 percent in 2003 to 37.5 percent in 2004, and the percentage of working age people with disabilities working full time year round also decreased from 23 percent in 2003 to 22.4 percent in 2004 (Houtenville, 2005b). In Connecticut, the rate of employment of people with disabilities increased from 42.8 percent in 2003 to 43.6 percent in 2004 (Houtenville, 2005a). Even so, the rate of unemployment remains high among people with disabilities in comparison to those without disabilities and those with disabilities remain underrepresented in the workforce; they typically also have lower salaries, restricted access to employee benefits, have lower skilled jobs and are more impoverished than those without disabilities (Timmons, Schuster, Hamner, & Bose, 2002).

In general, very little research has been conducted to systematically examine the role of networks in employment as related to people with disabilities (Carey et al., 2004). Networks refer to both those that are informal as well as formal and include natural supports, person-centered planning, and transition programs from school to work. Only a few studies have explored whether or not the same network characteristics that are essential to people with disabilities are also important to people without disabilities (Carey et al., 2004). Much of the literature contributing to the discourse of people with disabilities and employment, has focused on the role of Employment Networks, which must meet certain qualification requirements in providing employment services and supports to designated beneficiaries with disabilities (Blanck, Clay, Schmeling, Morris, & Ritchie, 2002; Capella-McDonnall, 2005). Any public or

private organization may apply to be an Employment Network and, after they qualify, are compensated for employment results through outcome-based reimbursement (OBR) payments. For example, Employment Networks in the Ticket to Work Program expand beneficiaries' choices of rehabilitation service providers, improve the quality of rehabilitation services by providing competition among services providers, encourage beneficiaries to become part of the workforce, and offer long-term services to help beneficiaries maintain employment (Livermore et al., 2003; Ticket to Work and Work Incentives Advisory Panel, 2003).

As noted in the literature, social networks are important as conduits of communication that make a match possible between a potential employee and an employment opportunity. Reflecting on how significant social networks are for job seekers without disabilities, it seems that it would be all the more important for people with disabilities, who often have a more limited number of employment options available to them, to have social networks that play a greater role in seeking employment compared with people who do not have disabilities. As an informal social network benefits people without disabilities, in the same way it also benefits people with disabilities by encouraging and motivating them, by listening to them and providing them with information to enhance their job search efforts (Roy, Dimigen, & Taylor, 1998).

Although there is a fair amount of literature related to direct employment support strategies for people with disabilities, there is far less information about employment and job seeking attitudes and expectations from the perspective of the individual (Timmons et al., 2002). The existing literature is helpful in identifying some factors that improve employment outcomes and that are used by people with disabilities. In one study, a set of key themes was uncovered that describe the attitudes some people with disabilities experience in the employment process, such as wanting both internal and external control in their lives (Gerber et al., 1992). Internal control refers to decisions, to aspirations to succeed, being goal centered, and being able to turn a challenging situation into one that is positive and productive (Gerber et al., 1992).

In job seeking behavior, internal control includes self-efficacy and generalized self-efficacy, which can be thought of as "confidence"; these play a strong role in the job seeking process (Barlow et al., 2002, p. 38). According to researchers, the ability to be confident in one's self as related to seeking employment is an important factor in helping people overcome external barriers in the community and in the work place (Barlow et al., 2002). Studies suggest that self-efficacy or confidence is also important in terms of assessing job-related interventions focused on people with disabilities and in making every effort to empower and enable them to have a voice especially as it relates to developing more competence and the additional skills necessary to seek work (Barlow & Harrison, 1996; Barlow et al., 2002). While self-efficacy and performance are more commonly addressed in the literature regarding people without disabilities, they have more recently been explored in people with mental disability. Waghorn et al. (2005), for example, suggest that knowledge of self-efficacy principles for certain tasks has the potential to empower a better match of supports to the need for support and may reduce the risk of performance experiences that are negative.

For some people with disabilities, having the desire to search for work and exemplifying self-determination in achieving that goal is strongly tied to self-esteem, self-respect, and self-efficacy. Bandura suggests that more than functionality is required to perform a certain behavior and that a behavior can only be performed after an individual perceives he or she is capable of executing a particular behavior (Waghorn et al., 2005). In the literature, self-efficacy is defined as "an optimistic self-belief in one's ability to cope with varied life demands (Lightsey, Burke, Ervin, Henderson, & Yee, 2006, p. 73). In other words, "self-efficacy is a person's

perceived capability, as distinct from functional ability, to perform a particular action or course of action" (Waghorn et al., 2005, p. 105). Self-efficacy has to do with an individual's beliefs about their abilities and influences the amount of effort and kind of activities a person invests in when looking for employment. Generalized self-efficacy is thought to be associated with competent beliefs about oneself and has been hypothesized to form self-esteem; it is defined as "one's willingness and determination to initiate and tenaciously stay with an undertaking in the face of physical and/or emotional adversity" (Lightsey et al., 2006, p. 73).

In their research, Gerber et al. (1992) found that some people with disabilities have positive attitudes and an "amazing will power to overcome adversity" (p. 476); they referred to several studies in which people with disabilities knowingly and aggressively set goals for themselves in order to cope with the anxiety they feel that's related to the possibility of failure. Although specific goals were not mentioned, they were reported to be achieved through a combination of "persistence (of motive and efforts), self-confidence, and strength or force of character" (p. 476). It is also common for people with disabilities to reframe or reinterpret their disability in order to view it in a more positive framework. For example, in seeking employment, people with disabilities find it necessary to recognize and accept their limitations, to reframe or understand their limitations, and to take action that will lead to employment (Gerber et al., 1992). This same study also found that job seeking behavior observed in people with disabilities includes learning to persist, being aware of goodness of fit (finding a job to match their skills and ability and one in which skills will be optimized), learning to be creative in order to develop existing abilities, and dependence on social ecologies or informal networks (family and close friends) for support and guidance (Gerber et al., 1992).

The literature clearly identifies person-centered planning as an approach used by people with disabilities in seeking employment, and one of the principle components of this approach is to recognize and invite the involvement of people (family/friends) who make up a person's informal social network (Carey et al., 2004). Person-centered planning is an approach frequently used in transitioning young people with disabilities from school to work (Carey et al., 2004). For people with disabilities who use person-centered planning, family, friends, and professionals involved with the individual are essential in helping them work toward and realize their career goals (Sowers et al., 2002). Similar to people without disabilities, people with disabilities most often use informal methods in job seeking and utilize strong ties more often than weak ties (Carey et al., 2004). In addition, some people with disabilities use employment programs. According to the literature, these programs tend to deemphasize an individual's social network making it hard for them to widen their own network and thereby making it difficult for them to access other informational resources that could inform them about potential employment (Carey et al., 2004).

Supported employment in the United States has raised consumer expectations related to job opportunities and currently continues to be justified on two grounds: the socioeconomic significance for individuals and the economic benefit experienced at the societal level (Johnson, 2004). In particular, the 1990 amendments to the Individuals with Disabilities Education Act and the 1992 amendments to the Rehabilitation Act stress the importance of individuals with disabilities and their families in being involved in planning for the transition of youth from school to work (Bullis, Davis, Bull, & Johnson, 1997). According to Bandura, "The ability to plan and direct ones' life course in different settings may be the most important aspect of human functioning" (Bullis et al., 1997). The concept of self-determination in supported employment is significant and encourages people with disabilities to take a dynamic role in participating in the development of their careers through self-management, self-instruction, self-determined decision-making, and self-employment; it is an important aspect in developing and maintaining

independence and is evidenced, in part, by the choices individuals make regarding job seeking process (Kilsby & Beyer, 2002).

People with disabilities also use state agencies to locate work. In a study conducted by Timmons et al., 2002), findings show that people using state agencies in the job seeking process value agency culture (the social and physical environment), consumer-directness (active involvement, choice, and provision of individualized services), availability of resources (resources include: job listings, training opportunities, technical resources, and post-placement support), quality personnel (reliability and consistency and provision of emotional support), and coordinated services are expectations that consumers have in seeking employment. In other words, in using state agencies, people with disabilities clearly communicate a desire for reliable services, responsiveness to their needs, effective communication between counselors and consumers, capable staff, education opportunities to encourage consumer involvement, and consumer participation throughout the job seeking process (Hamner et al., 2002; Timmons et al., 2002).

Researchers suggest that as “streamlining” occurs at the state level, more people with disabilities will be receiving support from One-Stop Centers and other places like them (Timmons et al., 2002, p. 184). The primary goal of the recent Ticket to Work and Work Incentives Improvement Act and the Workforce Investment Act of 1998, which was effective July 1, 2000, aims to integrate employment and training systems into a single system to meet the needs of individuals, especially those with disabilities (Timmons, Fesko, & Cohen, 2004). Research shows that people with disabilities often use multiple sources in seeking employment but doing so can be overwhelming; thus a One-Stop system is advantageous and beneficial in the collaboration that is characteristic of such systems (Timmons et al., 2004). Minnesota, Maine and Kentucky are on the cutting edge in increasing the capacity of One-Stop Centers in their states (Timmons et al., 2004). Minnesota, for example, hired an ADA coordinator for each One-Stop partner agency who is responsible to identify and refer people with disabilities and make sure they receive appropriate accommodation, program development, and coordination of disability resources (Timmons et al., 2004). Maine used grant funding to develop the infrastructure of their One-Stop Career Centers and have been especially successful in achieving accessibility goals for people with disabilities (Timmons et al., 2004). Kentucky is also making strides in developing accessibility guidelines in their centers (Timmons et al., 2004).

Rehabilitation in the public and private sector is a strong component of the service industry. Although the literature on consumer expectations and satisfaction is limited mainly to vocational evaluation services, it is discussed more circuitously in terms of advocacy, autonomy, dignity, empowerment, partnerships, consumer participation, self-determination, self-esteem, and self-supervision (Patterson & Marks, 1992). It’s clear that people with disabilities want to be viewed more as customers rather than clients and have expectations regarding the characteristics of service in promoting satisfaction that include: reliability, responsiveness, competence, access, courtesy, communication, credibility, safety (freedom from danger or risk), understanding, and an emphasis on what is tangible (the physical environment/appearance of personnel) (Patterson & Marks, 1992).

D. Employers

Attitudes and expectations

It has been more than a decade since the Americans with Disabilities Act of 1990 was signed, however, organizations are still currently challenged to create an employment environment that accommodates people with disabilities "while leveraging their talents and skills" (Wooten & James, 2005, p. 123). The intended purpose of ADA was to create job opportunities and enable people with disabilities to participate in and experience a satisfying career while having the opportunity to reach their potential in diverse employment situations, however statistics demonstrate that it takes time for attitudes and expectations to change and that the "successful implementation of ADA is a work in progress for most organizations and thus, a learning opportunity" (Wooten & James, 2005, p. 124).

Historically, employer attitudes toward employees with disabilities have been examined through traditional mail surveys, telephone and in-person interviews, and responses to hypothetical situations. A range of disabilities have been included when exploring employer attitudes and expectations including physical, intellectual, and mental disabilities. To date, there is no universal definition for the concept of employer attitudes, however in the literature they tend to be expressed in terms of influence, behavioral outlook, and knowledge gained through perception (Hernandez, Keys, & Balcazar, 2000). Findings suggest that when evaluating global attitudes of people with disabilities, employer attitudes are more positive, but when more specific attitudes were explored, employers tended to express negative attitudes (Hernandez et al., 2000). This suggests that employers may feel it is appropriate to generally accept employees with disabilities, but when asked more specifically about employees with disabilities are less likely to prefer hiring them over people without disabilities.

Numerous studies involving diverse work places show that overall positive attitudes toward employees with disabilities include viewing them as reliable, industrious, and friendly while negative attitudes focus on turnover, absenteeism, performance, and inappropriate interactions with co-workers (Hernandez et al., 2000). A report of research conducted by the Institute of Employment Studies and the National Centre for Social Research shows that employers often view improved company image, improved staff relations and morale, and improved rates in staff retention as common benefits of hiring people with disabilities while disadvantages to employing people with disabilities include absence and illness rates, and concerns related to lower levels of productivity (Dewson, Ritchie, & Meager, 2005). Results from current research reflect some of the employer attitudes found in earlier studies that view work flexibility and loyalty to the company as important employee characteristics while poor interactions with co-workers, high rate of absence due to illness, incompatibility and inflexibility were reasons to view disabled employees as a less successful employee (Lyth, 1973). In sum, employer attitudes towards people with disabilities, in both early and more current research, appear conflicted. Susanne Bruyere, Director of the Program on Employment and Disability, School of Industrial Labor relations at Cornell University, attests that this sentiment is also apparent in a survey of federal agency supervisors in which supervisors show a varied record toward employees with disabilities (The Center for an Accessible Society, 2002).

Recent literature shows that employers are concerned about the state of the economy, the unemployment rate, and job security, and in spite of the fact that there are a significant number of people with disabilities who are able to work and have the desire to work, employers state that people with disabilities are grossly underrepresented in the workplace (Dixon, Kruse, & Van Horn, 2003). In a recent survey, only 26 percent of employers indicate that they employ at least

one person with a mental or physical disability (Dixon et al., 2003). In the same survey, employers report that reasons they do not employ people with disabilities include: lack of physical accessibility, lack of experience among people with disabilities, unwillingness of employers to hire an individual with a mental or physical disability, and discrimination against people with disabilities (Dixon et al., 2003). Almost one-fifth (17%) of employers surveyed say that lack of skills and experience are the greatest obstacles for people with disabilities who are job-seekers and 15% report employer unwillingness to consider employing a person with a disability (Dixon et al., 2003). The survey also indicates that less than half of employers (40%) do not provide any kind of training to employees regarding working with individuals who have disabilities but do recognize that people with disabilities "represent an untapped pool of labor, and they see a role for both themselves and the federal government for increasing access to the workplace for all workers and ensuring equity of treatment" (Dixon et al., 2003). For example, six in ten employers agree that the federal government should provide tax incentives to employers for employing individuals with disabilities and that the government should also provide funds for tax incentives to employers to cover the costs of accommodations for employees with disabilities (Dixon et al., 2003).

The literature indicates that some employers are reticent to hire people with certain types of disabilities (Gilbride, Stensrud, Ehlers, Evans, & Peterson, 2000). For example, epilepsy studies demonstrate that there are varied reactions toward employing people with this particular disability and that fewer employment opportunities are available for people with epilepsy than for those with cardiac problems or diabetes (Hernandez et al., 2000). People tend to have mistaken beliefs about epilepsy including the belief that it is associated with lower levels of intelligence.

Dealing with discrimination in the workplace requires a complex set of skills and is a challenging factor in managing diversity in the workforce (Wooten & James, 2005). In the past, diversity has typically focused on issues related to ethnicity and gender and until recently little attention has been given to disability and discrimination in the workplace. According to some researchers, obstacles to overcoming discriminatory practices are rooted in organizational routines that are based on how the majority of employees perceive the world or how they view and accomplish work-related tasks and organizational defensive routines, which are employed to justify discriminatory practices (Wooten & James, 2005). Some organizations, such as Wal-Mart, illustrate reliance on reactive learning, as evidenced by their continued violation of ADA guidelines and an apparent unwillingness to change their attitudes toward employing people with disabilities; they also demonstrate the practice of "window dressing" in which, for example, Wal-Mart nationally advertises their company as one that values people with disabilities yet their image does not match with the organization's employment practices (Wooten & James, 2005, p. 135).

In some but not all cases, stigma plays a significant role in conformity to the ADA and organizations have changed attitudes and hiring policies to include people with disabilities (Scheid, 2005). Some studies demonstrate that businesses can incorporate proactive behavior into their mission and can learn by partnering with other agencies that promote the employment of people with disabilities. For example, the Boeing Company has a partnership with Metropolitan Employment and Rehabilitation Service (MER) to employ people with disabilities in temporary clerical positions and understands what is entailed in eliminating discrimination against people with disabilities (Wooten & James, 2005). Partnerships such as this encourage awareness of the needs of both employees and employers and are foundational in achieving successful job-matches (Smith et al., 2004).

Employment strategies

The job market is two-sided and just as social networks are an important resource for individuals in job seeking, social contacts are an essential source of information for employers who are looking for potential employees (Carey et al., 2004; Fountain, 2005). As with employees, employers have to gather and evaluate information in the employment process. In order to increase their chances of finding qualified candidates for positions, employers often depend on informal channels to provide them with reliable information about prospective employees; research shows that employers with higher quality networks provide a more effective network especially in terms of offering links to potentially qualified employees (Carey et al., 2004). Some employers use a "social capital" approach to hiring use referrals from employees; one study reports that this approach "yields significant economic returns" (Fernandez, Castilla, & Moore, 2000, p. 1288). Studies also show that informal methods are used in approximately 25% to 60% of hires and that employment rates increase in situations where individuals have lower skill levels (Rankin, 2003).

In addition to using informal methods of searching for qualified employees, employers depend on formal methods of transmitting and gathering information to fill vacancies. They publicize vacancies and include pertinent information, such as job responsibilities and opportunities for advancement, working hours, and salary (Fountain, 2005). An established economic paradigm of labor market searching suggests that, "if individuals have cheap access to more information about vacant jobs, they will be able to consider more potential jobs and be more likely to find a job" (Fountain, 2005, p. 1237). From an employer's perspective, filling job vacancies with qualified people increases productivity and if positions can be filled quickly, employer search costs are decreased and both individual and societal benefits are realized as employees are hired and successfully matched to jobs (Fountain, 2005). Neoclassical economic theory suggests that the more information an employer can gain in reference to prospective employees, the better equipped he/she will be in making a hiring choice (Fountain, 2005). Therefore, employers who take advantage of and use information from a combination of informal, formal or direct methods should be able to reduce the risk of making a poor choice and be able to identify the best choice and match for vacancies.

The hiring process for employers involves gathering more information than the minimum qualifications of a potential employee and involves assessing an individual's reliability, social ability in being able to be a team player, personality, and other variables that aren't easily discerned through an application and personal interview. Employers use job applications and résumés for preliminary screening, but prefer informal methods to gather information about a prospective employee's character and suitability for a vacancy. With the development of the internet, employers have an inexpensive way to gather large amounts of information that is low cost but may not be as reliable when used for screening (Fountain, 2005). Using Granovetter's (1983) strength-of-weak-ties hypothesis, a wider network of weak ties offers employers a larger pool of information. Fountain (2005) suggests that this hypothesis may be applicable to internet job searching phenomenon by increasing the quantity and quality of information as related to employers as well as individuals searching for potential employment positions.

A frequent theme in employment of people with disabilities is the need to match the individual's skills with employer needs. In describing the Marriott Foundation's Bridges from School to Work program, Donovan and Tilson (1998) report that successful employment outcomes depend on the importance of matching needs with capabilities, with employer's needs being most important. In a greater effort to help people with disabilities find appropriate jobs, Hotchkiss (2003) suggests that mechanisms for both potential employees and employers be strengthened.

Wonacott (2003) describes how environmental supports can increase the match between the skills of adults with learning disabilities and jobs and how work sampling has also been advocated as a type of occupational exploration in which individuals with disabilities receive brief exposure to a variety of jobs, both to recognize individual's skills and to make it possible for them to locate appropriate jobs.

Barriers to employing people with disabilities

In a recent survey, when asked what the greatest barrier to employers hiring people with disabilities, almost one-third responded that the type of work their company does is such that it cannot effectively be done by individuals with disabilities (Dixon et al., 2003). In the same survey, employers indicate that their own beliefs present barriers to employing people with disabilities (Dixon et al., 2003). These include: discomfort or unfamiliarity with disabled employees, belief that the type of work they do can't be completed successfully by someone with a disability, and fear of the expenses of accommodation (Dixon et al., 2003). It should also be noted that most employers surveyed indicate that they were not asked to provide any accommodations for individuals with disabilities and that those employers who hired people with disabilities are not as inclined to be worried about the cost of making accommodations (Dixon et al, 2003). Several different surveys indicate that in many situations, structural accommodations were unnecessary and when they were needed costs averaged less than 500 dollars; what was more apparent than accommodations was the need for changes in the management of human resource practices (Wooten & James, 2005).

Schur, Kruse, and Blanck (2005) report that corporate culture can produce barriers for people with disabilities that are attitudinal, behavioral, and physical. In exploring the relationship between corporate culture and disability, researchers reviewed the limited literature in this area and found that supervisor and co-worker attitudes have a significant impact on the employment experiences of individuals with disabilities and mirror the influences of stereotypes, discomfort in being in the presence of those with disabilities, stress generated by communication problems, personality factors, and prior contact and familiarity with people with disabilities (Schur et al., 2005). Researchers also found that supervisor and co-worker attitudes influence performance expectations and evaluations, the interest level in working with an individual with disabilities, and hiring people with disabilities into jobs that have lower responsibility, are lower paying, and have less opportunity for developing worker potential (Schur et al., 2005).

Organizational policies and practices are also barriers that limit employees with disabilities. In one study, "established job methodologies" was identified as the most significant barrier by employees with disabilities; "the biggest problem is not unsuitability of jobs but rather finding an organization that is willing to break the mold and allow individuals with disabilities a chance to prove their capabilities" (Schur et al., 2005, p. 12). The use of policies and practices is exemplified in a study of Manpower, Inc. which stated that:

> The company's' investment in individualized training, job skills, assessment, and career development was critical to the company's success in hiring and retaining workers with disabilities and in employees' success in attaining their employment goals…[This] suggested a corporate culture emphasizing that every individual has job skills and aptitudes, every job can be broken down into essential tasks, and every individual can attain employment if his or her skills are developed to match essential tasks (Schur et al., 2005, pp. 12, 13).

Another barrier is the significant divide that exists between service providers and the business community (Unger, Wehman, Yasuda, Campbell, & Green, 2002). The government has made large investments in helping people with disabilities find employment and yet resource professionals are not connecting with programs that would reduce the high level of unemployment among people with disabilities (Unger et al., 2002). Studies indicate that employers are interested in learning how to implement reasonable accommodations in the workplace and to some extent have initiated polices and practices to include people with disabilities, however it is not clear to what degree these affect people with disabilities within such organizations (Unger et al., 2002). The employment experiences of people with disabilities may indicate the degree to which employer attitudes present significant barriers to the employment of people with disabilities in the United States who want to participate in the workforce (Unger, 2002). Clearly, employers play a significant part in addressing the high unemployment rate among people with disabilities. In addition, rehabilitation professionals have a responsibility in serving both consumers and employers to impact employer attitudes and experiences that currently restrict people with disabilities from experiencing meaningful employment.

E. Measurement and outcomes

In disability research**,** measurement and outcomes are important in seeking to understand program effectiveness through the analysis of the end results and the impact of services. Understanding consumers' experiences of the services they receive is a link to the actual effectiveness of those practices and interventions, and establishing an effective outcomes data collection and evaluation model is important to an organization's ongoing success. At the federal and state level, as policymakers consider employment-related initiatives to help increase the employment rate for people with disabilities, it is important that they have the viewpoint necessary to understand the sufficiency of policy research (Silverstein, Julnes, & Nolan, 2005). In other words, it is important to make sure we are measuring what we claim to be measuring, that the right comparisons are being made to enable us to better understand what policy influences, that suitable analyses are conducted to show significant associations, and that "indicators of success that embody the values we want to promote through public policy" are being properly utilized (Silverstein et al., 2005). In the following section, some of the measurements used in disability research to explore employment-related outcomes are reported and briefly discussed.

Measurement approaches over the last few decades have broadened knowledge related to the complexities of workplace environments, focused on employment outcomes, and played an important role in the planning and evaluation of workforce training programs (Gaylord-Ross & Chadsey-Rusch, 1991). In an exploration of work-related outcomes for students with severe disabilities, Gaylord-Ross & Chadsey-Rusch (1991) took an ecological approach in measuring outcomes at the individual level and the organizational level. At the individual level, four outcomes were measured: performance of the job task, economic benefits, integration, and consumer satisfaction. Job-task performance is important because employers require employees to achieve specific standards. It is also important to measure the economic benefits of employees with disabilities. Typically, economic data for people in supported employment programs are collected and compared against the resources invested in a program; in other words, benefit-cost ratios are examined (Gaylord-Ross & Chadsey-Rusch, 1991). Because more people with severe disabilities are participating in work programs, it is useful to measure how they are physically, socially, and organizationally integrated into the work place, however it

is difficult to achieve. The Employment Integration Index, a psychometrically validated instrument has been used successfully to measure integration and works well with qualitative research techniques (i.e., participant observation, in-depth interviewing) (Gaylord-Ross & Chadsey-Rusch, 1991). Due to the challenges inherent in measuring integration, it is suggested that a combined research strategy be used. This could include direct observation of social interactions, key informant interviews with the targeted population, and a global measure of integration (i.e., Employment Integration Index). Just as there are challenges in measuring integration, there are also difficulties in evaluating consumer satisfaction of people with disabilities. According to Moseley, measurement of a construct must "describe the meaning of events from the worker's own point of view and be responsive to the subjective aspects of the person's experience" (Gaylord-Ross & Chadsey-Rusch, 1991, p. 298). Qualitative methods are also appropriate for measuring job satisfaction and while there may be numerous challenges to interviewing people with severe disabilities, it remains the best method to measure satisfaction with work.

In addition to measuring outcomes at the individual level, it is important to measure variables at the organizational or group level because of the impact they have on employment outcomes at the individual level. Organizational variables refer to policy and program factors that affect the actions of both individuals and the group and include management style, size of the business, staffing ratios, work schedules, economic benefits, salary potential, and opportunities for promotion (Gaylord-Ross & Chadsey-Rusch, 1991). In measuring variables at the organizational level within an ecological framework, outcomes depend on the match between an individual and their environment instead of the personal qualities of an individual (Gaylord-Ross & Chadsey-Rusch, 1991). Therefore, environmental features are assessed with individual variables. At the organizational level, employers and co-workers both have some influence on how well a person is integrated at the group level of employment. Typically, subjective evaluation methods are used to measure the impact of employers and co-workers. Direct observational methods as well as assessments such as the Work Performance Evaluation Form (WPEF) are used to measure variables at the group level (Gaylord-Ross & Chadsey-Rusch, 1991). The Co-Worker Involvement Index has also been used to measure co-worker behavior (Gaylord-Ross & Chadsey-Rusch, 1991). Findings from the research of Gaylord-Ross & Chadsey-Rusch (1991) demonstrate that the measurement of multiple employment and employment-related variables increases understanding of the workplace and has the potential to influence the changes and supports necessary in order for people with disabilities to experience meaningful employment.

The Generic Job Satisfaction Scale was developed and used to explore industrial relations (Macdonald & MacIntyre, 1997). It is relevant to diverse occupations and is highly correlated with employment issues including job stress, boredom, isolation and chance of illness and injury (Macdonald & MacIntyre, 1997). Researchers assessed the validity of the scale by exploring correlates of job satisfaction within and without the employment setting (Macdonald & MacIntyre, 1997). In order to include a broad area and to focus on reactions to events rather than on the event itself, Macdonald and MacIntyre (1997) measured certain aspects of job satisfaction with single items. Analysis demonstrates that objective qualities of a job describe only a small proportion of the variance in job satisfaction; however psychological reaction to employment (i.e., isolation or boredom) was strongly correlated with job satisfaction and explained a greater proportion of its variance. The model of job satisfaction used in this study is beneficial because it focuses on the respondent's appraisal of his/her satisfaction with employment (Macdonald & MacIntyre, 1997). In addition, the brevity of the scale (i.e., ten items) also allows it to be easily used in employment-related research and in the workplace.

Another brief job satisfaction scale, the Indiana Job Satisfaction Scale (IJSS), was designed for use with people with severe mental illness (Resnick & Bond, 2001). This scale was designed to meet attentional challenges that are common among individuals in this population. The scale is easy to complete and lends itself to those with limited reading abilities. It is also valuable because it focuses on the fundamental aspects of work that are common to the majority of jobs (Resnick & Bond, 2001). This job scale is a 32-item self-report questionnaire that is organized into six subscales: General Satisfaction, Pay, Advancement and Security, Supervision, Co-workers, and How I Feel on the Job (Resnick & Bond, 2001). Findings indicate that administering this job satisfaction scale on a regular basis would be helpful in providing "additional structure to job support and help guide interventions geared towards helping workers maintain employment" (Resnick & Bond, 2001, p. 18).

Lehman (1988) developed an instrument to measure quality of life of people with various disabilities. A number of criteria are underscored including the use of an interview format to facilitate the collection of data among those of the population who experience difficulties comprehending the written language. Outcomes show that cooperation and motivation to participate in research are improved by using this format because people in this population like the one-on-one contact they have with an interviewer (Lehman, 1988). Although this approach increases research costs, it is highly structured and offers a strong degree of consistency. Questions are brief and concrete and therefore easily understood. Test-retest reliability of this instrument demonstrates high levels of stability throughout it and the scales are comparable to those used for the general population, older adults, and those who experience chronic illness (Lehman, 1988).

The literature indicates that people with disabilities face a number of barriers to career employment including low self-esteem, lack of confidence, social stigma, and limited occupational choice (Enright, 1997). In order to test the effectiveness of a short-term career development program for people with disabilities and to explore whether or not such a program decreases career indecision and increases the career decision-making self-efficacy of people with disabilities, a study was conducted to explore three variables: career development, career indecision, and career decision-making self-efficacy (Enright, 1997). Three scales were modified and used: the Career Decision Scale (CDS), the Vocational Identity Scale (VI), and the Career Self-Efficacy Scale for People with Disabilities (CSES-PWD). Research shows that both the CDS and VI are reliable measures used to measure career indecision. Because significant changes to the Career Decision-Making Self-Efficacy Scale (CDMSES), designed to be used with students at the college level, were suggested by the advisory committee, researchers chose to develop a new instrument rather than making extensive changes to the Career Decision-Making Self-Efficacy Scale (Enright, 1997). Bandura's concept of self-efficacy was used as a model and guided the development of the new instrument. Although results did not indicate any significant differences between the experimental and control groups using the three instruments, this study presents early validation of the CSES-PWD (Enright, 1997). Additional research is suggested to evaluate the appropriateness as a model for assessing career development for people with disabilities (Enright , 1997).

A recent measure of work-related self-efficacy for those with psychiatric disabilities is a 37-item scale and measures self-efficacy (i.e., basic social and task activities) in four areas: vocational service access and career planning, job acquisition, social skills related to employment, and general work skills (Waghorn, et al., 2005). Sources for the scale included the Career Self-Efficacy Scale (CSES), the work-related social skills conceptual framework, the Work Limitations Questionnaire, and the Work Behavior Inventory (Waghorn, et al., 2005). Social support was also evaluated using the Social Support Questionnaire(SSQ), the Health of the

Nation Outcomes Scales (HoNOS), and the Clinical Global Impressions Scale (CGI) (Waghorn, et al., 2005). Psychologists experienced in interviewing individuals with psychosis conducted the interviews. Positive outcomes indicate that work-related self-efficacy may signify a new approach to describe client development in supported employment or vocational rehabilitation (Waghorn et al., 2005).

The Generic Work Behavior Questionnaire (GWBQ) was developed to assess dimensions of general work behavior of people with severe mental illnesses in vocational rehabilitation (Michon, Kroon, van Weeghel, & Schene, 2004). Assessment of work performance is important in identifying areas of work behavior that need accommodations of some kind. Performance at work is made up of a number of characteristics that are important in getting and keeping a job (Michon et al., 2004). Assessment of general work behaviors is necessary because individuals with mental illness are often challenged with such behaviors including: getting along or maintaining relationships with co-workers, doing the actual job (i.e., quality of work), and being reliable (i.e., being on time for work) (Michon et al., 2004). While results suggest that the GWBQ is suited for measuring basic work performance and should continue to be used, it does not adequately measure social skills, an important domain in work behavior. To date, the GWBQ has been used primarily in social enterprises or sheltered workshops; in the future, it will be important to use this measure in other settings, particularly in competitive employment situations (Michon et al., 2004).

Both the Barriers to Employment and Coping Efficacy Scale (BECES) and the Career Search Efficacy Scale (CSES) were also developed to help people with mental illness in the employment process (Corbière et al., 2004). Because many people with mental illness experience significant barriers in seeking employment, they may also feel less sure of themselves and their capacity to achieve employment goals. They also experience frequent lapses in their work history and research shows that the longer the period of unemployment, the greater the awareness of barriers to employment and the greater the propensity for self-efficacy and self-esteem to diminish (Corbière et al., 2004). In addition to these scales, Corbière et al. (2004) also used the Rosenberg Self-Esteem Scale (RSES), an instrument used to measure global self-worth. Results of this study provided validation of the BECES and CSES and convergent validity between these two scales and the RSES. Findings show that the decline of coping efficacy was comparative to the length of absence from employment although greater coping efficacy was reported in those not working between 1 to 2 years as compared to people who had not been in the workplace for less than 1 year (Corbière et al., 2004). Findings from this study indicate that discouragement rises along with perceptions of employment barriers and less assurance in overcoming them when length of absence from work is greater than 2 years. In addition, researchers found the BECES subscales to be more responsive to individual's work history then the CSES subscales; in other words, results were stronger with the BECES instrument than with the CSES (Corbière et al., 2004).

In the literature, generalized self-efficacy has been related to job search behaviors as well as happiness (Lightsey et al., 2006). In an effort to add to the discourse on the relationship between the role of self-esteem and generalized self-efficacy, Lightsey et al. (2006) tested the theory that generalized self-efficacy predicts future self-esteem and that self-esteem predicts specific changes in future negative affect. Instruments used included: The Rosenberg Self-Esteem Scale (RSES), a10-item self-report scale measuring overall self-esteem; the Generalized Self-Efficacy Scale (SES), which measures the degree of determination a person has to stay focused in spite of difficulty; and the Positive and Negative Affect Scales (PANAS) (Lightsey et al., 2006). Results indicate that general self-esteem and self-esteem are clearly separate and that belief in one's ability to take action contributes to a general sense of self-

worth. Since generalized self-efficacy is more closely connected to motivation than self-esteem, which is more closely related to affect, it may be useful to use the SES in research related to employment and job search behaviors.

Researchers have examined employer attitudes as well as global and specific attitudes toward employees with disabilities. Two instruments that assess global attitudes are the Scale of Attitudes toward Disabled Persons and Attitudes toward Disabled Persons (Hernandez et al., 2000). An example of a global questions are, “Equal employment opportunities should be available for disabled individuals” or “It would be best for disabled people to live and work in special communities” (Hernandez et al., 2000, p. 5). More positive outcomes are noted in studies using scales that measured global attitudes toward employees with disabilities; conversely, negative outcomes were more apparent in studies assessing less global and more explicit attitudes toward employees (Hernandez, et al., 2000). Outcomes indicate that more global attitudes toward people with disabilities may be accepted as being socially appropriate while responses to more specific scale items indicate that people may have conflicting attitudes about people with disabilities and may therefore be less likely to consider hiring them (Hernandez et al., 2000).

In order to address research questions focused on employer perceptions of hiring people with disabilities, two research teams including rehabilitation counselors, community development specialists, research consultant, and consumer representatives from southeastern and Midwestern states developed and tested a pilot instrument (Gilbride et al., 2000). The final instrument, Employer Hiring Practices and Perceptions Survey (EHPPS), consisted of 69 questions and a total of three sections. Section I asked general employment information and consisted of 8 questions. Section 2 queried what positions were most often available and filled by applicants outside of the company (i.e., “most often” and “second most often”) and which types of disabilities would be most difficult to consider in hiring people with disabilities; a Likert-style scale was provided with responses ranging from 1 = ”Impossible” to 5 = ”No problem at all” (Gilbride et al., 2000, p. 18). The final section explored employer perceptions of vocational rehabilitation by asking questions about job accessibility, accommodations, modifications, personnel needs, and ADA compliance; a Likert-type scale was used in this section as well. Outcomes indicate that employers having experience hiring people with disabilities continue to be open to hiring them. It is interesting to note that Midwestern and southeastern employers differed significantly in response to type of disability that is easiest to consider. Midwestern employers responded that it would be easier to hire a person with a physical disability while southeastern employers responded it would be easier to hire a person with a mental disability. Outcomes also suggest that vocational rehabilitation counselors may be able to change employment outcomes for people with disabilities as they help employers in the job-matching process (Gilbride et al., 2000).

F. Identification of gaps in the literature

In the literature, there remains much to discover about the employment and employment-related issues of people with disabilities.

- Little research has been conducted to systematically explore the role of employment networks for people with disabilities (Carey et al., 2004). There is also limited research focusing on the characteristics that constitute an effective job-related network or opportunities for people with disabilities to learn how to construct such networks (Carey et al., 2004).

- While there is a fair amount of literature related to direct employment support strategies for people with disabilities, there is far less information about employment and seeking work from the perspective of the individual. There is also very little research on state agencies as facilitators involved in the decisions of people with disabilities to seek employment and as a coordinator of services (Timmons et al., 2002).

- The literature on employment success and vocational outcomes of adults with learning disabilities is limited. There has been very little exploration in regard to job seeking strategies and how employment success is achieved (Gerber et al., 1992).

- Little research has been conducted to explore the effectiveness of career development programs for people with disabilities and there is even less empirical research that examines the effectiveness of career development programs for people with severe disabilities (Enright, 1997). Data from one study suggests that people with certain types of disabilities benefit from these programs, however because convenience sampling was used, the generalizability of the results of the study are limited (Enright, 1997).

- The association between career development and disabilities, especially mental disabilities, is a neglected area of research; most of the career development research focuses on people with learning disorders and physical disabilities (Cinamon & Gifsh, 2004; Enright, Conyers, & Szymanski, 1996).

- Research related to job search behavior and lack of education is sparse (Schmit et al., 1993).

- Little attention has been given to youth with disabilities and transition services. Most of the research within this area of research is qualitative and provides an in-depth description of transition experience, but a focus on transition, mental health issues and youth is lacking (Beresford, 2004). There are also gaps in the literature in trying to understand what works for certain individuals and in what situations as it relates to transitions for youth and young adults and as related to service transitions (Beresford, 2004). There is also no long-term research on the transition process from child to adult services (Beresford, 2004).

- There is a lack of research on urban youth and factors including gender, race/ethnicity, and socioeconomic status; such gaps in the literature limit understanding related to resource allocation, access, and equity in implementing supported employment programs (Rimmerman, Botuck, Levy, & Royce 1996).

- In the research on employer attitudes, some employers report positive attitudes toward workers with disabilities. However, it is not known whether these attitudes towards people with disabilities existed before the work experience or not. Therefore, longitudinal studies are needed to fill the gap in this aspect of understanding employer attitudes and to provide further insight into factors that impact long-term change in employer attitudes (Hernandez et al., 2000).

- The experience of poverty during childhood and adolescence has been related to decreased readiness for school, low educational achievement in young adulthood, and diminished earnings in adulthood; little research exists on the effects of childhood poverty on employment during adolescence in people without disabilities (Leventhal, Graber, & Brooks-Dunn, 2001). In the adolescent employment literature, economically disadvantaged youth have not been the focus of longitudinal studies; this is necessary in understanding adolescent employment, the transition to adulthood, and discovering whether or not the employment opportunities currently available to economically disadvantaged youth are adequate enough to sustain subsequent transitions in adulthood (i.e., marriage and supporting a family) (Leventhal et al., 2001).

- Very few studies of employer attitudes have been conducted since the passage of ADA suggesting that more studies are needed to better understand both the abilities of potential employees with disabilities and employer attitudes related to workers with disabilities (Kregel & Tomiyasu, 1994).

- There is limited literature on employer perceptions of hiring people with disabilities. To fill the gap and to focus on Midwestern and southeastern employers, Gilbride et al. (2000) developed three main research questions: 1) What are employers' attitudes and perceptions toward hiring people with specific disabilities, 2) What are employers' perceptions of the effectiveness of services provided by VR [the state Vocational Rehabilitation agency], and 3) Are there differences in attitudes of Midwestern and southeastern employers? (Gilbride et al., 2000). Research addressing similar questions is needed in other areas of the country to better understand hiring practices related to people with disabilities.

- More research is needed on the employment experiences of specific populations of people with disabilities that encounter discrimination, such as those belonging to minority groups and especially women who are also members of a minority group and who experience dual discrimination (Randolph, 2005).

- Little research exists to better comprehend how older adults use their time and why they make the choices they do related to work and other activities (Mutchler, Burr, & Caro, 2003). Understanding how they choose to use their time will better identify the kinds of roles they want to assume in their later years. Research to explore the preferences of older Americans may be useful in sensitizing society to the full range of interests older adults are interested in participating in.

- There is a paucity of literature about clients with mental illness, their perceived barriers in obtaining employment, and their coping efficacy in surmounting the challenges related to self-efficacy in locating employment (McCrohan et al., 1994).

- Little research has been conducted to explore the relationship between corporate culture and disability (Schur et al., 2005). In their research, Schur et al. (2005) begin to examine corporate culture and societal attitudes and suggest that both of these need to change in order for people with disabilities to find acceptance in corporate culture and to be integrated into the corporate system.

- There is a gap in the literature on the experiences of older adults and the changes they experience in health and employment status as they age. For some individuals health difficulties and disabilities increase significantly while employment activities become less central or are discontinued all together. This life transition has not received much attention in the literature. In addition, the role that disability plays has been not been extensively explored (Trupin, Sebesta, & Yelin, 2000).

- The literature indicates that corporate organizations benefit in many ways from hiring people with disabilities, however this is a relatively uncharted area of exploration that needs further research. The literature suggests that it would be useful to not only conduct cross-sectional studies that offer a snap shot of employees with disabilities but to also collect case studies of companies that have hired employees with disabilities so that comparisons of policies between different corporate environments could be made in an effort to establish what works, what some of the best practices are, and what models serve as examples for other employers (Schur et al., 2005).

- Because there is limited literature on disability and discrimination in the workplace, Wooten and James (2005) suggest that it would be valuable to use qualitative research methodology to achieve "a holistic overview of the research's context and capture data on the perceptions of various stakeholders" (p. 127). In their research, they found that organizations lack reference points and are therefore at a loss to experience vicarious learning as it relates to people with disabilities (Wooten & James, 2005). While it is important for corporate organizations to comply with ADA, few are successful at it because so few people with disabilities are employed that it's difficult for employers to learn the necessary skills to comply with ADA (Wooten & James, 2005). In addition, when corporate organizations violate the ADA, there isn't enough interest or motivation to mobilize. Many organizations have also not had a long enough history in employing people with disabilities to create policies and practices for taking action when discriminatory behavior is exhibited in the workplace (Wooten & James, 2005).

- There is a gap in the literature on job satisfaction as related to people with severe mental illness. This is surprising in light of the philosophy of psychiatric rehabilitation that underscores the consumer, their choices, and the objective to assist this population in experiencing satisfaction both individually, vocationally, and in living in the community (Resnick & Bond, 2001). Job satisfaction during the first several weeks of employment is a valuable predictor of length of employment especially for people with severe mental illness. Since the unemployment rate is 85% or higher for individuals with severe mental illness and the approximate length of employment tenure is 6 months, it is important that more research be conducted to better understand job choices and job tenure among this population.

- There are numerous quantitative studies on disability focused on traumatic brain injury (TBI), but there is a lack of qualitative studies in this area (Smith et al., 2004). Quantitative studies on TBI primarily focus on the statistics related to issues surrounding returning to work and long-term disabilities. While they provide a wide base of knowledge about this specific disability, there are few descriptions of traumatic brain injuries that reflect individual situations. Additional qualitative research on TBI would he helpful in creating services to support the long-term needs of people experiencing this type of disability.

G. Costs and benefits of employment of people with disabilities

During the past several decades, the U.S. has experienced a movement toward greater inclusion of people with disabilities in mainstream society. The 1990 Americans with Disabilities Act (ADA) was passed to help assure equality of opportunity, full participation, independent living and economic self-sufficiency of people with disabilities, not only because it is a morally desirable social goal, but because barriers to employment, transportation, telecommunications, public services, and the general marketplace can impose large economic costs to society. By removing barriers that keep people with disabilities from participating in employment and other activities, the economy can benefit from their skills and talents, and from their greater ability to exercise their purchasing power.

Despite the passage of the ADA and the general movement toward inclusion of people with disabilities, the employment rates of people with disabilities, as a group, remain low. As noted in the literature review, people with disabilities are less likely to be employed than people without disabilities, and when employed, are likely to have less job experience than people without disabilities. There is some evidence that during times of economic downturn, people with disabilities are among the first fired and last hired, and when the economy rebounds, many never return to the labor force. For these and other reasons, the incomes of people with disabilities tend to be lower, and the prevalence of poverty and reliance on public income and in-kind support programs tend to be greater, relative to people without disabilities.

Bringing about changes that lead to the increased employment of people with disabilities can be challenging. Numerous factors affect the employment of people with disabilities from both the labor demand (employer) and labor supply (individual) sides of the labor market, which in turn, can have large impacts on the overall productivity and economic well-being of society. The costs and benefits of specific initiatives intended to increase the employment of people with disabilities will differ depending on the specific factors the initiative is attempting to influence and the perspective from which the costs and benefits are viewed: individuals, employers, the government, or society as a whole.

In the sections below, we discuss the costs and benefits of the employment of people with disabilities from the perspectives of individuals, employers, government, and society. Before proceeding to that discussion, we provide an overview of the labor market from an economic perspective. The overview provides a framework for the discussion of factors affecting the employment of people with disabilities, and the costs and benefits of employment from the various perspectives.

Overview of the labor market

The labor market is composed of two primary players: individuals who supply labor; and firms that demand labor. Economic theory posits that the amount of labor individuals are willing to supply (i.e., the number of hours individuals are willing to work) will depend on their preferences and an hours/earnings tradeoff. Individuals must choose how to allocate their limited time between market work activities and all other activities. Non-work activities are euphemistically called “leisure” but include all forms of unpaid work, household and dependent and self-care. Market work is necessary to obtain earnings, which are used to purchase goods and services. Therefore, the allocation of hours to market work and other activities represents a choice based on the individual’s preferences and the tradeoff between the consumption of goods and services and the consumption of leisure. Many factors will affect the number of hours of labor an

individual is willing to supply, for example: wages, other sources of income, the prices of goods and services, and time required for dependent and self-care activities.

Economic theory also posits that the amount of labor firms demand will depend on the demand for the firm's product, the productivity of labor (and other inputs), the wage rate and other costs firms must incur to hire labor, and the costs associated with other inputs that are substitutes or complements to labor. The textbook profit-maximizing firm will demand the amount of labor at which the value of the additional output produced by the last worker hired is just equal to the cost of hiring that worker.

Finally, economic theory provides a framework for analyzing job and employee search behavior. Individuals vary in their abilities, education, work experiences, and demographic characteristics, and jobs vary in their skill and knowledge requirements. Economists often describe the labor market as a matching process in which workers with varying characteristics are matched with appropriate jobs. The economic framework for this process is useful for understanding how environmental factors affect an individual's job search and ultimately, employment. According to job search theory, individuals entering the job market are constrained by their available resources to accept an offer of employment within a specified timeframe. Initial assets available and access to income during the search period will determine resource availability. While searching, individuals must weigh the risk of continuing to search for a job offering their "reservation wage" (the wage that must be received to accept an offer of employment) against the risk of exhausting their resources and being forced to accept the next offer of employment. Other factors also affect the matching process, such as employer perceptions of the qualifications of potential employees, potential employee perceptions of job characteristics, and the amount and nature of other information available to both parties in making their respective employment decisions.

Although individuals and firms are the primary players in the labor market, the government also plays an important role. Often, the outcomes of a free market are not economically efficient or socially desirable. When negative externalities exist (costs not taken into account by the market), too much of a product may be produced and consumed because the good is priced cheaper than it would be if the external costs were internalized by the market. Pollution is an example of a negative externality – the costs to the environment are not internalized by the free market, i.e., the environment is treated as a free resource. The opposite is true of positive externalities – too little of the good is produced and consumed because certain benefits are not taken into account by the market. In instances where externalities exist or where outcomes other than what would occur in the free market are desired by society, the government may intervene through the imposition of taxes, subsidies, and/or regulations. Examples of government interventions affecting the labor market include minimum wage laws; Occupational Safety and Health Administration (OSHA) regulations; Workers' Compensation; the Unemployment Insurance program; and the Social Security programs. All of these interventions affect the price of labor and the net benefits of working to the individual, and thus, will affect how much labor will be demanded by firms and supplied by individuals.

Costs and benefits of employment from different perspectives

<u>Individual perspective</u>

Most would agree that increasing the employment of people with disabilities can be beneficial to individuals with disabilities and their families. Increased employment and earnings can lead to greater economic well-being, improved emotional and physical well-being, and greater self-

sufficiency. Market work is the principal source of income in all modern societies and is key to financial independence. For many, employment and contributing to family and societal productivity is an important component of self-worth and self-esteem. From the individual's perspective, however, there are a number of tradeoffs associated with employment that must be considered when making a determination as to whether the individual and his/her family will be better off if the individual becomes employed.

For people with disabilities, the net benefits of working are likely to be influenced by the availability of other sources of income in the absence of work, such as disability benefits or spousal earnings; the availability of health insurance, which is often contingent on employment or public program participation; and the wage rate. Wage rates for people with disabilities might be affected by the disability itself, because impairment can reduce productivity, influence employer perceptions of productivity, and/or be a source of discrimination by employers.

To participate in the labor market, people with disabilities might also be required to incur additional expenses, such as the costs of rehabilitation, special transportation, equipment, or personal assistance services. All else equal, these additional work-related expenses will make labor force participation less attractive or even render the net benefits from working negative.

In addition, the labor/leisure tradeoff and decision to work for persons with disabilities might be affected if disability reduces the number of hours available for work and leisure. People with disabilities might require more time for personal or health care activities and, thus, have less time available for work.

The labor supply of persons with disabilities is also affected by individual preferences, which are themselves likely to be influenced in a variety of ways by the presence of a physical or mental impairment. For example, impairments often reduce time available for work by reducing life expectancy. Other things constant, it seems likely that the shorter an individual's life expectancy, the less the individual will want to work today.

In the search for employment, persons with disabilities are likely to face higher costs than persons without disabilities, which might decrease the likelihood that a person with a disability will be matched with an appropriate job and might also reduce the likelihood that the individual will enter the job market. Higher search costs might partly be related to the physical characteristics of the disability, which could make communicating and interviewing with employers more expensive. In addition, an individual with a disability requiring expensive care technologies has greater resource needs during the search process than a person without disabilities who is otherwise identical. This might significantly reduce the amount of time that the individual is able to search before accepting a job, resulting in a job of lower quality than for the individual who has the resources to search for a longer period. If, however, the individual has significant support from other sources during the search process, search costs are lower and the need to accept an offer at any given wage is reduced—potentially to the point where no offer is ever accepted.

Employer perspective

In deciding on the types and amounts of labor (and capital) to use for producing a given level of output, firms will consider the contribution, or productivity, of each input relative to its cost. The firm's objective is to minimize the cost of producing its chosen level of output. In making hiring decisions, employers will weigh the potential costs of hiring an individual (wages, non-wage compensation, and training or other investments) against the potential benefits (the value of

their productivity) and compare this to the relative costs and benefits of hiring alternative candidates for a given position. If the presence of a disability affects the costs or productivity of labor, or the employer's perception of costs and productivity of labor, the demand for that labor will be affected.

For people with disabilities, employer access to accurate information plays a particularly critical role in the employment process. Employers might perceive job candidates with disabilities as less productive than equally qualified individuals without disabilities, making them less likely to hire people with disabilities relative to others. Employers might also perceive persons with disabilities to be more costly than others because accommodations or other investments might be necessary to achieve the desired level of productivity. As individuals with disabilities experience higher-than-average medical care expenditures and use, firms providing health benefits and whose insurance costs are sensitive to the health care costs of a few employees might believe the high costs of health care for workers with disabilities constitutes a reason not to employ them. Employers who lack good information about productivity or costs can make inefficient, or even discriminatory, employment decisions. They may pass over more qualified and productive candidates based on inaccurate assessments of productivity based on an individual's disability.

Institutional policies and practices associated with the labor market will also affect the demand for workers with disabilities. A forty-hour work week, wage scales that do not adjust for productivity, and other occupational rigidities might reduce the likelihood that persons with disabilities are hired because employers cannot easily adjust positions and compensation to take into account reduced productivity or added costs associated with hiring a specific individual with a disability.

Developing the employer's capabilities to make accurate assessments of the productivity of job candidates with disabilities can also involve costs. Management may need to acquire knowledge about alternative types of accommodations, the nature of specific disabilities, and how best to make use of the skills and capabilities of employees with disabilities before being able to make accurate assessments of the costs and benefits of hiring specific individuals.

Public policies that make the labor of people with disabilities more productive, reduce employer uncertainty about productivity, or reduce the costs of hiring people with disabilities will promote their employment relative to substitute labor (i.e., those without disabilities) because the perceived costs and risks to employers will be reduced. But employers might face other incentives to incur additional costs to develop disability-oriented hiring capabilities and to hire people with disabilities. The above discussion generally assumes that there is an abundant source of substitute labor, that is, people without disabilities. This may not be the case in the future. While there is disagreement about whether there will be a shortage of labor in the U.S. starting in the next ten years, one fact is certain – a substantially higher percentage of working-age individuals will have disabilities. The combination of an aging Baby Boom generation and declining birth rates means that a much larger share of the U.S. labor force will be age 50 and older, and the prevalence of disability increases markedly with age. So, firms that wish to retain productive older workers, minimize costs associated with turnover, and minimize labor search costs might find it cost-effective to develop workplace policies and practices that make it easier for people with disabilities to become and remain employed, even if those policies and practices involve additional costs.

Government and taxpayer perspective

Increased employment of people with disabilities is beneficial to government because local, state, and federal governments (supported by taxpayers) benefit from the taxes levied on increased earnings and greater consumption in response to higher income. Governments also benefit in terms of reduced expenditures if people with disabilities reduce their dependence on public support programs that are financed by government expenditures.

State and federal governments/taxpayers are frequently the funders or initiators of programs or policies designed to increase the employment of people with disabilities and as such, incur the costs associated with those initiatives. The government perspective, however, is not a single perspective. States may experience very different costs and benefits than the federal government when a specific initiative designed to increase the employment of people with disabilities is implemented. For example, states may benefit from a federal wage subsidy or tax credit designed to provide incentives for employers to hire people with disabilities. Similarly, the federal government may benefit from state-sponsored initiatives if those initiatives lead to increased employment and reduced reliance on the Social Security disability programs. But because many state agencies and programs receive substantial funding from the federal government, it can be difficult to disentangle the costs and benefits to state versus federal governments.

Because many initiatives to promote the employment of people with disabilities are centered around a specific program or target population likely to receive services from that program, the government/taxpayer perspective in terms of the costs and benefits of employment are frequently couched in terms of the specific program sponsoring the effort. A rather significant example is the efforts of the Social Security Administration (SSA) to test and implement approaches to improving the employment of disability beneficiaries. Evaluations of these initiatives typically consider only implementation costs, and the benefits to the program in terms of reduced payments to beneficiaries who increase their work activity, as these are the most direct costs and benefits. Other costs and benefits can be more difficult to account, e.g. the cost of other federal, state, or local supports needed to maintain employment, and the benefits to other federal, state and local programs in terms of reduced expenditures on income assistance.

Societal perspective

Society benefits from the increased employment of all individuals because more human capital is put to productive use, thereby increasing aggregate productivity and aggregate welfare. When the skills and talents of individuals are not put to productive uses, the lost productivity cannot be recaptured. While we most often think of market work as the primary form of labor productivity and material well-being as a key component of welfare, removing barriers to participation in society and equalizing opportunities between people with and without disabilities can also benefit society through increased non-market work and intangible benefits that result in greater aggregate social welfare.

There may also be additional indirect benefits to increased employment. For example, increased employment means that there is less time available for and greater disincentives to engage in criminal activity. If increased employment leads to reduced crime, society benefits in terms of the reduced economic and non-economic costs of crime. Many

other indirect benefits, both short- and long-term, might stem from the increased employment of people with disabilities.

Summary and implications for evaluating the costs and benefits of employment-related interventions

The preceding discussion implies that there are numerous economic and non-economic costs and benefits that might be attributed to interventions that result in the increased employment of people with disabilities. The most likely of these are summarized in Table II-1. Although there are many different costs and benefits depending on the perspective from which one is viewing the employment of people with disabilities, from the perspective of evaluating the net benefits to society of an employment intervention, many of the cost and benefits cancel out, or are not counted, because they simply represent transfers from one party to another, rather than real costs or benefits to society.

Table II-1. Potential Costs and Benefits of Employment of People with Disabilities

Potential Costs	Potential Benefits
Individuals	
• Reduced time available for leisure, health maintenance, dependent care, household production, and civic activities • Work-related expenses (e.g., commuting, child care, business attire) • Taxes on earnings • Reduced eligibility for public/private benefit programs • Work-related stress and negative impacts on physical and mental health	• Increased earnings and income • Access to employer-sponsored benefits • Higher future Social Security benefits • Increased human capital (job-related and interpersonal experience, skills and knowledge) • Increased self-esteem stemming from increased independence, self-sufficiency, and social participation • Increased material well-being
Employers	
• Costs associated with accommodations or other disability-related investments • Reduced productivity (for given wage/benefit levels) due to impact of health conditions • Higher turnover due to impact of health conditions • Higher costs associated with health insurance and disability benefits	• Access to a larger pool of qualified labor reduces cost of filling vacancies • Workforce diversity increases innovation and productivity • Workplace culture of inclusion and accommodation reduces employee turnover
Government/Taxpayers	
• Increased costs of education and employment-related policies and programs for people with disabilities • Increased costs associated with enforcement of ADA provisions as more people with disabilities experience employment-related issues • Costs associated with identifying and removing environmental and attitudinal barriers to participation by people with disabilities	• Increased tax revenues • Reduced administrative and benefit expenditures on income and in-kind support programs
Society	
• Net costs from above (not including transfers)	• Reduced lost productivity • Increased aggregate welfare

In calculating the costs and benefits to society of an employment-related intervention, one would typically count all of the tangible costs associated with implementing the intervention. On the benefit side, one would include the increased earnings attributed to the intervention and the administrative costs associated with any reduced reliance on state and federal public support programs that can be attributed to the invention. One would not include the increased tax revenue due to earnings or the reduced public program benefits consumed in the calculation, as these represent transfers between members of society, rather than real gains or losses to society. Because intangible costs and benefits are difficult to quantify (e.g., increases in self-esteem), they are not typically included in the cost-benefit analysis *per se*, but can be noted in the findings when significant.

In rigorous evaluations, cost-benefit analyses are only undertaken when the intervention has been shown to demonstrate a statistically significant impact on the outcome in question. In the case of an intervention designed to increase the employment of people with disabilities, if the intervention has had no measurable impact on employment, then one cannot assign the benefits of employment to the intervention. Because the impact is, by definition, the effect of the intervention (employment and earnings) that would not have occurred in the absence of the intervention, some manner of control or comparison group is required to determine the impact. Simply analyzing the numbers of individuals subject to an intervention who become employed will not provide a measure of the impact because many subject to the intervention would have become employed anyway. Thus, an experimental or quasi-experimental evaluation design, incorporating a comparison group not subject to the intervention, is needed in order to measure the impacts of a particular intervention.

In conducting cost-benefit analyses, many assumptions are often necessary because data on all costs and benefits cannot be easily obtained or because the samples are too small to detect impacts on all outcomes thought to be affected by the intervention. In such cases, the evaluator should rely on other published data and findings from rigorous studies to guide the development of specific assumptions. For example, if the intervention is shown to have an impact on employment, how long should one assume individuals would remain employed into the future, and to what extent should future earnings be attributed to the intervention? It is unlikely that the evaluation will be able to follow individuals indefinitely, so some time window for the effects must be assumed. The findings of other studies on the longitudinal employment and earnings of other subpopulations with disabilities can provide guidance in developing a range of assumptions to use in the cost-benefit analysis. When assumptions are used in cost-benefit analysis, it is important for the evaluator to document their basis, and to demonstrate their impact on the overall estimates by conducting sensitivity analyses. Sensitivity analyses use a range of values for the assumed parameters and show how the bottom-line estimates are affected by the assumptions. In this way, the evaluator develops a likely range for the estimated net benefits, as opposed to providing a single number that might be misleading if highly sensitive to the assumptions used in the cost-benefit model.

III. Connecticut Employment and Disability Status

Strategic planning is in large part guided by the current and future composition of the population to which it is targeted. The accuracy of the plan can be complicated by public policy, changes in the social and economic well-being of constituents, improvements in health status, and various other societal constructs. Despite the possible margin of error, the data results can serve as a guiding framework in the decision making process.

The following review draws heavily from two sources: 1) Connecticut's Industries and Occupations, a presentation by Mark A. Stankiewicz, Office of Research, Connecticut Department of Labor; and, 2) *2004 Disability Status Reports*, Rehabilitation Research and Training Center on Disability Demographics and Statistics, Ithaca, NY: Cornell University. The *Disability Status Report* uses data from the 2004 American Community Surveys (ACS). For a complete description of the methodology used to collect the survey data, refer to the ACS User Guide at www.DisabilityStatistics.org.

A. Connecticut disability status

Figure III-1 displays the overall prevalence of disability in Connecticut for working-age individuals (ages 21-64).

Further review shows that in 2004, 184,000 of Connecticut's 2,008,000 working-age individuals reported one or more disabilities. Figure III-2 presents the prevalence of specific disabilities (responses not mutually exclusive).

Figure III-1. Prevalence of Disability in Connecticut

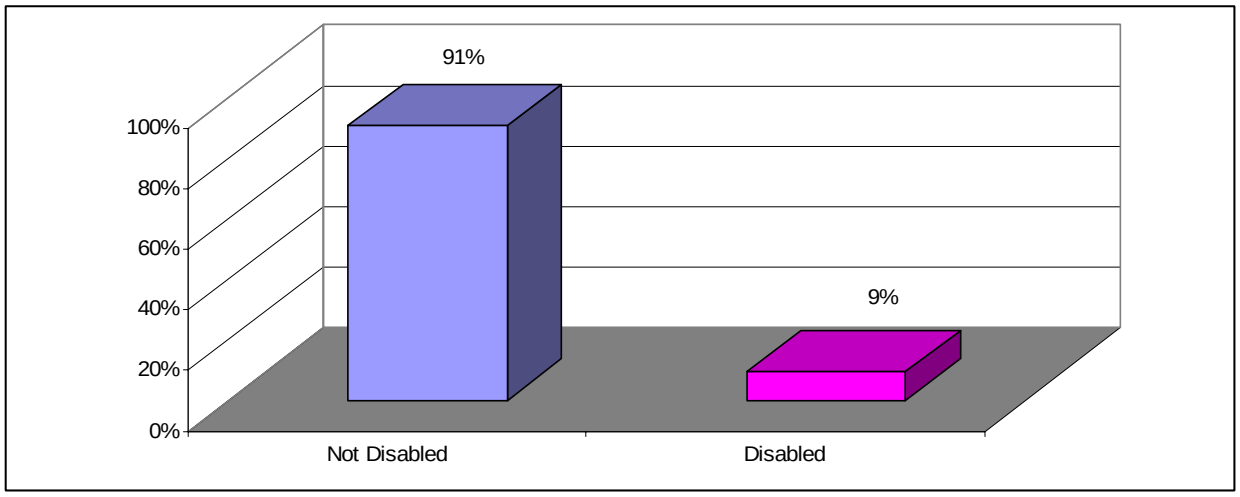
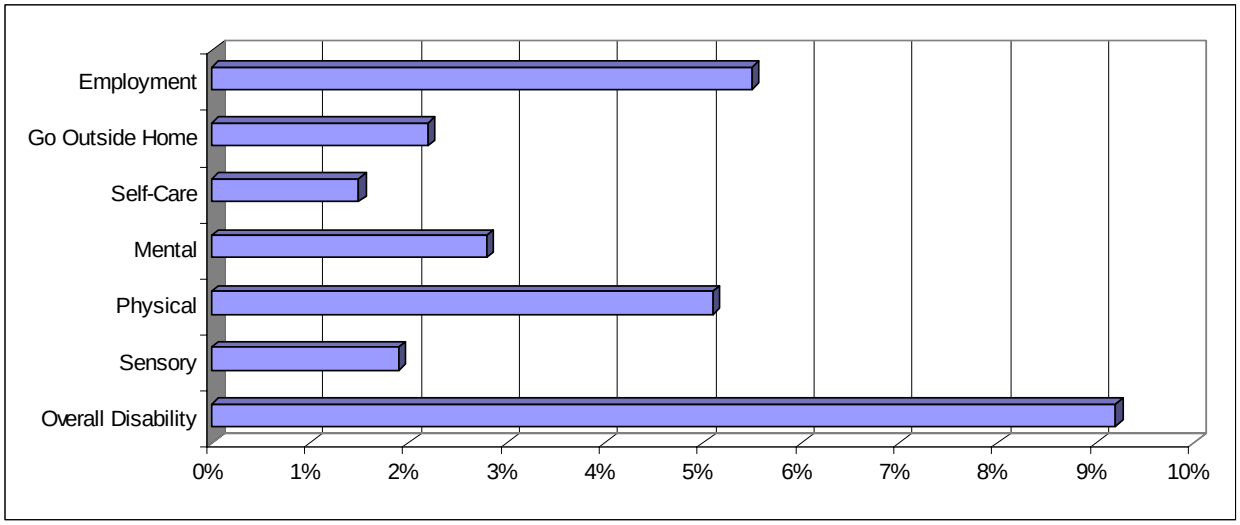


Figure III-2. Prevalence of Specific Disability in Connecticut



In 2004, the employment rate of working-age people with disabilities was 43.6%. For working-age people without disabilities, the employment rate was 80.4% (Figure III-3). The definition of employment is as follows:

> A person is considered employed if her or she (a) worked as a paid employee, worked in his or her own business or profession, worked on his or her own farm, or worked 15 or more hours as an unpaid worker on a family farm or business, or (b) had a job but temporarily did not work at that job during the reference period due to illness, bad weather, industrial dispute, vacation or other personal reasons. The reference period is defined as the week preceding the date the questionnaire was completed.

As noted in Figure III-4, among the six types of disabilities identified by the ACS report, the largest reported group of employed individuals was for people with “sensory disabilities” followed by physical disability (42%).

Figure III-3. Employment Rates by Disability Status in Connecticut

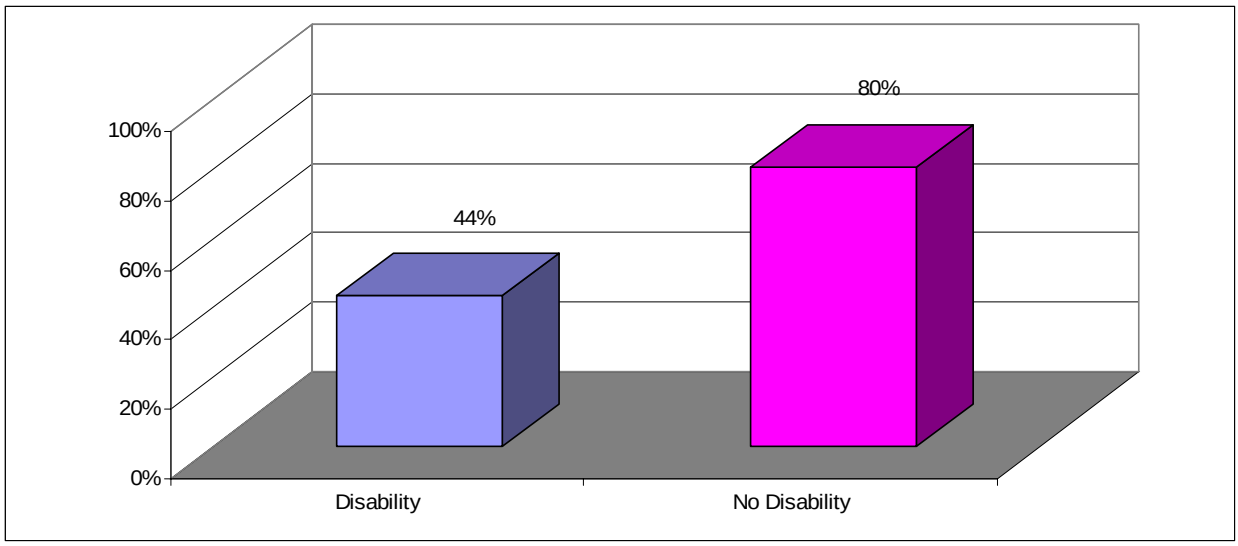
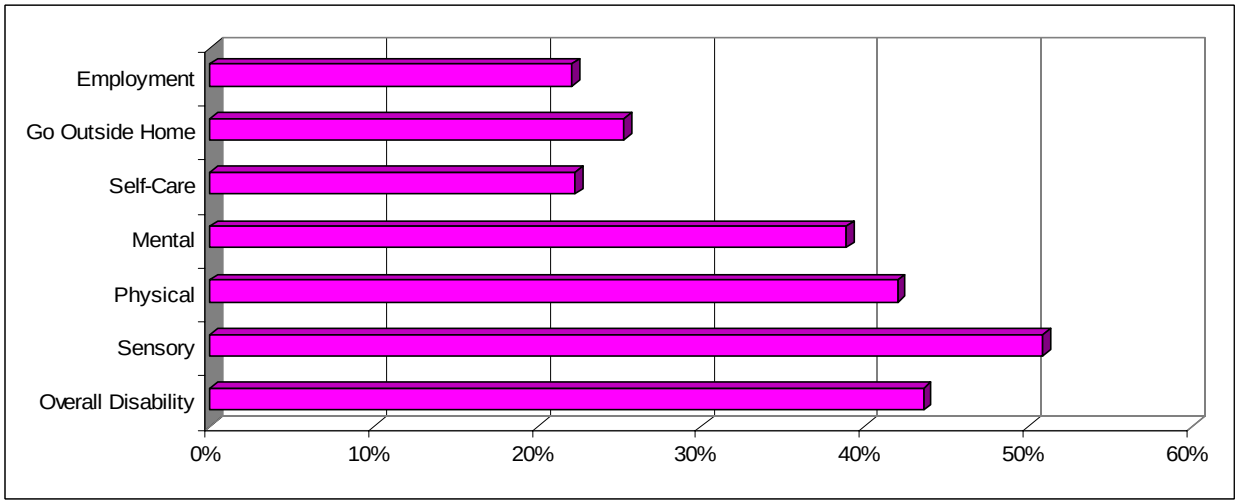


Figure III-4. Employment Rates by Specific Disability in Connecticut



For individuals with disabilities who worked full-time/full-year, median labor earnings were $35,000 in 2004. At the same time, for people without disabilities in Connecticut, median labor earnings were $45,000. In contrast to earnings, median household income for people with disabilities was $45,000 in 2004. People without disabilities experienced a higher median household income ($80,000 in 2004). (Figures III-5 and 6 below.)

Figure III-5. Median Earnings by Disability Status in Connecticut

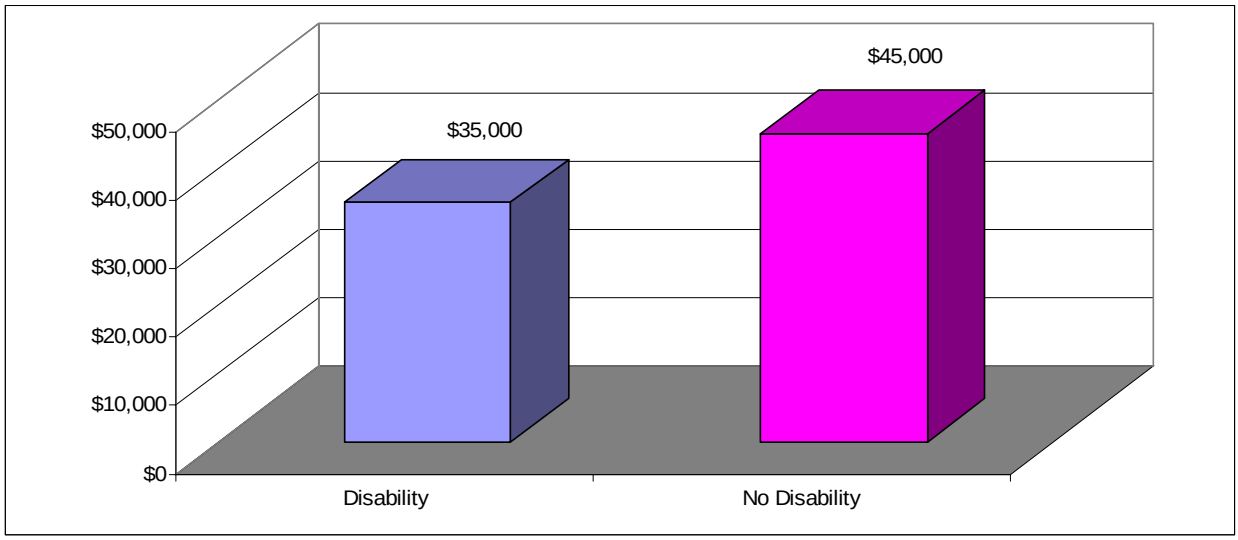
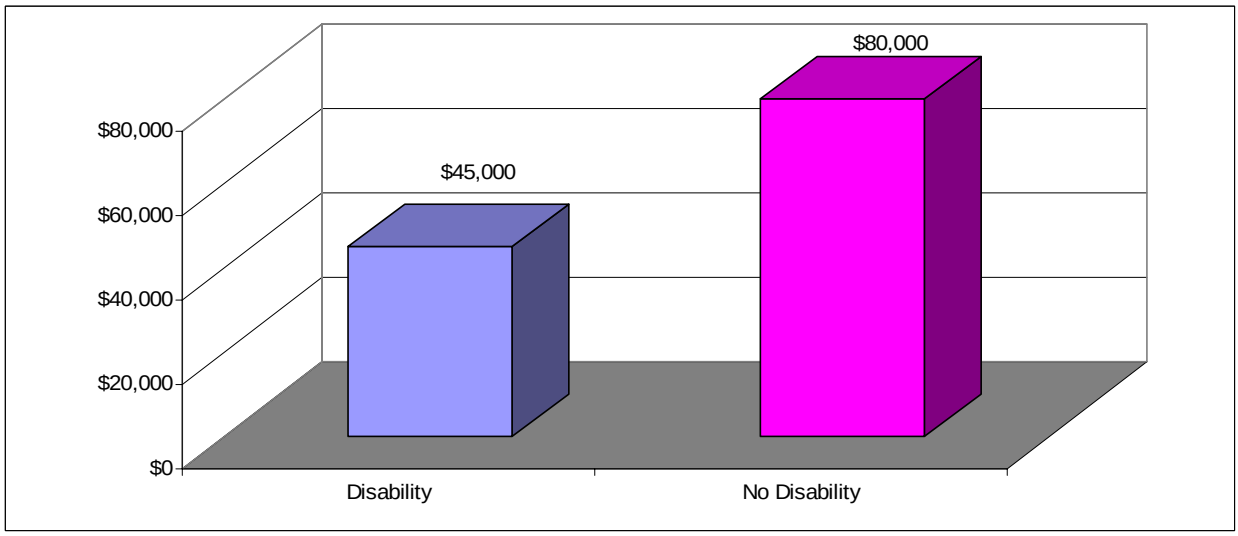
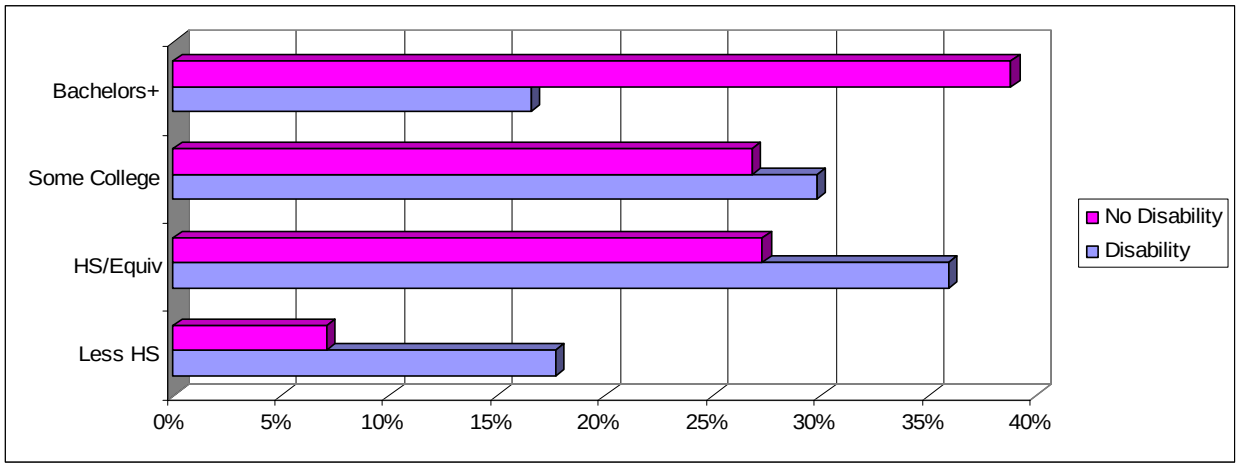


Figure III-6. Median Household Income by Disability Status in Connecticut



An important variable directly related to employment potential is educational status. When comparing working-age individuals with disabilities to those without disabilities, the educational differences are striking. As shown in Figure III-7, over twice as many individuals without disabilities have bachelors degrees or higher when compared to people with disabilities (38.8% versus 16.6%).

Figure III-7. Education Distribution in Connecticut



B. Connecticut employment status

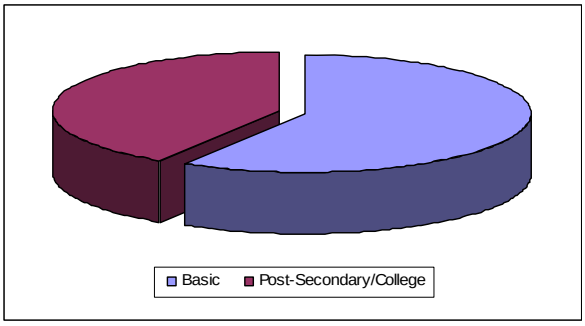
One of the featured speakers at the State of Connecticut Employment Summit (June 7, 2006) was Mark A Stankiewicz, Office of Research, Connecticut Department of Labor. His talk, titled "Connecticut's Industries and Occupations," provided an overview of the state's current and future employment projections. A brief overview is presented below, and the presentation slides can be found in Appendix D.

Connecticut is experiencing a "soft revolution," whereby knowledge is replacing physical resources as the main driver of economic growth. For example, 75% of the top 100 fastest growing jobs will be derived from fields requiring basic and/or advanced knowledge of math, science, or engineering. In addition, growth is expected to be highest in management and professional fields, with approximately 78,000 new positions created during the next 10-year period. This change represents more than 55% of Connecticut's job growth.

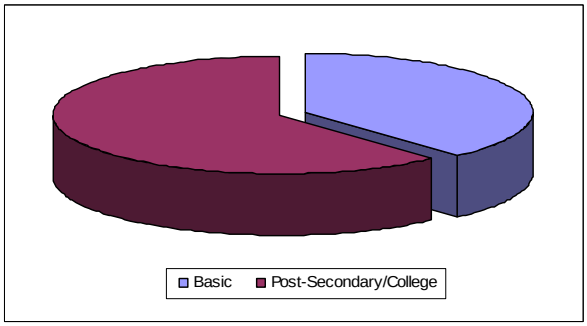
In 2002, jobs requiring post-secondary training or a college degree represented about one-third of Connecticut's workforce. In 2012, jobs requiring post-secondary training or college will make up more than half of the net change in new jobs. See Figure III-8 below.

Figure III-8. Education and the Workforce in Connecticut (2002 versus 2012)

2002



2012



Department of Labor data document six of the fastest growing industries from 2002 to 2012 in Connecticut, including: healthcare, retail trade, education, finance/insurance, leisure/hospitality, and professional/technical. During this 10 year time period, the following job gains are predicted:

Health Care	35,470
Retail Trade	16,640
Education	13,690
Finance/Insurance	9,960
Leisure/Hospitality	14,440
Professional/Technical	15,530

Parallel to these industry growth trends, are the fastest growing occupations. Nine of these top occupations are listed here by annual growth, annual job openings, and 2005 average salary.

Occupation	Annual Growth	Annual Job Openings	2005 Average Salary
Registered Nurses	524	1,181	$62,063
Retail Salespersons	440	2,314	$22,064
Customer Service Representatives	375	820	$33,380
Accountants and Auditors	258	637	$62,209
Teachers Assistants	254	682	$23,352
Computer Systems Analysts	250	358	$70,984
Social/Human Services Assistants	248	384	$37,074
Nursing Aides/Orderlies	224	537	$26,768
Food Preparation Workers	218	709	$20,365

A critical aspect of employment trends in Connecticut is the older workforce. Labor data indicate that by the year 2010, Connecticut will have the seventh oldest population, with a median age of 39.6 years. Within 20 years, 18% of the State's population will be age 65 or older. In essence, Connecticut is entering a period of skilled worker shortage; a prime opportunity for older workers and people with disabilities to enter the labor market.

IV. Assessment of Partners

A. MIG partnership search

A key component of the MIG strategic plan was the identification of potential partners within the State's system who expressed commitment to advancing the goal of employment for people with disabilities. Interview questions were crafted to elicit helpful information to aid in planning for a supportive and inclusive workplace.

Between January, 2006, and May, 2006, the MIG team conducted a purposeful search of numerous State Councils, Workforce Investment Boards and other entities. In some cases, organizations were identified from State lists and relevance to employment appeared promising. In other cases, a working knowledge of the environment pointed toward Workforce Investment Boards, entities which had been partners in previous efforts, or which were recommended by contact people whose opinions were considered valuable.

The primary objective was to garner information and support in our effort to address the unemployment and underemployment of people with disabilities. The search had several secondary objectives: 1) to gather general information about the identified entities, including up-to-date contact information, mission statements, and priorities; and, 2) to provide education about the employment of people with disabilities, as well as the activities of the Medicaid Infrastructure Grant to address employment issues.

A telephone call was initiated with each of the identified groups. When available, websites were reviewed for additional information. Many groups were willing to share volumes of information about their respective entity. Once received, this information was reviewed and filed. The team concluded that the review process would be most useful if the results concluded with a summative rating of entity: very relevant, relevant, maybe, no. An entity categorized as very relevant would emulate experience with employment and persons with disabilities, have a mission statement reflecting employment as a priority, or a demonstrated commitment to the topical area. Entities deemed relevant would be those that reflect the aspects listed above, but to a lesser degree. The category "maybe" is reflective of an entity that expressed interest, commitment or willingness to partner, but limited or no experience around the issue of employment. Finally, the category "no" acknowledged a group that was either irrelevant or verbally noted that there was no interest in the topic.

A total of 50 targeted interviews were completed: State Councils (n=30); Workforce Investment Boards (n=5); other entities (n=8), and Non-Profit organizations (n=7). The overview results are presented below and specific reviews can be found in Appendix E.

B. State councils

The MIG team contacted 41 councils, with 30 interviews that generated useful information. Some immediately became excited about the MIG project and saw ways of strengthening the agendas of both groups by working together. Others had a mission or set of priorities that appeared to offer a good match for our project, but the research team saw the compatibility more clearly than representatives of the councils did. Many state councils merely pointed to their web site as a resource, or sent materials that did not address the questions we were asking. Frequently, we heard, "Employment of people with disabilities? We are governed by the nondiscrimination laws of the State of Connecticut, so of course we would never discriminate." Efforts to get below this surface response were generally not successful.

C. Workforce investment boards

A total of five Workforce Investment Boards were contacted. Workforce Investment Boards assess regional employment and training needs and priorities, conduct planning, and coordinate programs that address those needs. The Boards, with the Connecticut Department of Labor, other State agencies, and private organizations, form a statewide partnership to achieve comprehensive workforce development in the state. One would conclude a priori that this group would be a natural fit for the MIG project. However, while the focus of these boards was specific to employment, the intent was often of a broader nature. For example, a common goal was generically geared towards attracting new businesses to Connecticut, irrespective of how that business would operate on a daily basis. Despite this, one board in particular had a focus on the employment of people with disabilities.

D. Additional entities

In March of 2006, efforts were shifted toward contacting other entities in the realms of disability, education, support services, and employment. The team contacted colleagues and asked them to recommend other individuals or groups to be interviewed. The resulting conversations were much longer and more fruitful. Every one of these entities has expressed interest in supporting the objectives of the MIG project in some way. Examples include CT Systems Change Grants and the US Department of Veterans Affairs -Vocational Rehabilitation & Employment (VR&E) Division.

E. Non-profit organizations

A few nonprofit organizations were selected because they were recommended by the Steering Committee and targeted populations or issues that seemed relevant to this project. For example, AARP Connecticut brought in the perspective of the older worker, and the Americans with Disabilities Act Coalition of Connecticut has provided training to employers about ADA requirements. In addition, these organizations were unique in their focus, so interviewing one would not force us to interview comparable organizations throughout the state. By contrast, there are numerous nonprofit organizations which provide employment support or related services to people with disabilities, but it was felt that if we interviewed a select portion, it would be imperative to interview all of them. Due to the effort that would be necessary to complete this task, we decided to hold off until later in the project.

F. Identified barriers

The most common barrier encountered in the council search was lack of time and/or commitment from council representatives to interact fully around the opportunities this project presented. Often, we needed to phone several times before receiving a call back. When council representatives did return our calls, we frequently played phone tag, then were transferred from person to person. Finally, when we did seem to find the right contact, he or she did not appear very interested in speaking with us.

Some councils have a clear mandate with priorities and objectives, but many react to circumstances that come up within that agency or program. So the second barrier was finding the link that seemed as though it should be there when reading the description of a particular council.

G. Potential for future partnerships

Of the State Councils, Workforce Investment Boards, other entities, and Non-Profit Organizations we contacted, 16 had a high level of compatibility with the objectives of the MIG project combined with a high level of enthusiasm and openness to working with us. While it makes sense to begin building partnerships with these councils and entities first, as time and resources allow, we anticipate reaching out to other groups in the hope of bringing them on board as well.

V. Methodology and Analysis

A. Focus group and key informant interviews

The key informant interviews were qualitative, in-depth telephone interviews of people with extensive knowledge of disabilities, employment, and employment services for people with disabilities. Key informants fell into three general categories of respondents: people with disabilities, service providers, or employers, with some policymakers interviewed as well.

The focus groups were in-person group discussions with a small number of respondents. Each focus group included only respondents from one of three groups of interest: people with disabilities, service providers, and employers. Unlike individual interviews, focus groups generate ideas and information through the give and take of group discussion. Focus groups provide a rich and diverse body of data which is especially important in exploratory studies or in the preliminary stage of a research study (Stewart & Shamdasani, 1990). The focus groups were moderated by a facilitator, with an assistant taking notes and running the tape recorder. The facilitator generally followed the same set of questions for all focus groups, with some exceptions. For example, the young adult groups discussed in greater depth their experiences in high school and when transitioning out of school to the working world. In addition, the facilitator was given the latitude to further explore issues or comments that arose from the discussion in each group.

Instrument development

The key informant interview and focus group guides were developed from issues discussed in the literature with input from Steering Committee members. The guides included a set of mostly open-ended questions followed by probes. The focus group questions discussed many of the same issues covered by the key informant questions, but contained more probes in order to generate more discussion. For both the key informant and focus group interviews, three separate instruments were designed: one each for people with disabilities, service providers, and employers, with some overlap of questions. Approximately 15 grand tour questions covered topics such as job satisfaction, family member influence, employee and employer attitudes, job accommodations, the current system's strengths and weaknesses, transition from school to employment, and recommendations for change (see Appendix F for the key informant and focus group instruments.)

Recruitment and response

Steering Committee members provided the names of people in Connecticut and in other states to contact for the key informant interviews. The respondents were chosen for their first-hand knowledge of or experience with disabilities, employment, and employment services for people with disabilities. Letters were sent out by mail or email inviting each key informant to be interviewed over the telephone. A follow-up call was placed by a member of the research team to determine if they were willing to participate and to set up the interview date and time. Interviews varied in length, from 20 to 45 minutes, with most taking approximately 25 minutes to complete. Thirty-six key informant interviews were conducted: 10 with people with disabilities, 19 with providers or policymakers, and 7 with employers (see Figure V-1).

Figure V-1. Key Informant Interviews

Category	**Total participants**
People with disabilities	10
Providers/policymakers	19
Employers	7
Total key informant interviews	**36**

Focus group participants were recruited using a variety of methods. Using suggestions from the research team and Steering Committee members, various organizations and agencies from across the state were contacted. The goal was to use purposeful sampling to reach various types of providers, employers, and people with all different types of disabilities (physical, mental illness, intellectual, vision, or hearing disabilities). Each organization was invited to participate in the project, and offered a one time payment in exchange for them to invite participants and host the focus group. This method proved to be successful. A total of 35 focus groups were conducted across the state: 18 with people with disabilities or their family members, 8 with service providers, 5 with employers, and 4 mixed groups, for a total of 286 focus group participants (see Figure V-2).

Figure V-2. Focus Groups

Category	**Total groups**	**Total participants**
People with disabilities or their family members	18	147
Service providers	8	81
Employers	5	28
Mixed employer/provider	3	24
Mixed person with disabilities and providers	1	6
Totals	**35**	**286**

Analysis

For the key informant interviews, the interviewer took detailed notes, reading them back to the respondent for further clarification if necessary. These notes were then transcribed in full immediately after the conclusion of the interview. With consent of participants, the focus groups were audio taped to allow for an accurate transcription and identification of supportive quotations as appropriate. Detailed notes were taken at each focus group by an assistant assigned only to that task. These notes were transcribed using the audiotapes for further clarification.

For both the key informant and focus group interviews, content analysis was performed in accordance with standard qualitative techniques (McCraken, 1988). Transcripts were analyzed line by line in order to identify and interpret discussion content. Two researchers independently analyzed each transcript, reaching a consensus if interpretations were different. Major concepts supported by direct quotations were organized into common themes using the constant comparative technique (Glaser & Strauss, 1967). Additional themes were included until no new topics were identified. Like statements were then explored and compared to refine each theme and ensure a fuller understanding of each. Supportive quotes were included throughout the analysis. Using this technique, multiple distinct themes were identified for each key informant interview and focus group. The data from each group of respondents (people with disabilities, providers, and employers) was then analyzed in a similar fashion in order to identify salient topics or areas of interest for each group. These themes are reported in the results section below.

B. People with disabilities in Connecticut: Interviews and mail survey

The research methodology for the interviews and mail surveys with people with disabilities called for three different methods to be used: mail surveys, telephone interviews, and in-person interviews. In addition, a subset of the mail survey respondents first received a 'triage' call to determine their work status and use of personal assistants before sending them a particular set of survey questions. The goal was to use all three methods with each waiver or program population in an effort to obtain a substantial amount of diverse and in-depth information while minimizing respondent burden.

Instrument development

The telephone, in-person, and mail survey instruments were developed by the research team, incorporating important issues raised in the literature along with content areas the Steering Committee or research team felt important to investigate. The interview and mail survey instruments were to address topics which could influence the successful employment of people with disabilities. Although the literature showed that some issues may have a greater effect on certain disabilities versus others, effort was made to include as many concerns as possible, providing a comprehensive look at people with disabilities in Connecticut. The final instrument comprised the areas of employment, personal assistance services (PAS), demographics, and other information such as housing and transportation.

Employment areas of interest included work status (currently working, worked in past, never worked), wages, tenure, type (e.g., competitive, supported), satisfaction, attitudes, meaningful employment, job search activities, and future training or education. Other sections addressed employment-related assistive devices, special equipment, accommodations, and other supports important for work, such as paid help at work or home, vocational rehabilitation services, employer/co-worker support, and work-provided benefits. The PAS section began with preferences regarding self-directed care. Further questions addressed PAS status (currently receiving, received in past, never received), satisfaction, PA difficulties, current PA needed at home or work, and self-efficacy regarding PAS. In addition to basic demographics, questions regarding disability status and onset, health, overall ADL/IADL assistance, type of housing, housing satisfaction, financial constraints, mode of transportation, and transportation difficulties were also included.

The instruments comprised both quantitative and qualitative questions. The open-ended format of the qualitative questions gave the interviewees the freedom to fully describe their experience or views. Using standardized probes, telephone and in-person respondents were encouraged to provide insights and views on a range of issues. The mail survey was developed from the telephone interview instrument. Consistent with standard mail survey practices to reduce respondent burden, fewer qualitative questions were included. (See Appendix G for all interview instruments.)

Regarding employment, people could be currently employed, employed in the past, or never employed; the same was true for use of personal assistance services. In order to minimize survey skips and respondent confusion, three different mail survey forms were developed in three different colors: currently working (blue), worked in past (green), and never worked (yellow). Correspondingly, three different telephone and in-person interview instruments were also created. For the mail survey PAS questions, a white booklet was created which was divided into two sections. The first section of the booklet addressed personal assistance services, while the second part included the demographic, health, housing, and transportation

questions (referred to as the PAS/demographic form). A corresponding telephone and in-person PAS/demographic interview form was developed. It comprised the mail survey questions plus additional open-ended or qualitative questions. Three additional PAS/demographic mail survey forms were created for use with the triaged mail surveys based on PAS status: currently using PAS, used PAS in the past, or never used PAS. Each triage PAS/demographics booklet included only those questions which pertained to the person's declared PAS status. For example, if a person indicated they had never used any PAS services, questions about their experience their PAs, such as satisfaction or quality, were omitted. The triage PAS/demographics booklets were, therefore, smaller and contained fewer skips, which would again reduce respondent burden.

For the in-person interview only, a qualitative question using vignettes was included to further explore respondents' wants and opinions on self-direction and personal assistance services. Three vignettes described three different approaches concerning hiring, managing, and paying personal assistants. The interviewer read each approach out loud, giving the respondent a sheet to read along with. After all the approaches were read, the respondent was asked, "Which approach do you like the best?" Standardized probes were also included for the interviewer to use in order to further explore the respondents views.

Research sample

In an effort to reach residents of Connecticut who have any type of disability, residents who participate in one of Connecticut's Home and Community Based Waiver Programs or other service programs were to be included. This included participants from the Personal Care Assistance, Acquired Brain Injury, and Department of Mental Retardation waivers, as well as participants in the Medicaid for the Employed Disabled program (Connecticut's Medicaid Buy-In program) and participants from several aging services programs including the Self-Directed Care program and Elder waiver. Although separately defined on paper, each waiver or program may serve people with varying disabilities. As no waiver program is currently available for people with mental illness disabilities, participants in this population were to be reached by other means, primarily through mental health authorities across the state.

To include people with all different types of disabilities living in Connecticut, databases from six different waivers or programs were used:

PCA Waiver
The Personal Care Assistance (PCA) waiver provides funding for personal care assistance services for adults age 8 to 64 who have chronic, severe and permanent physical disabilities and who wish to reside in the community (as of 2006 there is no longer an upper age limit). Eligible candidates for this waiver seek to remain in the community and would otherwise require nursing facility care. Participants must also be capable of self-direction, that is, able to hire, fire, manage, train and supervise their own personal assistants.

ABI Waiver
The Acquired Brain Injury (ABI) waiver was implemented effective in January, 1999 to address the needs of persons disabled by acquired brain injuries who currently receive, or would otherwise require, services in an institutional setting. The waiver serves people between the ages of 18 and 64 and who meet all other Home- and Community-Based Medicaid eligibility requirements. The waiver employs the principles of person-centered planning to develop an adequate, appropriate and cost-effective plan of care from a menu of twenty-one home and community-based services to meet the person's needs in the community.

DMR Waivers
The Individual and Family Support (IFS) waiver provides in-home, day, vocational, and family supports services for people who live in their own or family home. The Comprehensive Supports waiver is for services delivered in licensed settings, and provides for the vocational and in-home services needed for people who require a more intensive level of support to remain in their own or family home.

S05 Program
The Medicaid for the Employed Disabled program allows persons with a disability to engage in employment without risking eligibility for needed medical services through the Medicaid program. In general, an eligible person with a disabling condition who is employed can qualify for Medicaid without the use of spend-down while earning income in excess of traditional income limits.

Connecticut Home Care Program (Waiver, State Funded Program, Personal Care Assistance Pilot Program)
The Connecticut Home Care Program (CHCP) is a state and federally funded program that provides an array of home care services. The program helps eligible Connecticut residents remain at home instead of prematurely going to a nursing facility. Depending on the eligible person's health and living circumstances, the services offered may include home health services, homemaker services, visiting nurse services, adult day center services, adult foster care services, chore services, care management, home delivered meals, companion services, emergency response system, minor home modification depending upon availability of funds and assisted living services in approved managed residential communities. A subset of these participants self-direct their own care (referred to as the SDC group).

Benefit Offset Demonstration Project (BODP)
The Benefit Offset Demonstration Project is a state and federally funded demonstration program which encourages those who receive an SSDI cash benefit to increase the amount they are earning through employment. Those randomly assigned to take part in the BODP can earn more than the SGA monthly limit and not lose all their SSDI cash benefit. Instead, for every $2.00 over SGA earned, they lose only $1.00 in benefits. This database consists of a representative disability group with substantial work experience, working either currently or in the recent past. All were currently identified as having a disability and receiving SSDI. Most were currently working and earning at least 50% of the SGA. Any of the first 300 names from the BODP database who had not responded to the BODP letter of invitation made up the pool of potential BODP participants.

Contact information for approximately 1,962 participants was combined from these waivers or programs to use for the mail surveys, telephone interviews, and in-person interviews. The aim was to complete mail surveys, telephone interviews, and in-person interviews with individuals from each waiver or program, with a target goal of 600 total completed surveys or interviews. To reach this goal, approximately 250 names were randomly chosen as potential participants from each program with a database containing both telephone and mailing address contact information (DMR, CHCP, S05, BODP, and ABI). All participants in the PCA waiver program were chosen as these participants were considered a target group for the national MIG project. However, only mail surveys could be completed with the PCA and ABI waiver recipients, as no telephone numbers were provided for these two waiver programs. This precluded the opportunity to conduct any qualitative interviews. Due to a lack of program or waiver database, no mail surveys were planned for people with mental illness disabilities; most of these interviews were conducted in-person.

Recruitment

Pre-notification

To protect each participant's confidentiality, the Bureau of Rehabilitation Services (BRS), part of the state Department of Social Services, first sent each person a letter explaining the research project and including a toll free number to call if they did not want to participate. The letter gave the recipients a two week window to call BRS and decline participation. Use of a pre-notification letter protected the confidentiality of those recipients who did not want to be contacted, and gave them a chance to decline participation before any surveys were sent or any calls made. After the two week window was passed, the contact information for those left was given to the researchers. For all but those on the ABI or PCA waivers, this included name, address, and telephone number.

The remaining potential participants from the CHCP, SDC, S05, BODP, and DMR waiver or program were then randomly assigned to one of four groups (mail survey, triaged mail survey, telephone interview, or in-person interview) using the following ratios: approximately 35 participants from each group were assigned to the telephone interview, ten from each for in-person interviews, 50 from each for triaged surveys, and the remaining participants from each group were assigned to the mail survey.

Methods

Each person assigned to the mail survey received a personalized introductory letter, the three colored mail surveys (currently working, worked in past, never worked), one white PAS/demographics booklet, and a self-addressed, postage-paid return envelope. An incentive was included in the letter: all participants who sent in a completed survey would have a chance to win one of ten $50.00 gift certificates. An explanation was provided in the letter and at the top of each employment form regarding which survey to fill out depending on one's employment status. After approximately three weeks, a second packet containing a personalized reminder letter, surveys, and return envelope was sent. Mail surveys were sent to randomly selected names from the SDC, S05, DRS, DMR, and BODP databases who did not respond to the initial pre-notification letter. In addition, all participants from the ABI and PCA waiver databases who did not decline participation after receiving the initial letter received mail surveys.

For each person assigned to the triage group, contact by telephone was attempted a minimum of four times. When reached, a description of the research project was given and the person was invited to participate. If he/she agreed, the interviewer determined their work status (if working currently, in past, or never) and their use of personal assistance services status. Each triaged person was sent the correct colored work survey and the correct triage PAS/demographic booklet according to his/her responses (if using PAS currently, in past, or never). A personalized letter of invitation and self-addressed, postage-paid return envelope was included as well. This process was identified as "Triage complete." If a completed survey was not returned within approximately three weeks, another identical packet was sent with a "Reminder" letter of invitation. After a minimum of four attempts, any "triage" potential respondents who were unable to be reached by telephone, were sent a survey packet identical to that sent to the mail group (personalized letter, all three colored mail surveys, the larger white PAS/demographics booklet, and a self-addressed, postage-paid return envelope). The triage group included randomly selected participants from the SDC, S05, DRS, DMR, and BODP databases who did not respond to the initial opt out letter.

Those assigned to the telephone or in-person interview group received a minimum of four telephone calls. Those reached by telephone were given a description of the research project and an invitation to participate. The incentive to receive one of ten $50.00 gift certificates for completing a survey was also explained. The flexibility to complete the interview at a time and/or place convenient to the respondent was stressed, and interviewers made themselves available for early morning to late evening appointments or calls. To include those potential telephone and in-person respondents who could not be reached by telephone, a mail survey was sent to those with no telephone contact after four attempts. This included those respondents with a not-in-service or wrong number, or those who never answered the phone.

To reduce respondent burden and increase response rate, the researchers retained flexibility regarding the person's assigned group and respected the respondent's choice. For example, any person assigned to the triage group who chose to complete their survey by telephone was allowed to do so. Likewise, a mail version of the survey was sent to any respondent contacted to do a telephone interview who wanted to complete the interview by mail.

Without a specific waiver program or any other type of central database, additional effort was needed to reach those with primarily a mental illness disability. These individuals were reached by two ways: recruitment by counselors at two mental health regional centers, and the snowball technique. The Department of Mental Health and Addiction Services (DMHAS) vocational counselors and case managers at two regional mental health centers, one in central Connecticut and one in the southeastern part of Connecticut, recruited clients for in-person interviews. The DMHAS clients were personally identified and invited by the DMHAS employees. Only the first names of those DMHAS clients who chose to participate were given to researchers. In-person interviews were then set up through the DMHAS employees at the regional centers. The snowball technique was used to reach other interested participants, using contacts in the community and at a mental health advocacy organization. This resulted in both in-person and in triaged mail surveys being completed with those with primarily mental illness disabilities.

24 hour telephone access and suicide protocol

At the request of the PCA and ABI program managers, a 24-hour toll free telephone number was established to allow survey respondents to call in if they felt upset by one or more of the mail survey questions. This number was published in the introductory letters. No calls were received during the course of the study. In addition, program managers requested that we develop a full suicidal protocol in the event that an individual contacted us. However, the protocol was never needed.

Response rates

A total of 642 mail surveys or telephone/in-person interviews were completed (453 mail surveys, 83 triaged surveys, 87 telephone interviews, and 19 in-person interviews). Surveys were completed by people with physical, intellectual, and mental illness disabilities. Adjusting for incorrect contact information (both telephone and mailing address), deceased, non-English speaking, or otherwise ineligible participants, this resulted in an overall response rate of 40% for all interviews and surveys combined. When examined by individual survey method, the response rates for each method were: 35% mail, 47% triaged, 86% telephone, and 38% in-person interviews. There were a total of 131 potential respondents with incorrect addresses and telephones, 29 ineligibles, 8 deceased, and 39 refusals (the last when contacted by telephone).

Telephone interviews took an average of 28 minutes (range 12 – 58 minutes), and in-person interviews an average of 41 minutes (range 12 – 58 minutes). Triaging a person by telephone took approximately five minutes.

Analysis

All data were entered into Microsoft Access tables. This program is suitable to enter both quantitative and qualitative (open-ended responses) information. After data collection was complete, the data were converted to SPSS version 13.0, a statistical software package designed for both simple and complex analysis.

Several types of data response errors occurred that required transformations prior to analysis. One of the most common errors was encountered in the analysis of skip questions. Individuals who answered "no" to a skip question were theoretically expected to skip to the next designated section. However, several respondents to the mail survey provided quantitative data for questions that should have been skipped. Mirroring analysis conducted in other studies, items embedded within skip questions that were inappropriately answered were re-coded to missing values. This recoding scheme enabled comparability between the results of each of the survey techniques (e.g., telephone interviewers skip the appropriate skip questions). As is typical with survey data, data entry errors occurred, many requiring some type of data transformation. Most were straightforward and easy to correct (i.e., an individual's date of birth that appeared as 1466 would be rechecked against the original survey and corrected as appropriate).

A three-step statistical strategy was employed in this study. First, a preliminary analysis determined the distribution of the sample across the independent variables (survey items) in the study. The study sample was categorized into several groups. Group one included individuals currently working, group two included those who worked in the past, and group three included individuals who had never been employed. Next, data were analyzed question by question, with a series of basic tests computed: frequency, average, and percentage. The variables were then simplified by eliminating extraneous variables and by reducing the number of divisions of multi-categorical variables. A comparison of the response distribution both within and between groups was performed. Differences between groups were analyzed using chi-square and one-way ANOVA for categorical and continuous data, respectively. Actual significance levels (p values) are documented in the report.

The respondent's entire response to each open-ended question was recorded by the interviewer and entered in full into the database. Likewise, all written responses to any qualitative questions were entered as well. Content from these open-ended questions were analyzed using standard qualitative analysis techniques (McCraken, 1988). Data from each question was transcribed and analyzed line by line in order to identify and interpret each individual's response. Two researchers independently analyzed the responses for each question, reaching a consensus if interpretations were different. Major concepts or areas of interest supported by direct quotations were organized into common themes using the constant comparative technique (Glaser & Strauss, 1967). Additional themes were included until no new topics were identified. Like statements were then explored and compared to refine each theme and ensure a fuller understanding of each. Supportive quotes were included throughout the analysis. These themes are reported in the results section below.

C. Employer survey

Instrument development

By partnering with four regional Chambers of Commerce, employers throughout Connecticut were also invited to participate in the needs assessment. A one-page, two-sided, anonymous mail survey was sent to Connecticut employers who were members of one of the four selected Chambers of Commerce. Content areas were developed from the literature with input from the Steering Committee, and included questions describing their business, experience working with employees with disabilities, accommodations, resources, and attitudes.

Recruitment and response

Employers from four state regional Chambers of Commerce were included in the employer survey. The survey and letter of invitation were mailed using the Chamber's envelopes. The letter of invitation was printed on each Chamber's letterhead and signed by each Director encouraging their members to participate. Anonymity was assured, as no identifying information or number was included on the surveys, and postage-paid envelopes were included with each survey. The Northwest Regional, Middlesex, Eastern Connecticut, and Bridgeport Chambers of Commerce participated. A one-time survey mailing was sent to approximately 9,500 businesses across the state. As of July 26, 2006, 653 surveys have been returned, representing a 7% response rate. While lower than expected, this response rate is partially a result of the databases used, and does not take into account such factors as wrong addresses, individuals no longer involved with the Chamber but still on their mailing list, or individuals who left that place of employment.

Analysis

All data were entered into Microsoft Access tables, then transferred into SPSS version 13.0. Data were analyzed question by question, with a series of basic tests computed: frequency, average, and percentage. The variables were then simplified by eliminating extraneous variables and by reducing the number of divisions of multi-categorical variables.

VI. Focus Group and Key Informant Interviews

Key informant and focus group interview questions for people with disabilities, providers, and employers covered a number of areas and were designed to elicit useful information to aid in planning for an inclusive workplace. Questions that were similar for all three groups of participants focused on the advantages of hiring people with disabilities, employer attitudes and experiences, recruitment, job seeking strategies, employment barriers for people with disabilities, as well as barriers employers face in hiring people with disabilities and older workers. Questions were also asked about accommodations for people with disabilities, the role of family, transitional services, assistive technology, and the strengths and weaknesses of the existing service system. In addition to key questions, open-ended probing and closing questions were helpful in gaining a better understanding of pressing issues and obtaining insights into people's shared understandings of the current workforce issues as they relate to Connecticut's employment infrastructure and constituents with diverse disabilities.

Analysis of the results was initially completed by group (i.e., people with disabilities, provider, and employer focus groups and people with disabilities, provider, and employer key informants). Typically, focus group and key informant participants are relatively similar individuals who are chosen based on their ability to provide specialized knowledge or insight into an issue being studied. As a result, similar themes commonly emerge. In this study, participants in separate groups identified similar concerns and issues. In fact, there was a great deal of overlap in themes across groups. Because of this, qualitative data from each group was combined and examined as a whole. Disseminating the results in this manner reduces redundancy and makes it easier to understand what issues are most relevant. The following results, like the focus groups and key informants interviews themselves, are evidence of a collaborative effort and express the multiple views and experiences of people with disabilities, provider and employer participants. Demographics of each group of participants follows the discussion of the results.

The passage of the Americans with Disabilities Act (ADA) of 1990 has clearly made it easier for people with disabilities to experience full integration into the workforce. However, the focus group and key informant interview results of this study demonstrate that many Connecticut residents with disabilities have yet to be successfully employed and do not feel protected from discrimination in many employment practices, including job application procedures, hiring, firing, promotion, benefits, and leave. While there have been improvements in the way people with disabilities have gained access to Connecticut's workforce, the overall sense among focus group and key informant participants was that there is still a long way to go in providing employment opportunities for people with disabilities who are qualified to work and who may or may not need reasonable accommodations.

One overarching theme was the importance of focusing on the individual and their strengths, not their disabilities. It should be noted that the people with disabilities participating in this study have a broad range of disabilities which is representative of the ADA's definition of disability. This definition states that a person has a disability if they "have a physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, thinking, walking, breathing, or performing manual tasks," and, more importantly, "they are people first" (Americans With Disabilities Act of 1990). This means their diagnosis is only part of their complete persona and they have potential that can't and shouldn't be predicted by their diagnosis (Snow, 2001). Focusing on the strengths of people with disabilities pertains to the way the individual is treated by other people in various environments including in the school system, the workplace, and the social service setting. To promote strengths, there was a strong sense that preparation for employment should start earlier and that the public, including

teachers, employers, co-workers, service providers and the community at large should be educated about people with disabilities.

The need for accommodations varied by disability and individual and included the need for communication, flexibility, job coaches, mentors, personal care assistants, and physical access. In addition, larger concerns regarding transportation and adequate housing need to be addressed and were key issues. Many people with disabilities value work and want to participate in the workforce, but acknowledge they are in a dilemma and are fearful that if they earn too much money they will lose the benefits that are necessary to pay for disability-related costs. It was also evident that financial incentives in hiring people with disabilities are important to employers and are clearly a motivating factor. Results showed that both people with disabilities and employers would like increased and longer term support services. In addition, creativity and thinking outside of the box was stressed by many participants as an important part of the problem-solving process.

Themes for the focus groups and key informant interviews completed with people with disabilities, providers, and employers are grouped into the following content areas, with greater explanation given below:

- An aging and retiring workforce
- Advantages to employers of hiring people with disabilities
- Barriers to employment for people with disabilities
- Transitional services: The role of schools, service providers and families
- Barriers to hiring people with disabilities for employers
- Experiences employing people with disabilities
- Experiences working with agencies and employers
- Strengths and weaknesses of the existing service system

A. An aging and retiring workforce

We also do light duty for [current employees] with cancer, allow flexing schedule, shortened work week to accommodate treatment needs. (Employer)

Began or thinking of beginning own apprenticeship program/partnering with technical schools to adjust for retiring skilled workers. (Employer)

Preparation to replace retiring employees

The labor force has slowly changed over the past fifty years. This demographic shift has been exacerbated by the trend of early retirement of some of the baby boomers who by the end of this decade will most likely be retiring in large numbers. Most employers recognize the reality that many of their employees are getting older and will be retiring. Manufacturers seem especially concerned about the aging out of technical people and skilled machinists as fewer skilled, younger workers are available to take their place. While most employers recognize the reality and importance of preparing for an aging and retiring workforce, most do not have any established plan or policy to offset this. Others are more actively recruiting younger workers and other groups by providing an apprenticeship program with technical schools or mentoring younger employees. Additional approaches taken by other employers include hiring retirees, using older volunteers, and seeking employees at senior center job banks.

Employers in some companies report they are providing accommodations for older workers, especially for an established employee with a good work record. For example, some employers have offered greater job flexibility, such as allowing an older employee to work at a slower pace. More employers were willing to offer job accommodations to current employees who subsequently develop a chronic illness or disability. These accommodations may include greater job flexibility, accommodating medical appointments, or letting the employee work half shifts.

Current recruitment practices

Recruitment is currently a critical area in industrial management because of the impending human capital crisis. Employers are aware of this and understand that recruitment is a long-term investment in attracting a qualified workforce. Employers listed many different ways of finding new employees. The most common recruitment practices employers report using are advertising in newspapers, word of mouth, and internet resources. Fewer employer participants actively work with state and private agencies or specifically target people with disabilities or older adults. The striking exceptions to this were two employer key informants who are making a concerted effort to hire people with disabilities to create a diverse workforce.

Employers are aware that the composition of the labor force is changing and that their recruitment strategies may also have to change. They understand that the nature of work has changed with manual work declining, knowledge-based work increasing, and technology redefining the work environment. Because of this, employers are finding that recruitment practices need to focus on new competencies and different skill mixes than used previously, which will be needed more in the future. Employers also realize that the combination of an aging workforce and slowing labor force growth rate may result in more competition for qualified applicants across sectors to fill gaps left by those who are retiring, and that to remain competitive, they will need to create some innovative recruitment practices.

B. Advantages to employers of hiring people with disabilities

> *People with disabilities are hard workers and are determined to stay on the job as long as they have the opportunity to work, so they stay longer and they're good employees. (Employer)*

> *Job coaching is available. We can help the supervisor with the best way to supervise and help person… Average person can have same issues, but not have this support. (Provider)*

Both employer and provider focus group members and key informant participants identified many benefits to employers of hiring people with disabilities. Providers saw people with disabilities as an untapped pool of qualified workers, and one which employers could take advantage of. They also saw employees with disabilities as adding to the diversity of the workplace and increasing the social awareness of their co-workers. In addition, providers felt that hiring a person with disabilities may give the employer and co-workers a chance to participate in their development as a person, to know they provided that chance for a person.

Both providers and some employers emphasized that many people with disabilities are committed to their job and their employer and do not take their jobs for granted. As employees,

people with disabilities are motivated to work and take pride in the work. Because of this, many people with disabilities make good, dependable employees with less turnover – something which very much appealed to the employers.

For some employees with disabilities, employment supports are available from state agencies such as BRS, DMR, DSS, or DMHAS. These supports can include job coaching, on the job supervision, and automatic back up employees. Both providers and employers emphasized the importance of job supports, and the difference this can make for an employee. Having a daily job coach also appealed to employers as a way of providing individualized training and help on the job by someone other than another paid employee. One employer felt that by reporting to a job coach every day, this helped make those employees more reliable and reduced absenteeism.

Providers also mentioned the opportunity employers often have to "try out" an employee especially when working with an agency. This gives both employer and coworkers the chance to see how good the match is, and allows people in the workplace to be part of a person's development. The few employers with experience working with a provider agency emphasized the ability to use agencies to employ people with disabilities for simple assembly or packaging work. Employers also emphasized the available tax credits as an incentive to include people with disabilities in the workplace, and underscored the importance of expanding any financial incentives available.

A few providers and employers did mention the difficulties employers sometimes face when employing a person with a disability, such as a greater reliance on personal supports at home who may themselves be unreliable, problems with transportation, and behavioral or psychological issues which may interfere with a person doing their job. Other employer and provider participants indicated that, as with non-disabled employees, situations vary from individual to individual, and that an employer is taking a risk whenever they hire a new employee. As one provider commented, "It also depends on the individual. Their strengths are based on the individual just like people with no disabilities."

C. Barriers to employment for people with disabilities

> *It's very difficult, especially when you have to rely on elevators. If they are out of order, you can't figure out how to get down. When I was working last week, the elevator was out of order… No matter where you go, there is <u>not</u> enough handicap accessibility. (Person with disabilities)*

> *I feel there's lack of opportunity – no jobs available in areas people want to work. More jobs need to be created, but also there's not enough support and not reasonable accommodations, especially for people with mental illness or psychiatric disabilities. (Provider)*

People with disabilities' barriers to employment were discussed in both the focus groups for people with disabilities (What prevents people with disabilities or special needs from getting the jobs that they want?) and providers (What are the greatest barriers to people with disabilities who are looking for employment?) and key informant interviews. Respondents in all groups identified numerous barriers and difficulties to employment faced by people with disabilities. The challenges discussed can be grouped into the following themes:

- Societal preconceptions and lack of awareness
- Low expectations
- Individual attitudes and beliefs
- Employment discrimination
- Benefit programs limitations and complexity
- Transportation difficulties
- Lack of satisfying job opportunities
- Challenges in the hiring process
- Lack of job accommodations or support
- Need for skills and training
- Personal care assistance
- Housing issues
- Lack of information about resources

Preconceptions and lack of awareness

> *It is always assumed they will take entry level jobs. It's a terrible stigma. (Employer)*

Society's preconceptions of people with disabilities, coupled with a general lack of awareness, create attitudinal barriers to employment for people with disabilities. Respondents from all groups agreed that we need an overall shift from disability to ability – from being viewed as a person destined to only receive to a person who will contribute significantly with supports as needed. People with disabilities indicated that they are not content with receiving benefits and staying home. They want lives filled with meaning, a sense of accomplishment, responsibility, and contribution to society. Many participants agreed that changing this requires a shift in perceptions and expectations by everyone involved.

In addition to this shift to ability, society must also see each person with disabilities as an individual. There is a huge range of abilities, needs, and situations among people with different types of disabilities. To successfully meet these differing abilities and needs, including successful employment, it is essential to focus on each person as an individual. This theme permeated many of the people with disabilities' focus groups and key informant interviews. One participant retold his initial experiences with BRS: "BRS just stuck me in a room with a video about a bunch of disabilities, some with mental [intellectual] disabilities which doesn't apply to me. I didn't stay for the whole thing. I left."

Low expectations

> *Doctors told me not to even try to go to law school. During school breaks you are hospitalized and fed intravenously in order to go back the next semester. All they had to do is tell me I couldn't do it. (Person with disabilities)*

Low expectations and conflicting messages about work also contribute to the challenges many people with disabilities must overcome in order to be employed. Providers and people with disabilities especially remarked that people with disabilities receive conflicting messages about work from many directions, including the Social Security Administration, the State, their doctors, lawyers, and governmental rules defining disability. Respondents from both groups went on to

say that these conflicting messages about work also reinforce the message that it is culturally permissible not to work.

People with disabilities, providers, and a few employers also identified low expectations of employment as a barrier, which may be reinforced by doctors, nurses, parents, teachers, service providers, and/or employers. Providers and a few employers added that an individual's attitude, level of motivation, and sense of self-esteem are also key to obtaining successful employment. In addition, an individual's low self-esteem may contribute to low expectations of employment.

Individuals' attitudes and beliefs

> *Lack of self esteem and confidence. Too many years without the ability to work leads to fear of returning to employment generally. (Provider)*

People with disabilities must also overcome any internal challenges to working, including any arising from his/her motivation or self esteem issues. A person's own attitudes and beliefs impact his/her success at finding and maintaining employment. This was especially discussed in the provider focus groups as well as some focus groups and key informant interviews with people with disabilities. Low self esteem, lack of confidence, feeling discouraged, negative attitudes, and lack of motivation can all make it more difficult for a person to find and maintain employment. Providers also spoke of fear of change and the culture of dependency. Feeling their needs are being met, some people with disabilities are comfortable where they are and are unwilling to give up any benefits in order to work.

It is important to remember that this is not universally true. Many people with disabilities are not content with receiving benefits and staying home. All the people with disabilities in the focus groups and key informant interviews were motivated to work. Most living in the community were employed, while many others had volunteer positions. As one person with disabilities stated, "*It's a myth that if you get benefits you don't want to work, that you just want to sit back and receive. But most of us do want to work."*

Discrimination

> *We are not considered to be people like everyone else… They see the chair before they see the person. (Person with disabilities)*

Although many employers and individuals have a basic understanding of disability from the ADA, nondiscrimination policies are less familiar. For example, there is almost no awareness of Title I of the ADA which states that if an employer is a private company and employs more than 15 people, the employer is prohibited from discriminating against people with disabilities in all employment-related activities including hiring, paying, benefits, promotions, and firing. Most employers are also unaware of Title II of the ADA which involves state and local governments, or the Rehabilitation Act or Workforce Investment Act. Discrimination also reinforces the stigma many people with disabilities must contend with every day. People with disabilities not only face discrimination because many people lack knowledge about disabilities, but they also face discrimination from many sources including prejudice because of disability, age, race or ethnicity, gender, stigma of mental illness, or having a criminal record. Going hand in hand with this theme is the stigma associated with having a disability.

Benefit programs' limitations and complexity

> *Another problem is when you try to get your benefits back. It's hard to get them back and it's something that I worry a lot about. (Person with disabilities)*

Unfortunately, the Social Security work incentive information is very complex. Providers remarked that the benefit programs and regulations are extremely complicated, and they sometimes struggle to figure out a person's benefits and income-benefit equation. People with disabilities who are working must carefully keep track of any income they receive each week, or face the loss of their SSDI cash benefit if they are even one dollar over the allowed amount for Substantial Gainful Activity or SGA (currently $860.00 a month). Some employers also felt programs such as the Social Security cash benefit created too much paperwork and were a hassle to keep track of.

Fear of losing any benefits, especially any medical or Social Security cash benefit, keeps many people with disabilities from even exploring employment options, aside from very part time or transitory work. For many it appears to be a "Catch 22" situation, as a decision to work might jeopardize benefits currently received such as their Social Security cash benefit, food stamps, or rental assistance. This is a real issue for many people with disabilities, as making more than the Substantial Gainful Activity (SGA) in any month may result in loss of one's SSDI benefits.

Lack of knowledge or misinformation about how their benefits may be affected also reinforces these concerns. For example, medical coverage is a real concern for many people with disabilities, especially as affordable health insurance coverage is often not included in part time positions. Medical benefits, such as Medicaid, are essential for people with disabilities who have skills and who want to work. Many people with disabilities are therefore wary to do anything that might jeopardize their Medicaid or Medicare health care coverage, and expressed fear that if they earn too much, they will lose their health care or other benefits. Interestingly, none of these participants appeared to be aware of the Medicaid for the Employed Disabled Program which allows people with disabilities eligible for the program to keep their Medicaid health insurance while earning up to $75,000 a year.

People with disabilities who are currently working full time are also concerned that at some point they might not be able to continue working full time, and fear they will then be unable to get their full benefits back. There is also concern that there will be a gap in health care coverage before they get back on state or federal support. This potential loss of benefits creates huge levels of anxiety and is a strong disincentive for people with disabilities to pursue employment, even though they desperately want the satisfaction and self-esteem that usually accompanies meaningful employment. As one provider remarked, "Some people feel they can't take a job or go to work because if they can't work at some future point, they worry that they won't get their benefits back. So they don't work because they don't want to take the chance that they might be without benefits at some point."

Transportation difficulties

> *No matter if you have all the planning and creativity in the world, if you don't have transportation it all falls apart. (Provider)*

Lack of individual transportation and inadequate public transportation were repeatedly mentioned as a significant barrier to employment and to obtaining training. As a barrier to employment, the role of transportation is enormous, and includes lack of transportation,

inaccessible public transportation, and unreliable van service. Many people with disabilities are trying to improve the quality of their lives, but are dependent on individual or public transportation for mobility.

Unfortunately, in some areas of Connecticut, there is no wheelchair-accessible transportation, which greatly limits the job and training opportunities for a person with disabilities. This was expressed by one focus group participant who put it simply, “I need to go where the [van service] will go.”

Others have accessible transportation provided, but find that it is often unreliable. A number of people with disabilities reported that their mode of transportation or van service was regularly late, with waits as long as an hour at the beginning and the end of the day. This was not only inconvenient to the person with disabilities but often also inconvenienced a family member or staff person. Having unreliable transportation makes it difficult to consistently get to work on time, and employers may not be willing or able to accommodate not knowing when their employee will be in.

For other people with disabilities, the expense of using taxis or owning an accessible van creates the most significant transportation barrier. Once again, knowledge about state resources designed to eliminate some of these barriers was not universally known. For example, only two participants with wheelchairs mentioned receiving monetary aid from BRS to pay for an accessible van, while others in the same focus group were unaware that such assistance existed.

Lack of satisfying job opportunities

> *I am a person that studied. I know computers and accounting and marketing. I know many things, but this [employer] didn’t give me a chance to do anything else but pick up the trash from the floor. (Person with disabilities)*

Lack of satisfying job opportunities was discussed by many providers and people with disabilities in both the focus groups and key informant interviews. The job market in Connecticut has been changing over the past decade, reducing job opportunities for people with or without disabilities. There are fewer manufacturing jobs available, and increased technology has eliminated many entry level positions. In addition, employers are seeking ways to cut costs, and expect their employees to be able to multi-task and perform more than one job function. These conditions can create various employment challenges for people with disabilities depending on their training, abilities, and employment interests.

In addition, people with disabilities are often not given the opportunity to demonstrate skills to the employer, leading to underemployment for some. Providers and people with disabilities especially remarked on the mismatch which often exists between a person’s skills and interests versus the available and accessible job positions. Many people with disabilities are well-qualified for positions and have much to offer, but fail to achieve their goal to be meaningfully employed. Many people with disabilities expressed a need for rewarding part-time work with flexible hours, something which many found difficult to obtain. Finding meaningful employment is especially difficult for people with disabilities when employers are reluctant to hire them and when they are also reticent to provide necessary accommodations.

Participants from all three groups also mentioned that a person’s disabilities can also limit their employment choices. For example, physical disabilities may prevent a person from heavy

lifting, while some medications may make it difficult for the person to think clearly. In addition, acquired brain injuries, mental illness, spinal cord injuries, or other disabilities that tend to occur later in life may make it impossible for a person to continue with the type of work they did previously. These limitations may make it even more difficult for a person to find satisfying employment. Unfortunately, some employers from the focus groups relied on this reasoning to explain why people with disabilities could not work at their company, instead of exploring the use of assistive technology or other accommodations (this is discussed further in the employer barrier section below).

Challenges in the hiring process

> *A job interview is a social skills test. With autism, my son is going to flunk every time. (Family member of a person with disabilities)*

People with disabilities and providers both spoke of the need to modify the traditional hiring process or criteria. Some challenges are evident from the beginning of the application process. For example, people with disabilities with limited computer skills may have difficulty completing an online application. Unless addressed, this may become more of a problem, as this type of application process is increasing in popularity with many large employers. Other difficulties in the application process may be caused by limited interviewing skills, communication difficulties, or poor literacy skills. In addition, potential employees who have a record of felony or mental illness typically find it difficult to even get an interview. Once they do, many feel that they won't be given a chance because of either their history or type of disability.

Gaps in employment history are a barrier for some people with disabilities who are unable to work and are absent from the workforce for any length of time. Having gaps in one's employment history can make a person less attractive to a potential employer. This is especially a concern for people with mental illness or acquired brain injury. Such gaps are hard to explain without disclosing one's disability. However, people with hidden disabilities are often reticent about disclosing their disability or even discussing any needs for accommodations for fear of discrimination from potential employers. For job seekers who are "overqualified" for a job, applying for employment may mean revealing their disability or, at the very least, explaining why they are applying for a job for which they are overqualified. Finally, for some people with disabilities, discussing the need for accommodations is the most stressful part of the hiring process.

Lack of job accommodations or support

> *For me, accommodations mean putting forms into an electronic format. But there are some employers who are simply not going to accommodate and who instead will hire someone without a disability. (Person with disabilities)*

Lack of job accommodations, or an employer's reticence to make modifications or provide assistive technology, can also make it difficult for people with disabilities to find employment. Accessibility is still a large issue for those who use a wheelchair or have other physical disabilities. Some buildings are still totally inaccessible, while others have bathrooms, entrances, or ramps that are not accessible by wheelchair due to poor design. In addition, lack of workplace assistive technology, such as voice to text software or a large screen computer monitor, may prohibit employment for some people with disabilities. Other needed accommodations can include individualized job support, additional training, and the use of personal assistants or job coaches at work. Lack of such support can make it difficult for some

people with disabilities to complete the work that's expected of them. Flexibility in work hours or flex-time is an often desired workplace accommodation, and one that is particularly difficult to find. For other people with disabilities who work at jobs in the service sector, not knowing one's job schedule from week to week can create problems with both support personnel and transportation. One provider remarked, "Changing work hours is a problem. A routine schedule is best… It is difficult to find at home support staff that can flex hours each week."

Need for skills and training

> *Lack of experience on the job while in school and lack of job training in school. A person's social skills and work ethic is also important. You learn by actually doing. People with disabilities need more than training, and need more job experiences to learn the other pieces, the social skills that allow them to keep jobs. (Provider)*

People with disabilities, providers, and employers all spoke of the need for more skills and training in order to be competitive in the workplace. For many, this additional training includes computer skills training or other post-high school training. Participants felt that more often than not, people with disabilities lack such skills, making it more difficult for them to obtain employment. In addition, access to such training or education is frequently limited by barriers such as lack of availability, accessibility, funding, or transportation. Providers also pointed out that employment skills, interviewing techniques, and even job etiquette are often acquired skills, and ones which many people with disabilities are given no opportunity to develop. For young adults, social skill deficits or lack of maturity may add to these challenges.

Whether they were college students, returning workers, or living in institutional settings, many of the people with disabilities interviewed were working hard to obtain the needed skills, education, and training in order to seek satisfying and higher paying employment. This was particularly evidenced by one participants' comment, "I used to do data entry. The technology now, you need to use a computer. So that's why I went back to school, so I could earn more money."

Personal care assistance

> *Like I find sometimes I have to loan [the PCA] five or ten dollars for gas so that they can come back to help you … The amount of money being paid to personal care work is not great. It is so difficult, such a high burn out rate. They sometimes have their own problems. You have to help them along. (Person with disabilities)*

Approximately one in five working age adults report having a disability. Of these who are 18 years or older, almost one-quarter (22%) have some kind of functional limitation, such as blindness, deafness, difficulty climbing stairs, or inability to lift ten pounds. For those with more severe disabilities, having supportive services from a personal care assistant (PCA), either at home or work, can be essential. This assistance can include help with activities of daily living (e.g., bathing or dressing), health-related functions (e.g., medication administration), behavioral intervention (e.g., monitoring or redirection), and instrumental activities of daily living (e.g., cooking, shopping, or transportation).

Personal care assistance was discussed in a minority of the focus groups or interviews with people with disabilities. Unfortunately, many who could use a PCA do not always have access to these services. Aside from the people with physical disabilities, many participants were not aware of the use of personal assistants or had no access to these services. Participants mentioned concerns such as eligibility for funding, difficulty finding a PCA, and staff turnover.

Such issues add to employment challenges by not having the level of support that is needed to function in the workplace. In addition, lack of support at home can also impact a person's ability to work, especially if the person relies on the PCA to get them ready for work. Participants also remarked that the use of personal assistants at work is a new concept for many employers and coworkers.

Housing issues

> *I was refused housing because of my history of drug use and being in prison. I couldn't even get a $100 a month room because of my drug and prison records. I had to live on the streets. (Person with disabilities)*

Concerns about housing were also only discussed in a minority of focus groups with people with disabilities, most often in the focus groups with participants who are living in an institutional setting or in prison. However, for these participants, housing concerns clearly compound other challenges to working that they face. Housing issues included accessibility, affordability, location (e.g., close to work, community services, and transportation), and safety. The need for appropriate and safe housing is a particularly big issue for people with disabilities who have a history of incarceration and are being released from prison, or who are being discharged from a nursing facility or other institutional setting. Often people who have been in prison only qualify for Section 8 housing, and some of these reported that if they return to that type of housing, there's a strong possibility they will end up back on drugs and then back in prison. Those who have experienced the challenge of finding decent housing underscored the need to be in a community that is nurturing and not one that tempts them back into the lifestyle they want to escape. For those that are transferring from assisted living or a nursing facility, accessibility in addition to affordability was their main concern.

Lack of information about resources

> *Finding it. Finding people that know what they are talking about. I've been tossed between so many people. I got a new social worker. You never know when they have been changed. I never know who my case worker is, and no one ever calls you back… (Person with disabilities)*

Providers and people with disabilities both pointed out that lack of information about available employment resources can also make it more difficult for people with disabilities to access the assistance they need to obtain and maintain employment. Many people with disabilities in the focus groups were clearly frustrated by the apparent lack of available resources and the lack of information as to how to access those that do exist. Participant knowledge about available resources was haphazard, as small pockets (sometimes consisting of one person) in each focus group knew of different programs or resources. The other participants would often ask those with the information to repeat it so they could write it down to access later. Many focus group members seemed to rely heavily on the information and support offered to them by the non-profit or service organization they were most connected to, which was often the sponsoring organization of that focus group.

Focus group participants also suggested that there should be ways to increase coordination and communication among agencies and to strengthen support systems and networks. Both people with disabilities and providers mentioned that because of personnel changes, providing counseling or service continuity isn't always possible. However, people with disabilities especially felt the need for the same person to help guide them through the employment

process and assist them in finding resources. Participants also suggested that there seems to be a need to have one source for all information and a sense of uninterrupted connection with one advocate.

D. Transitional services: The role of schools, service providers and families

The career path [should] start when you're young, like fifth grade and elementary school. It's important to get kids on the right path when they're young. (Parent)

If we would start everyone at the earliest age to come up to their highest potential in all aspects of life including work, we would have a better society. (Employer)

Limited availability of transition services

Transition services are intended to help young people, especially those with disabilities, develop independence and coping skills before they leave school. Aspects of transitional services include employment and financial independence (being employable when one leaves school), community and living arrangements (being able to live independent of parents), independent mobility (i.e., within the community so an individual can participate in both employment and recreational activities), peer relationships (being able to develop new peer relationships is critical for preparing for entry to the workforce), and self-esteem (involves personality development and is an important factor in developing socialization skills). Transitional services can include pre-vocational training, involvement with school guidance counselors, job coaches, and mentors.

There are pockets of positive transitional services occurring for students with disabilities throughout Connecticut although strengths vary depending on the school system. Overall, there is a consensus that increased funding is needed for transitional services, including increased staff and resources in the high schools for students with disabilities to assist them in making the transition after graduation. Transitional services for incarcerated people with disabilities, such as community mentors and job developers, are essential for a successful transition to the community once paroled. Transitional services which include support for finding both successful employment and a place to live are also needed for people with disabilities moving out of nursing facilities and other institutional settings.

Generally, participants agree that refocusing the school's role and process to address transition is necessary and that students and families need to be empowered to facilitate the transition process. Developing support for transition from the community, including employers, is also a goal that was mentioned by participants. Other suggestions include the need to coordinate and reorganize ongoing service delivery among agencies to support transition and staff training. In addition, evaluating student and community outcomes may enhance transition services.

Lack of school involvement

Schools must play a greater role in educating parents about disabilities, providing supports to families, and providing employment support. Most of the participants in the focus groups indicated that preparation was lacking for life after graduation, employment preparation such as vocational training, interviewing skills, or job experiences. In addition, many felt there was a lack of life skills development, such as how to budget or live independently. Participants agreed that it's critical that pre-employment preparation start earlier, even before high school.

Community service or self-advocacy was also viewed as a way to prepare students for employment and life in the community. Providers spoke of the need to educate students and their families about their disabilities, including being realistic about students' abilities. The need for greater education about the resources and supports available was also discussed.

Role of parents/families in employment

Despite the hardships that come with a disability, most people with disabilities saw their parents as being their first and most consistent support in their growth and development as a working adult. Parental support in the way of encouragement, educational assistance, and other hands on support were all experienced by many of the people with disabilities. As role models, parents were seen to have instilled in their children a strong work ethic and a sense of responsibility. Many of the people with disabilities interviewed stressed that their parents had high expectations of them and what they could achieve through employment and in life.

For most of the parents interviewed, encouraging and thinking positively was the first line of support. Others helped their adult children learn interview skills, filled out applications with them, helped them obtain jobs through networking, and encouraged their working by providing support such as transportation.

Providers experienced the influence of families differently, remarking how some families encourage their child to work, while others do not. Provider respondents also indicated the need to educate families about their child's disability and that the available system of supports needs to be expanded and strengthened.

E. Employer barriers to hiring people with disabilities

> *The unknown. When we interview candidates, they can be physically or mentally handicapped, there are unknown barriers. A person even without a disability may struggle to do the job. When hiring a person we need to be able to envision them in the job. (Employer)*

> *[Our concern is that] the person [would] not be able to do the job depending on his or her disability. Our work facilities have rooms for guests who are disabled, but our workplace is not set up that way. That is a barrier. The law says we have to be ready for disabled customers, but not employees. (Employer)*

Barriers for employers to hiring people with disabilities were discussed by both the provider and employer participants and include:

- Employers' preconceptions and assumptions
- Concerns about liability
- Lack of financial incentives for employers
- Accommodation concerns
- Lack of skilled, qualified applicants
- Co-worker concerns
- Lack of awareness and knowledge

Employers' preconceptions and assumptions

Focus groups with employers and providers revealed numerous preconceptions, assumptions and biases many employers have toward people with disabilities. Many have difficulty looking beyond the disability. From the employer focus groups, it became clear that an employer's concept of an employee with disabilities is often limited to those with physical disabilities or perhaps intellectual disabilities only. Most employers view people with disabilities, especially those with intellectual disabilities, as only capable of performing low skill level, repetitive tasks. Other preconceptions include the assumptions that people with disabilities have decreased levels of productivity and greater absenteeism in comparison to other employees. Ageism or the gray ceiling is also a major barrier for older workers, and employers acknowledged that they usually assume that older workers need to work at a much slower pace than younger employees.

Employers often had more to say about what jobs people with disabilities could not hold as a result of their disabilities (such as a job requiring a person to stand), instead of focusing on what positions could be available for people with disabilities. Generally, employers could envision people with disabilities working in an office, doing desk jobs, or simple repetitive tasks, but not physical labor or manufacturing jobs requiring more coordination or intellectual skills. However, not every employer has these biases or holds these assumptions, especially those who have had the experience of working with people with disabilities. For example, one key informant explained the technology and other changes his/her company has instituted in order to make some jobs more accessible for people with disabilities. This respondent went on to say that these changes have made the job more efficient for everyone, whether the employee has disabilities or not: "When a current distribution center is checking in a case, the employee might have to match eight numbers on the case to a computer screen. Now they just have to match a picture. Not only are these systems more efficient for employees with development disabilities, they're more efficient for everyone. The systems are developed for simplicity, efficiency. We find we are putting out much more product per hour than our other distribution centers."

Concerns about liability

> *We don't want the law suits that are threatened with people who are in protected classes. My experience is that law suits are real. (Employer)*

Another area of concern for employers is the issue of liability. Reported by many employers and some providers as well, this includes an employer's concern that he/she could be charged with discrimination or sued over issues such as accommodations, letting a person go, or potential injuries. For employers, the cost of such litigation is often viewed as most significant. Other employers are not as concerned about letting a person with disabilities go if they're not doing their job as well as those without disabilities. These employers stressed the importance of treating employees with disabilities the same as others in terms of expectations of ability and productivity on the job. In addition, a few employers mentioned the risk they take with any employee of getting sued when needing to let a person go.

Lack of financial incentives for employers

> *We may hire in the first 3 or 6 months if someone else holds the risk for our company during the trial phase. The job coach would be there to train so there wouldn't be any additional expense. (Employer)*

The lack of financial incentives to hire and accommodate employees with disabilities was discussed at every employer focus group. Companies are operating in a global economy where productivity and earning profit is the bottom line. An employee or work arrangement must be profitable for an employer, even if the employer is working with an agency to provide and support employees with disabilities. Employers reported that a lack of financial incentives, along with the possibility of increased costs due to issues such as expensive accommodations, lower productivity, need for extra training, and reduced flexibility or inability of an employee to multi-task, all contribute to an employer's reticence in hiring people with disabilities. Employers are also concerned about the possibility that they might pay for accommodations, only to have the person quit or turn out to not be a good match for their business and the work required. Other financial concerns include the possibility of increases in health care or insurance costs. Small business owners are especially concerned about hiring people with disabilities and feel it is risky to recruit and hire them without any financial incentives to do so.

Accommodation concerns

> *We can do flex time but other accommodations are difficult for us to provide. (Employer)*

When talking about accommodations, most employers focused on physical accessibility. Many saw such structural adaptations as difficult or even impossible to provide. For example, some employers remarked that they were on the second floor in a building with no elevators, while others stated that because of space or cost constraints, installing ramps or accessible restrooms could not be easily accomplished. Many of these employers seemed to dismiss the need for physical accessibility or their role in providing it.

Accommodating a person with intellectual disabilities was also seen as not possible for some employers. Manufacturers and businesses often felt the person would not have the cognitive ability to perform the jobs they offered, and could not see how the job could be modified. This may be so for some of the employers who required a specific skill sets, such as a machinist, crane operator, or tax accountant. Only one employer, a key informant, was making a concerted effort to creatively modify the practices at his company in order to include people with intellectual disabilities.

Most, but not all, employers viewed accommodations as being costly and burdensome. These cost concerns included not only the expense of providing physical accommodations or assistive technology, but productivity costs as well. For example, employers saw allowing time off for medical reasons or other flex time as reducing overall productivity. Thus, even if the time off is not paid for, employers viewed it as a financial burden. Providing financial support for employers was seen as one way to encourage businesses to make any needed accommodations.

Lack of skilled, qualified applicants

> *We've seen a need to be coaches and be more aggressive than we ever thought we'd have to in terms of finding qualified people with disabilities. Especially for finding management level people with disabilities. We've spent a ton of time and hired a specialist in communication with people with disabilities. Still we're not finding as many candidates as we thought. (Employer)*

Lack of qualified or skilled applicants with disabilities was mentioned by employers both with and without the experience of employing people with disabilities. Two key informants committed to hiring people with disabilities or retirees both said they found they had to aggressively recruit people with disabilities for jobs. Employers noted the importance of a good skills match for any employee with disabilities and their job responsibilities. Without a good match, they felt productivity will be affected and coworker resentment may build, especially if they are expected to make up any decrease in production.

Employers also expressed that one of the greatest challenges they have is hiring a person who is qualified, whether or not they have disabilities. Many employers also mentioned the lack of potential employees with particular skills, such as machinists or tool and die workers, or those with advanced degrees or training, such as engineers, social workers, nurses, and management level personnel. Employers reported the need for better trained people, especially those with training in computer skills.

As discussed in the consumer barriers section, both employers and providers underscored the fact that employers are looking for people who are competent in multitasking and who have the ability to be flexible and to assume new job positions if needed. Concern was expressed that some people with disabilities would not be able to fill these job descriptions. This ability to be flexible and change job positions was seen as especially important for small Mom and Pop businesses.

Co-worker concerns

> *We're concerned about co-worker reaction… A lot [of co-workers] will be supportive, but we think that a set will push back, especially as we make accommodations for people with disabilities… A certain set will wonder why a person with disabilities doesn't have to work overtime, and I do. (Employer)*

In hiring people with disabilities, employers are also concerned about how existing coworkers will accept an employee who has a disability and how they will adjust to a changed work environment which includes individuals with disabilities. Employers pointed out that current non-disabled employees may perceive accommodations necessary for an employee with disabilities as "special treatment" by their employer, causing resentment. This includes any allowance for decreased speed of work, decreased productivity, or allowing time off. In fact, some people with disabilities in the focus groups related how they were denied some type of accommodation or flexibility because the employer did not want to offer it to one employee without offering it to others. Some employers were hesitant to make any changes which might upset the culture of their workforce or might cause difficulties among co-workers in their place of business, thus impacting productivity. This was especially true for the manufacturing companies or those which required the employees to work closely together.

Employers reported that coworkers and supervisors may need to have a level of patience and understanding when people with disabilities are hired. They also suggested that education and training is important in helping employees to be more sensitive toward people with disabilities, especially if they have had little or no experience with people with disabilities in other areas of their lives. Employers agreed that it's possible to change the workplace culture, but doing so takes a great deal of effort on everyone's part.

Lack of awareness and knowledge

> *Mental disability. It is difficult for an employer to know if a person [has a] mental disability. The definition of disability expanded over past years. (Employer)*

The definition of disability is evolving and remains confusing to many employers. During the focus groups there were many questions from employers about what constitutes a disability. Many employers' concept of a "disabled employee" stems from the old paradigm that presented disability as a deficit. In addition, when thinking about people with disabilities, they often limited their thoughts to those with physical disabilities, such as a person in a wheelchair, or those with intellectual disabilities, such as a person with Down's Syndrome. In general, employers did not consider disabilities such as mental illness, autism, deafness, or acquired brain injury. Subsequently, most employers were much less familiar with what challenges people with these types of disabilities might face or what employment accommodations they might need.

Other questions employers had concerned what is legally required in regard to employment practices and accommodations for people with disabilities. For example, some employers were unsure whether or not a person is required to reveal their disability when applying for a position. Many employers expressed concern about the unknown barriers that may exist. These concerns are heightened by the employer's inability to openly ask a potential employee about any disabilities they may have during the interview process. Some employers reported that lack of information leads to false assumptions about how a person's particular disability will impact work performance. Many were also unaware of any built-in supports for employees with disabilities or where to go to access this type of information. In addition, many employers stated that they did not know where to seek help about people with disabilities or accommodations they may need. Employers overwhelmingly agreed that education is necessary as a way to overcome their concerns and lack of awareness.

F. Experiences employing people with disabilities

> *We have had a wonderful experience. We hired our first employee with a disability in 1997, and he is still here. We have eleven employees now who do light assembly, packing and shipping. They are supported by [a service provider]. (Employer)*

> *I've had a couple of people with disabilities. Two were good experiences and one was bad. I would hire them again. One has been with us for 25 years. She works one day a week and is great! (Employer)*

Experiences employing people with disabilities were examined from both the employer (What has been your experience hiring and managing employees with disabilities?) and provider (Please describe your experiences working with potential employers of people with disabilities) points of view.

Employers

With some exceptions, most employers who employ or who have employed people with disabilities reported positive experiences. Once again, having a job coach or other supports is reported to be a significant part of this success. As discussed above, some employers found they could contract with an agency to employ a group of people with disabilities to do particular jobs for them. These employers were very pleased with this type of situation, especially as it

was cost effective, took the load off their regular employees, and did not require any extra supervisory effort.

However, many employers in the focus groups reported that they have had little or no experience hiring people with disabilities. Some of these employers also said they rarely or never have a person with a disability apply for employment at their place of work. Employers did speak of workers becoming disabled while employed and their mostly positive experiences in modifying employees' jobs in order to retain them in the workforce.

Providers

Providers found that employers in general were more receptive to hiring people with physical disabilities than those who disclosed that they had a mental illness, substance abuse, or other less obvious disabilities. According to providers, some employers seemed only interested in hiring people with disabilities as a type of "window dressing" in order to improve their public image. They reported that often employers were concerned that a person with mental illness or addiction would relapse, affecting their ability to act appropriately or do their job. Therefore, providers working with these populations found it much more difficult for their clients to find employment. It was also much harder for a provider to convince an employer to hire clients with mental illness or behavioral disabilities. In addition, both providers and employers reported that employers often screen out people who have any criminal or felony convictions, making it very difficult for people with disabilities convicted of a felony to find employment.

G. Experiences working with agencies and employers

> *You need honesty and trust. I want the agency to act like a headhunter for me, bring people to me. Then on the back end, minimize reporting back to them about the employee, so no extra reports or paperwork. (Employer)*
>
> *What's needed is a sales pitch from people with disabilities to get employers to commit to being involved with them. We have to help people with disabilities sell themselves and what they can offer the job market. (Employer)*

Experience of employers working with agencies

Employers reported a mixed experience of working with agencies. Positive results reported by employers included using agencies with vocational programs for low skill, repetitive work or to fill particular positions, such as jobs that need physical strength but not as much cognitive or intellectual abilities. When it works well, the employer and agency form a type of partnership, with the employer regularly delegating jobs to the agency and the agency coming to the employer with potential employees.

Challenges were reported as well, such as agencies not providing appropriate potential employees. One employer who had hired an employee through an agency was frustrated that the agency then repeatedly called him to see if he had openings to hire more of their clients. This employer wanted it to work the other way around, with him calling the agency when he felt he had appropriate job openings. Other challenges mentioned included extra paperwork involved and lack of physical proximity to the agency. For example, one employer wanted to hire a group of people with disabilities through an agency, but found it was not possible because

of lack of transportation. More often than not, employers in the focus groups expressed a lack of knowledge regarding available agencies and the employment services they could provide.

Service providers' experiences working with employers

As a result of employer bias, reluctance to hire people with certain types of disabilities, or even previous experience, providers often found that employers needed to be persuaded, with great emphasis on the strengths of the person, in order to convince the employer to try the person as an employee. This was especially true for individuals with certain types of disabilities, such as someone with mental illness or behavioral issues. Also, providers often found it difficult to find an employer who would provide the right accommodations needed by an individual. In particular, this was often the case for those needing accommodations that the employer saw as interfering with a person's job activities.

On the other hand, providers did report that there are some individual employers or managers who are willing to work with them. Overall, providers found it easiest for people with disabilities to get jobs in the service industry, such as housekeeping, food preparation, or retail. Those businesses in which the person has a connection or the employer has experience with persons with disabilities were also generally more receptive. Other than this, providers found great diversity in which types of employers or companies were willing to hire people with disabilities, with it frequently depending on the individual manager or corporate guidelines.

H. Strengths and weaknesses of the existing service system

> *Job training programs are available. This allows a reimbursement to the employer to provide training. It is an underutilized program, but it works. Supported employment also works. It takes some of the pressure off the employer. These are two good models. (Provider)*
>
> *On the job support – there is not that much for clients in this area. We can provide support on the job for the first week or two. (Provider)*

Strengths

Participants all agreed that the existing community-based programs or state agencies are successful in assisting people with disabilities to find employment at least some of the time. This included BRS, BESB, DMR, DOL, the Connect to Work program, and mental health providers. Often, however, it was certain components of the programs that were successful, or even some individual at the agency who is really making it work. Strengths of the existing service include job training, supported employment, and vocational services such as career and benefits counseling. Some providers spoke of their focus on the individual and their ability to provide a personalized approach. When successes are reported, it often involves creativity, developing new opportunities, being innovative, negotiating with employers, and creating person-centered employment.

Weaknesses

Weaknesses in the system identified by participants include lack of funding, understaffing, gaps in the system, not enough interagency collaboration, and lack of public transportation. Other system barriers include no long term support for people with disabilities, lack of continuity of

support for people in the system, and difficulty individualizing supports. One barrier mentioned repeatedly was the risk that people with disabilities have in losing their benefits if they make over the allowed income amount. In addition, many participants suggested there is not enough creativity and that people should be more innovative in their ideas.

The time limited nature of most services or support contributes to the challenges which must be overcome in order to achieve successful employment. Study participants report that many of the service agencies do a great job in getting people with disabilities started, but then do not continue providing requisite services. A transition coordinator or job coach may only be available initially; however, long-term support is frequently needed in order for some people with disabilities to do their jobs. For example, in some situations an individual's job duties may change, and they may need extra training to learn new tasks or may need ongoing support to help them learn and adjust to new responsibilities. Unfortunately, this is an area that is not being adequately addressed.

I. Positive suggestions

Focus on what possibilities are. Think outside the box. (Employer)

Focus group and key informant respondents had many positive suggestions. Many focused on the need for better collaboration and more partnerships between all involved parties, such as between schools and employers, employers and providers, and providers and schools. Improved communication, such as being honest in discussions about disability, was also brought up by participants. Increasing awareness and willingness to change through education was seen as key. Keeping a positive outlook even in the midst of facing challenges was another suggestion from participants.

Specific program suggestions included creating more services or allocating more funding for services, such as increasing transitional services or adding mentors as part of the transitional services. Many participants underscored the need for resources and facilitators to connect people to the resources. Some emphasized the need for job development and that there should be more options made available to people with disabilities. Others focused on changing the Social Security benefit structure to make sure people with disabilities are not in danger of losing their benefits while transitioning to working full time. While there were many different, positive suggestions, a common thread throughout participant responses was the need to be creative and think outside the box in order to generate creative options and productive alternatives.

Positive suggestions from participants included:

- Start earlier in school to prepare individual for independent living and employment
- Improve transportation
- Improve inter-agency coordination and communication
- Educate employers, including CEOs, managers, and staff
- Communicate more effectively with people who are deaf
- Improve understanding of benefits, benefits counseling, rules, and Social Security
- Funding for more services, supports, and staff
- Mentoring programs, especially for those returning to the community
- Peer assistance programs, such as offering a financial incentive to a co-worker who trains and assists a person with disabilities at work

- Individualized method of allocating funds
- Increase employer incentives, including incentives for employers specifically for accommodations
- Actively solicit small employers to hire people with disabilities
- Onsite supervisors
- Increased provider and employer training
- Increased support for employees with mental illness or behavioral issues
- Create an ombudsman or liaison with business to advocate for employees with disabilities

J. Demographics of focus group and key informant interview participants

Employers

A total of seven focus groups were conducted across the state through the cooperation of three Chambers of Commerce. The numbers of participants involved in the focus groups ranged from five to thirteen with a total number of 46 participants. In addition to the focus groups, key informant interviews were conducted with seven individual employers, yielding a total number of 53 employer participants. The ages of the employers varied, representing a broad spectrum. Forty-two percent of the participants were in the category of 31 to 50 years of age; 36% were ages 51 to 60; 15% were in the 61 to 70 bracket; only three participants were younger than 30; and just one participant was over 71.

Gender was evenly split; half were male and half female. Ninety-six percent of those participating in either the focus group or key informant interviews were white or Caucasian; only one person was African-American and one was Hispanic. More than half of the participants (53%) had more than a four-year college degree; 21% had a four-year college degree and 22% had at least some college. There was only one person who had only a high school diploma or GED and another person who had some post-high school technical training.

Job titles included CEO, CFO or Business owner. As a category, this represented 34% of those participating; supervisor or manager represented 43% of the employers; Human Resources represented 17% of the participants. Three of the participants fell in the “other” category including retiree, principal and community relations representative.

The greatest percentage of the employers worked in companies that employed 100 to 249 employees (31%); six of the employers had companies of fewer than ten employees; eight represented companies that employed anywhere from ten to forty-nine employees; seven of the employers came from companies that employed 50 to 99 employees; seven came from companies of 250 to 499 employees; and another seven employers represented companies of 500 or more employees.

Manufacturing and industry as a type of business represented the largest number of employers (26%); five employers came from businesses involved in retail or sales; six employers came from companies whose primary business was hospitality; two of the employers were in insurance companies; eight of the employers were in the health care industry; three of the employers represented companies dealing with financial matters; and seven of the employers were involved in education. Another eight of the employers were in other kinds of businesses

including the Chamber of Commerce, construction, electric companies, government positions, media, telecommunications, pharmaceutical, a nursing home and non-profit organizations.

The majority of employers anticipated that their business would grow within the next five years (65%). While none of the employers anticipated a decrease in growth, 35% of those responding thought that their company would remain about the same, and seven of the employers were not sure one way or the other.

Sixty-three percent of the employers involved in either the focus groups or key informant interviews had employees with either a physical or mental disability. Thirty-seven percent reported that their business did not employ people with disabilities and five of the participants were not sure.

Providers

Twelve of the focus groups conducted throughout Connecticut represented service providers from both public and private agencies or companies. Participation in the focus groups included some with only two or three participants; the largest group included 17 participants. An additional 18 service providers participated in key informant interviews. In all, 98 service providers were involved in either a focus group or a key informant interview.

Over half (51%) of the provider participants fell into the age category of 31 to 50; 34% were ages 51 to 60; 8% were under 30; only six people were in the 61 to 70 age bracket; and one person was over 71.

More females than males represented this group of providers with 69% of the participants being female and 31% male. Eighty-eight percent of the group was white or Caucasian; only five participants were African American; another five people were of Hispanic origin; and two people were of other racial backgrounds.

Seventy percent of those participating had more than a four-year college degree; 20% had at least a four-year college degree; and 10% had some college or a two-year associate's degree.

The greatest number of participants (41%) listed their job title as counselors, including vocational rehabilitation counselors, transitional counselors or benefits specialists. Eight percent of the providers were CEO's, CFO's or the owner of their business; 13% were either supervisors or managers of their businesses; five of the providers were with the human resources department of their business. Thirty-three percent of the providers indicated their job title as "other" which included positions such as associate professor, consultant, coordinator of transition services, aftercare coordinator and advisor. Also on the list of other job titles were directors, job developer, outreach worker, physical therapist, teacher and health program associate.

The various agencies or companies represented by this group of providers were extensive. These included over ten state agencies, at least two national organizations, approximately six boards of education and over twenty non-profit or private provider companies. The target populations for the various agencies or companies were equally extensive. While some of the agencies dealt with all disabilities, most of the companies or agencies seemed to specialize in one area of expertise. These target populations included people with developmental disabilities, adults with disabilities, alcohol and drug abusers, transitioning youth, those with acquired brain injuries, those with mental retardation, deaf consumers, prison populations, elderly populations,

high school students, homeless people with some type of disability, individuals with mental illness or substance abuse, individuals who are blind, inner city youth, the Latino population, and low income individuals. Also included in the list of target populations were mothers and children, people with chronic illness, people preparing for work, individuals with traumatic brain injuries, student inmates, students 15 to 21 years of age, those with multiple handicaps and undergraduate students.

People with disabilities

Nineteen focus groups involving people with disabilities were conducted throughout the state of Connecticut. These included between five and 17 participants in each focus group. Another nine people completed key informant interviews. The total number of people with disabilities participating in either the focus groups or key informant interviews was 161, with 152 participants in the focus groups.

The largest number of people with disabilities fell into the 31 to 50 age bracket (45%); 8% were 18; 24% were in the 19 to 30 category; 18% were 51 to 60 years old; and only two people were over 71 years of age.

Gender was relatively equal, with 52% female and 48% male. Sixty-four percent of the participants were white or Caucasian; 24% were African American; 10% were of Latino or Hispanic descent; only two people were of Asian background; and just one person was Native American.

Educational backgrounds varied. Eight percent of those who participated had an eighth grade education or less; 14% had some high school; 24% had earned their high school diploma or GED; only five people in the group had post high school other than college, such as a technical school; 28% of the people with disabilities had at least some college or a two year degree; 14% had a 4-year college degree; and 9% had more than a four-year college degree.

Just over half (51%) of the people with disabilities who participated in either the focus groups or key informant interviews had a physical disability; 44% of the group had an intellectual disability, such as autism, mental retardation, or a learning disability; 27% indicated that they had a mental illness disability, such as schizophrenia, bi-polar or personality disorder; 14% had a hearing disability; and 11% had a vision disability, such as blindness. About one-fifth (19%) of those participating indicated that they currently had a personal assistant or paid helper working for them.

Forty-three percent of the group was currently working for pay; 50% were not currently working, but had worked in the past; and 8% of this group had never worked for pay.

As far as living situations, 30% of this group of people with disabilities lived by themselves without any paid supervision or support; 23% lived with their parents; 9% lived with a spouse or other relatives; only one person lived with a live-in paid assistant; 9% lived with a friend or roommate without any paid supervision or support; six people in the group lived in a supervised living arrangement through DMR, like a group home; two people lived in a transitional home or halfway house; one person lived in a board and care home; and 16% lived in a youth or adult correctional facility. Six percent of the group listed their living arrangement as “other” which included skilled nursing facility, in a dorm during the school year, in a self-determination program, and by themselves with DMHAS case management.

As far as transportation, 37% of participants indicated that they drive themselves; 17% indicated that they had a car, but that someone else drives them in that car; 32% get a ride from another person in their car; 27% use public transportation such as a city bus; 6% utilize a group home, day program or provider van; 14% use dial-a-ride, a handicap van, or para-transit; and 11% indicated that they used a taxi service. Only six people used other forms of transportation which included bicycles and school buses.

People spent their time in a variety of settings. Nine percent of participants attended a day activity program; 13% of the group were in a vocational program; 16% were involved in volunteer work without pay; 29% were going to school, full or part time; 8% were in a clubhouse or therapeutic work program; only one person was in a sheltered workshop; and two people were in a group supported employment situation. Additionally, eight of the participants were in individually supported employment situations; 6 people were in transitional employment; 12% of the group held some sort of competitive employment. Five of the people indicated other types of activities that they were involved with, including church groups, consumer advocacy, and vocational rehabilitation and two of the individuals said that they were currently looking for employment.

Half of the group had received special education services in high school (50%) and 46% of the group had not received special education services while they were in high school. Six of the people in the group indicated that they did not go to high school at all. If they had had an Individualized Education Plan (IEP) in high school, participants were asked whether or not it included preparation for competitive employment or higher education. Over half of the participants responded to this question. Of those who did respond, 31% said that their IEP did include preparation for competitive employment and higher education, and 44% said that it did not.

VII. People with Disabilities in Connecticut: Interviews and Mail Survey

The survey instrument for the mail survey and telephone/in-person interviews with people with disabilities was divided into two sections. The first section focused on information about employment and disability status: employment status, type of employment, hours and pay, satisfaction, attitudes, desires, supports needed, and future plans. The second section began with information about personal assistance services (PAS), covering areas such as self-direction of care, current PAS status, satisfaction, problems, support needs, and self-efficacy. The second part of this section covered general information about health, transportation, housing, financial status, and basic demographics. For the purposes of this report, results will be presented in a similar fashion: employment, personal assistance services, and general information/demographics.

Preliminary analysis noted marked differences in responses between the three employment status groups: currently working (current), worked in past (past), never worked for pay (never). Therefore, unless otherwise noted, results will be displayed and discussed comparatively for each of the three groups. Results were also stratified by respondent age, broken down into two separate categories: less than age 70 and age 70 and over. Respondents age 70 or less are examined first, with age 70 and over analyzed in Section E.

A. Employment

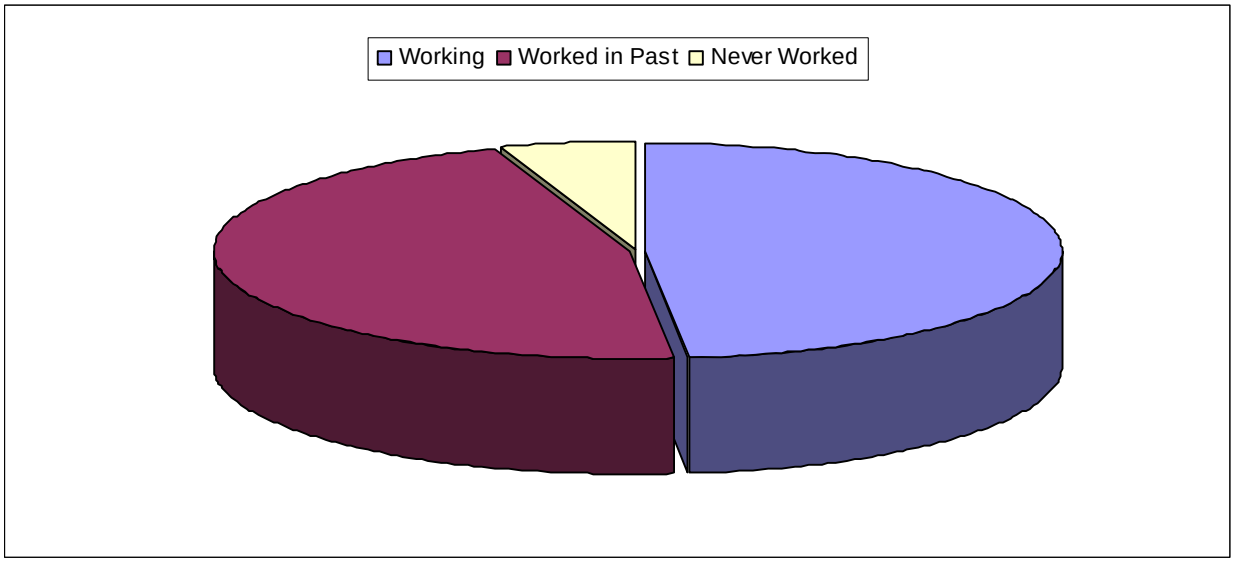
Results from the employment section of the mail survey and interviews are arranged under the following areas:

- Employment status
- Wages and job tenure
- Satisfaction and attitudes
- Assistive Devices
- Other support
- Future job plans
- Wants and desires
- Job meaning

Employment status

A total of 630 employment forms were completed. Of these, 572 (91%) were from working-age respondents, considered to be adults under age 70 (results from respondents age 70 and above are addressed in Section E). Employment status – currently working, worked in past, or never worked for pay – is used as the dependent variable for the first part of this analysis. The following definition of work was included on the instrument in order for respondents to self-identify their employment status: “People are considered to be working if they are earning any amount of money for any amount of work performed. This includes working for an employer or being self-employed and working for yourself. Are you currently working according to this definition?” Almost half of working-age respondents indicated they were currently working, (47%, n=267), and almost the same number indicated they had worked for pay in the past (45%, n=259). Less than ten percent (n=46) indicated they had never worked for pay (see Figure VII-1).

Figure VII-1. Employment Status



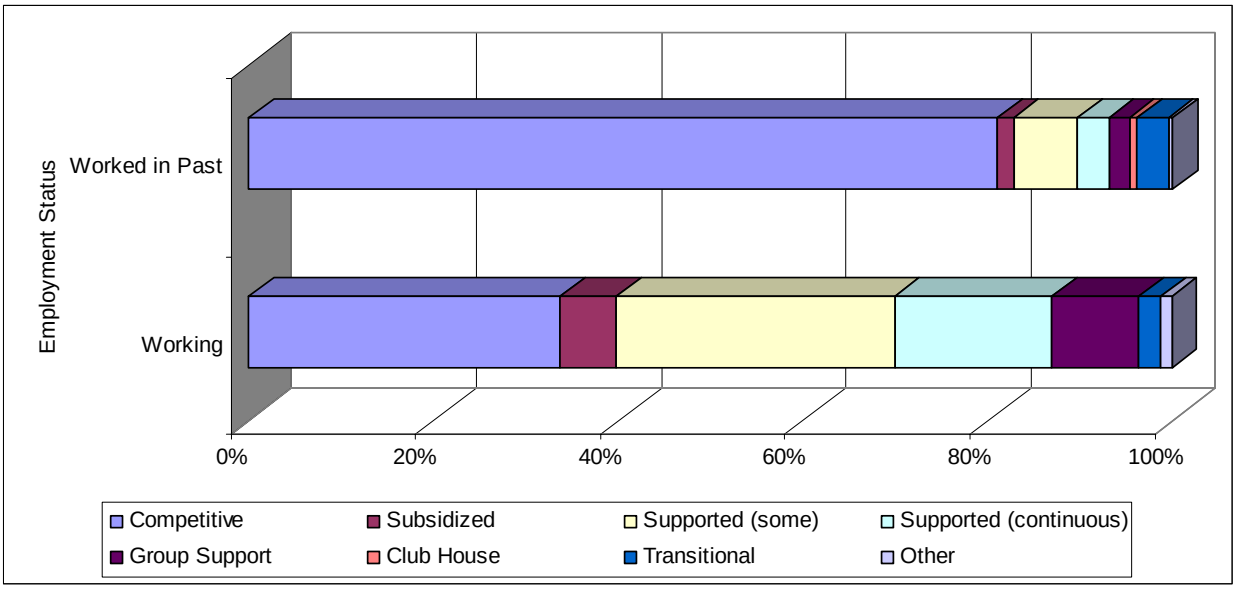
Employment activities can be categorized into different venues or types of employment, such as competitive, supported, or transitional employment. Respondents with a current job or past work history were asked to check one box which best describes their job: competitive, subsidized, supported with some support, supported with continuous support, group employment or a vocational program, clubhouse, transitional, or other employment, and were given a short description of each:

- Competitive employment – A job with competitive wages in the community which you applied for on your own and is not set aside for persons with a disability. Or, you are self employed
- Subsidized employment – A job with competitive wages in the community which can <u>only</u> be given to a person with a disability
- Supported employment with some support – A job coach or other individualized support staff <u>sometimes</u> or periodically assists you to get, work at, or keep your job
- Supported employment with continuous support – A job coach or other individualized support staff assists you <u>all or most</u> of the time to get, work at, or keep your job
- Group supported employment or vocational program
- Clubhouse or therapeutic work
- Transitional employment – A job in the community where you are placed by an agency and receive short term support
- Other (write in) _____

Even though the specific terminology used to identify each employment option often differs based on disability and program, most respondents (n=484) with current or past work history were able to use the descriptions given and answer the question.

The type of work performed by respondents who previously worked differed significantly from those currently working. The great majority of those who had worked in the past (80%) described their job as competitive employment, versus only one-third (33%) of those currently working (p=.000). Correspondingly, those currently working were more likely to be using partial or continuous supported employment (p=.000; p=.000), as well as group employment (p=.001) (Figure VII-2). Indeed, almost half of those currently working (46%) were doing so in some type of a supported work environment, compared to only 12% of those who worked in the past. Fewer respondents with current or past work experience reported their work as either subsidized (6% of all workers), transitional (3% of all workers), or clubhouse (<1% of all workers). Other employment was also reported by less than one percent of workers, with all of these workers identifying their job as a sheltered workshop.

Figure VII-2. Employment Status by Type of Employment

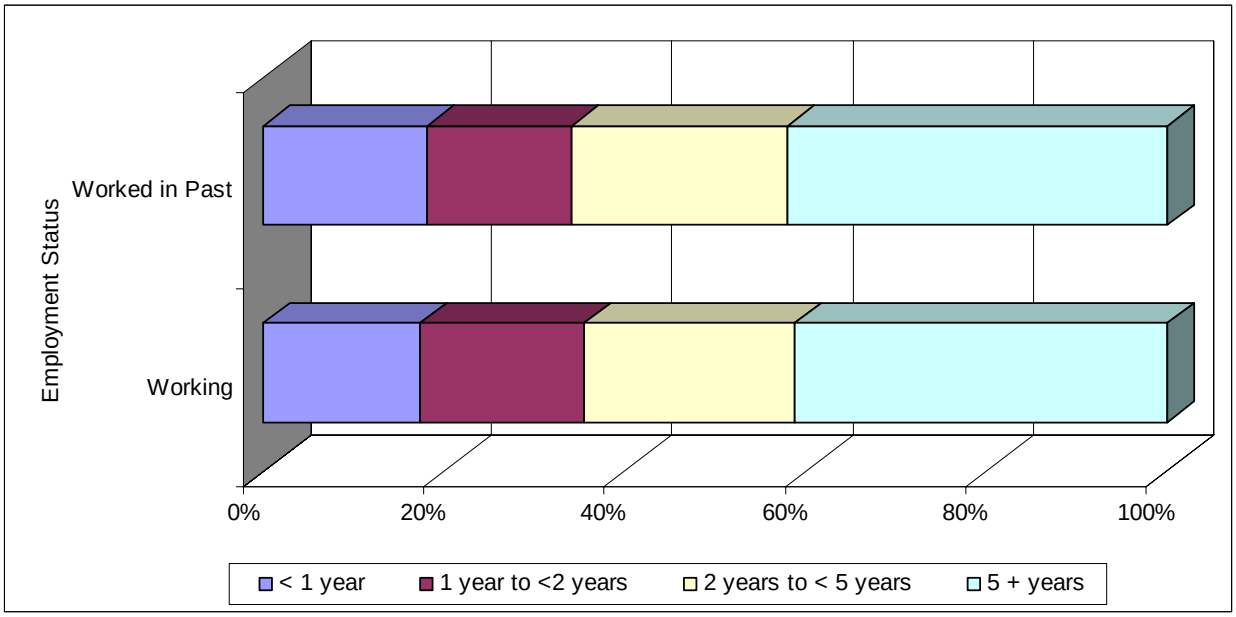


Those who were not currently working were asked about participation in a variety of other activities. Less than ten percent of former workers and people who had never worked participated in a day activity program or a vocational program. Three percent of former workers and 15% of those who never worked were attending school. Finally, 11% of former workers and 13% of people who had never worked held a volunteer position without pay.

Wages and job tenure

Both current and past workers reported some job tenure stability. Two-thirds of these respondents (67% current and 65% past) reported they had worked for their current or most recent employer for two years or more, and more than 40% of each group reporting at least a five year job tenure (see Figure VII-3). However, concerns over losing their Social Security or other benefits did play a part in deciding how many hours to work or choosing a job for one in five of those currently working.

Figure VII-3. Employment Status by Job Tenure

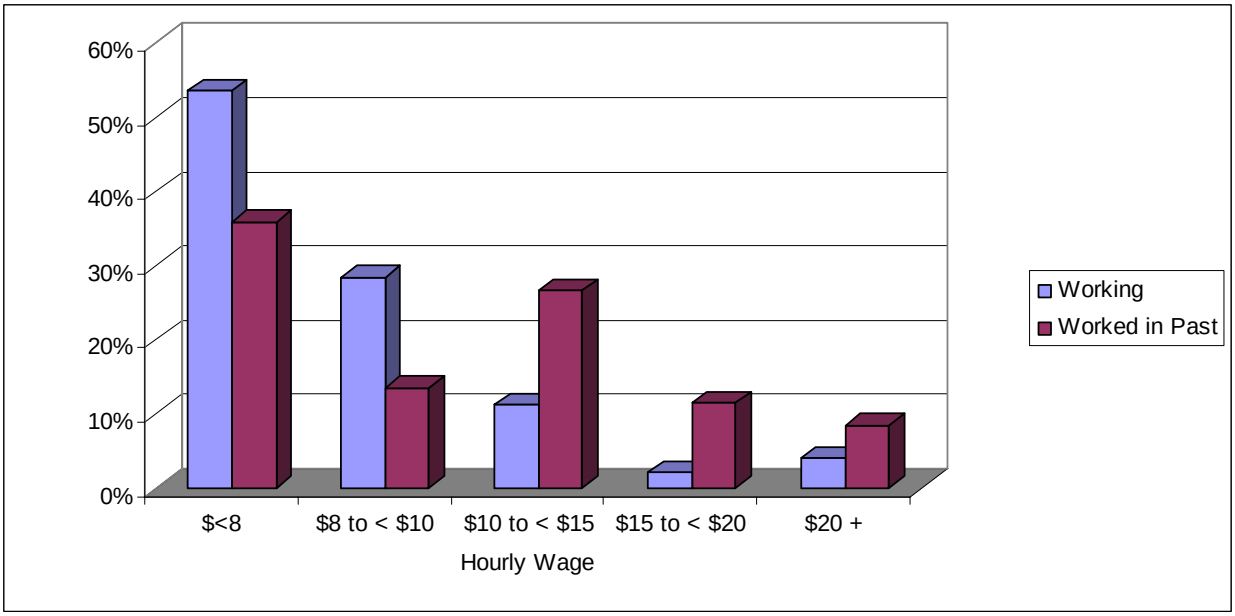


As shown in FigureVII-4, significant differences were found in the hours worked and wages reported by respondents. Those who worked in the past reported working a mean of 34 hours a week, while current workers were working only half as many hours per week (mean hours worked per week: 17 vs. 34, p=.000).

Figure VII-4. Employment Status by Average Hours Worked per Week

Reported wages were much lower for those currently working as well (see Figure VII-5). Over half of current workers (53%) indicated they earned less than $8.00 an hour, while only one-third of those who worked in the past (34%) reported such low wages (p=.000).

Figure VII-5. Employment Status Hourly Wage



This difference may be indicative of the overall lack of higher paying jobs for people with disabilities, coupled with the notable difference between the two groups regarding work history and onset of disability. Mean age of onset of disability differed significantly between the two groups, with those who worked in the past reporting their disability beginning at a much older age (mean age of onset in years: 13 currently working vs. 34 worked in past, p=.000). In addition, the majority of past workers worked prior to becoming disabled, compared to fewer than half of current workers (85% vs. 46%, p=.000). With a longer work history prior to becoming disabled, respondents who worked in the past may have had longer access to higher paying jobs, which might account for some of this disparity in earnings between the two groups. Still, overall wages were low for both groups of workers for living in Connecticut, a state with a high cost of living. The majority of current wage earners (81%) and almost half of those who worked in the past (48%) reported earning less than $10.00 an hour, or just over $20,000 a year, if working full time.

Satisfaction and attitudes

Most respondents from both groups reported they liked their job either “a lot” or “some” (91% current and 87% past, p=.025). Interestingly, although better paid, those who worked in the past expressed a somewhat lower level of job satisfaction, as measured by how much one likes one’s job. Thirteen percent of past workers liked their job only “a little” or “not at all,” compared to nine percent of current workers (p=.025). This was despite the greater use of talents and abilities on the job reported by these past workers. Almost two-thirds of past workers (63%) indicated they used “a lot” of their talents and abilities on their most recent job, compared to fewer than half (43%) of those currently working (p=.000).

More in-depth job satisfaction was determined using a modified version of the Indiana Job Satisfaction Scale (Resnick & Bond, 2001). Most items on the scale did not show a significant difference between current and past workers. Both current and past workers seemed to like their jobs and especially received some intrinsic rewards from working. Most looked forward to coming to work, felt that working makes them feel needed, and had at least one co-worker who was a friend. Satisfaction with their schedule and wages was also reported by both groups, with job security and satisfaction with their supervisor expressed by a majority of current workers. A majority of respondents also gained other social rewards from working in the form of friendships in the workplace, although for many these friendship at work did not lead to spending time together outside of work.

Most respondents with either current or past work experience indicated that they looked forward to coming to work (65% current and 63% past strongly agree) and that working made them feel needed (68% current and 67% past strongly agree). Most also felt their job kept them busy (70% current and 75% past strongly agree), and just over half were very satisfied with their schedule (56% current and 59% past strongly agree). In addition, although many current workers reported low wages earlier in the survey, over one-third of both current as well as past workers strongly agreed that they were “happy with the amount this job pays (paid)” (37% each strongly agreed), while another third somewhat agreed (34% current and 30% past). Positive job satisfaction for past workers was also shown by their responses to the statement “I wanted a different job.” Only one-quarter of past workers (27%) agreed with this statement.

Current workers also felt some security in their jobs, with 63% strongly disagreeing that there was a good chance of losing their job with in the next year. The two groups differed markedly in how they viewed their supervisors, with current workers much more likely to be satisfied with their supervisor than those who had worked in the past. Two-thirds of current workers (67%) strongly agreed that their supervisor was fair, compared with half of past workers (51%, p=.003). Not surprisingly, more past than current workers felt their supervisor was difficult to get along with (16% current vs. 26% past, p=.014).

At least some co-worker support at work was also evident for the majority of both current and past workers: 80% of current and 77% of past workers somewhat or strongly agreed that a co-worked helped them at work. In addition, friendships at work played a role for both types of respondents. The majority of respondents somewhat or strongly agreed they had a co-worker who was a friend (81% current and 83% past). Less likely, however, was for their work friendship to extend into other parts of their lives, especially for current workers. Only 12% of current and 27% of past workers strongly agreed that they spent time with a co-worker after work or on weekends, while over half of current (56%) and one-third of past (35%) workers strongly disagree with this statement (p=.000).

Dissatisfaction with their jobs was expressed by current and past workers as well. They worked hard, had little chance of promotion, would need additional training in order to get a better paying job, and received poor medical coverage and few benefits. Most respondents from both groups felt worn out at the end of the day (65% current and 75% past somewhat or strongly agree). Still, over half of those currently working indicated they wanted more hours, compared to 40% of past workers (59% current and 40% past somewhat or strongly agree, p=.001). Current respondents were especially not satisfied with the medical coverage provided by their job; almost two-thirds strongly disagreed that their job provided the medical coverage they need (64% current vs. 44% past, p=.000). Both current and past workers were only marginally more satisfied than dissatisfied with their vacation and other benefits, with past workers somewhat, but not significantly, more satisfied (54% current and 61% past somewhat or strongly agree

benefits are “good”). Respondents from both groups also indicated they would need more training to get a better paying job (73% current and 65% some or strongly agree), while respondents who worked in the past felt they had had a greater chance for a promotion than those currently working (10% current and 20% past strongly agree, p=.009).

Challenges

Respondents were asked to describe in their own words the employment challenges they face with an open-ended question asking “What are some of the challenges that make it difficult for you to work?” or, for those not currently working, “What are some of the challenges you will have to overcome in order to work or have a job?” Responses to this question were grouped thematically in order to be analyzed. Respondents were given space to encourage them to answer with as much detail as possible, and approximately one out of four who answered the question did report more than one barrier to working. In order to more fully understand what prevents people with disabilities from working, all difficulties or issues each person listed were considered, not just the one mentioned first. Thus, the numbers reported here indicate the number and percentages of *responses*, not of respondents.

Challenges listed by respondents naturally fell into the following ten themes:

- Physical health problems or physical disability
- Transportation
- Personal assistance at work or at home
- Intellectual disability or cognitive difficulties
- Emotional difficulties or mental illness disability
- Work place accommodations
- Training or education
- Assistance to find job
- Lack of jobs with benefits or good pay
- Concerns about loss of benefits
- Advanced age
- Other or not specific

Physical health or physical disabilities was the number one employment challenge, mentioned in the most responses no matter what the person’s employment status. This included various illnesses (i.e., stroke, arthritis), physical disabilities (i.e., uses a wheelchair, blind), or any other general health issue (i.e., “bad back,” physical pain). Physical or health issues were especially difficult for those who had never worked or who had worked in the past. Over half of the responses from both those who never worked (57%) and those who worked in the past (52%) included this as a challenge to working, while 30% of responses from those currently working listed this barrier as well.

> *I cannot work. I am a quadriplegic with no motor or sensory responses below the neck. (Respondent never worked)*
>
> *Fatigue, strength, endurance, mobility. (Respondent worked in past)*

Many of the respondents also indicated that transportation was a challenge with regard to work. This included problems such as timeliness and accessibility of van transportation, as well as not being able to drive. Difficulties with transportation was the second most frequently mentioned

barrier for all three groups: current workers (16%), those who had never worked (16%), and those who had worked in the past (11%).

Other frequently expressed employment barriers include the need for personal assistance and challenges from either intellectual or mental health disabilities. Personal assistance included help at either work or home, and was most often expressed by those who had never worked (14% of responses). Overall, lack of personal assistance posed less of a challenge for those with work experience, as fewer current (4%) or past (7%) workers mentioned this as a barrier.

> *I would need a caregiver to go along with me, and a driver to get me to and from work. (Respondent never worked)*

As a theme, intellectual difficulties included more serious cognitive problems, as well as memory loss or learning disabilities. For those currently working, challenges related to intellectual disabilities was one of three second most frequently mentioned barriers, tied with transportation and mental illness disabilities, and expressed in 16% of their responses. This was seen as less of a challenge for the other employment groups – only 7% of those who worked in the past and none of those who never worked included this as a barrier. Employment difficulties associated with mental illness or emotional difficulties was also more frequently mentioned by those currently working. This included difficulties from psychiatric disabilities as well as from emotional problems, anxiety, or stress related concerns. Seventeen percent of responses from those currently working mentioned this concern, while this was seen as a barrier in less than ten percent of past workers' responses (7%) and for none of those who had never worked.

> *I'm bipolar, so I have my ups and downs. After a while the medication that has worked wears off, and I crash and lose my job. (Respondent worked in past)*

Workplace accommodations were seen as somewhat important across all employment groups. Challenges associated with accommodations included everything from the need for accessible workspace, adaptive equipment, or extra training, to lack of time off for treatment or relapse, limited or no part time or flexible work hours, and lack of needed on the job support such as a job coach. For those who had never worked, eight percent of their responses noted that they would need to have either accessible workspace or more adaptive equipment in order to work. Among those who had worked in the past, only three percent stated that the need for workplace accommodations was a challenge, and seven percent of those who are currently working indicated that having workplace accommodations was important to them in order to work.

> *I have to go to physical rehab daily and see my doctors often. (Respondent never worked)*

> *She needs someone to motivate her, direct and re-direct her. (Family member of respondent who worked in past)*

Other less frequently mentioned barriers included the need for more education or training especially with computers, lack of assistance and resources to find a job, absence of well paying jobs with benefits such as paid vacation or sick time, and concerns about loss of benefits. Age or having already retired was also seen as a barrier to employment for some even in this under age 70 population.

Not surprisingly, the possible solutions or assistance suggested by respondents to overcome these challenges usually addressed one barrier quite specifically. For example, one individual

with partial quadriplegia who expressed his/her challenge as “physical limitations so moving is difficult and frustrating,” proposed greater PA services. Another respondent who listed several health problems, including chronic pain and a neck injury made worse by repetitive work, related that physical therapy would help his/her ability to work. Flex time and time off was important for another individual with a mental illness which often relapsed, who suggested, “To be able to have flexibility. Be able to take time off if medication is not working to get new medication.” Only one respondent spoke more broadly of the need to address the bias and stigma often associated with having disabilities, “People changing attitudes about people who are disabled. Need to not judge people who have to use a wheelchair or mechanical aide to walk.”

Assistive devices or modifications

Employment support needed from assistive devices or special equipment was asked of all three groups of workers. All respondents were asked how important were each of the following assistive devices in order to get or keep a job: computer access (e.g., keyless entry, voice to text software), communication (e.g., communication boards, voice- activated telephone), hearing or listening devices, vision aides (e.g., for blindness), structural adaptations (e.g., ramps, accessible workspace), mobility (e.g., electric wheelchair, stair lift), or transportation (e.g., lift van, adaptive driving controls). For almost all of these support categories, the majority of current workers did not need any of these assistive devices or aides, while the majority of those who never worked rated many of these supports as very important for them to be employed. Past workers mostly fell in between the two other groups.

The exception to this trend were hearing or listening devices, which were not as important for employment for any of these workers: over three-quarters of each group indicated this was not important or not needed, although once again, current workers needed this support even less (not important: 88% current, 75% past, 78% never). This trend was continued with devices for the individuals who were blind or had visual impairments, as the majority of all workers did not need this support (90% current, 75% past, 73% never). However, although relevant to only a small number of the survey respondents, these supports are very important in order for the workers with either of these impairments to work.

With regards to the other assistive devices, aides for mobility and access were most important for those who worked in the past or who never worked. Approximately three-quarters of those who never worked and half of those who worked in the past indicated the following aides were very important for employment: structural (79% never, 56% past), transportation (73% never, 54% past), and mobility (73% never, 53% past). In contrast, only one out of five current workers rated each of these devices with the same importance (range from 18% – 21%, p=.000 for each). Communication aides and computer access aides, while still rated not important for employment by 85% or more of current workers, were reported to be very important by fewer of the other respondents than aides to support mobility and access (p=.000). In summary, in order to be employed, people who are not currently working have the greatest need for assistive devices related to mobility and access, and the second greatest need for aides for using a computer or communicating.

One-third of working respondents reported needing on the job modifications for their current job. A few respondents described the modifications they received, which included extra training, accessibility, and computer adaptive devices. Modifications still needed by current workers included some similar supports: computer aides, extra training, support staff, and flexible hours.

Other support

The importance of other support, including such areas as personal assistance, vocational support, family and co-worker support, work accommodations, and benefits were asked of all three groups. Tables VII-1, 2, and 3 show the results for additional support by employment group. Supports from family or friends was experienced as important to all three groups of respondents; approximately two-thirds of each group indicated this support was very important for them in getting or keeping a job. Equally important was a supportive employer, especially to those currently working (very important: 70% current), while supportive co-workers were slightly less important to all respondents. When asked, respondents described a supportive employer as:

> *Somebody that's understanding, [who] understands my needs and will accommodate my needs and abilities. (Respondent worked in past)*
>
> *Somebody that takes the time to explain how to do the work. (Respondent currently working)*

Compared with the descriptions offered of employers who were not supportive:

> *Once I disclosed [my disability], they looked at me very closely, picked me out, and did everything they could to fire me. (Respondent worked in past)*

Vocational rehabilitation services were of approximately the same value for each group, with ratings of very important ranging from 38% currently to 44% never. Support from other professionals, such as a case manager, also held about the same importance for all respondents. All three groups were moderately interested in work accommodations, with control over the pace or scheduling of work activities rated as very important to about half of all respondents. Interestingly, having a job coach was most important for those currently working (50% very important), although this was very important for an almost equal number of those who never worked (44%). Personal assistance either at home or at work, however, was most important to those who never worked, especially help at home (very important: 78% never worked).

Job benefits, such as paid time off and health insurance, and mental health benefits, were also considered supports which could impact a person's ability to get or keep a job. Paid time off was most important for those who had current or past work experience, although this difference did not reach significance. Affordable health insurance was very important to over half of all respondents. Mental health benefits were slightly less important for either current or past workers, while those who had never worked rated it as more important ($p=.05$). Not surprisingly, for those who wrote in an additional support needed, 25 out of 43 respondents mentioned transportation.

Table VII-1. Other Supports – Currently Working

	Very Important	**Moderately Important**	**Somewhat Important**	**Not Important or Not Needed**
Help at home from a paid personal assistant or helper	35%	9%	9%	**47%**
Help at work from a paid personal assistant or helper	24%	11%	11%	**54%**
Support from family and friends	**66%**	11%	13%	11%
Vocational rehabilitation services	**38%**	14%	18%	31%
Job coach or support staff	**50%**	12%	10%	28%
Support from other professionals such as a personal manager or case manager	**40%**	18%	16%	26%
Supportive employer	**70%**	13%	9%	8%
Supportive co-workers	**65%**	17%	11%	8%
Control over pace or scheduling of your work activities	**50%**	25%	14%	11%
Other work accommodations based on disability or personal needs, such as extra training	**37%**	18%	14%	31%
Paid time off or paid vacation time	**52%**	15%	12%	22%
Affordable health insurance	**56%**	8%	6%	31%
Affordable mental health benefits	**45%***	8%	10%	37%

*p=.05

Table VII-2. Other Support – Worked in Past

	Very Important	Moderately Important	Somewhat Important	Not Important or Not Needed
Help at home from a paid personal assistant or helper	**70%**	7%	5%	19%
Help at work from a paid personal assistant or helper	**45%**	12%	9%	35%
Support from family and friends	**67%**	13%	7%	13%
Vocational rehabilitation services	**43%**	14%	11%	33%
Job coach or support staff	32%	15%	15%	**38%**
Support from other professionals such as a personal manager or case manager	33%	15%	19%	**34%**
Supportive employer	**64%**	11%	8%	17%
Supportive co-workers	**60%**	17%	8%	17%
Control over pace or scheduling of your work activities	**57%**	17%	8%	18%
Other work accommodations based on disability or personal needs, such as extra training	**47%**	21%	9%	23%
Paid time off or paid vacation time	**61%**	12%	9%	18%
Affordable health insurance	**64%**	9%	8%	18%
Affordable mental health benefits	**41%***	12%	14%	34%

*p=.05

Table VII-3. Other Support – Never Worked

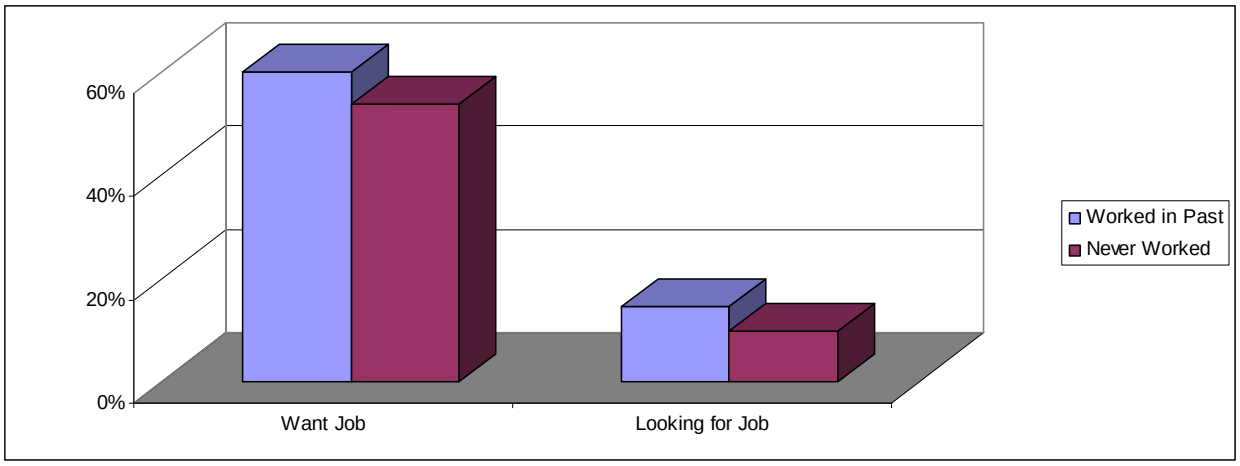
	Very Important	Moderately Important	Somewhat Important	Not Important or Not Needed
Help at home from a paid personal assistant or helper	**78%**	6%	6%	9%
Help at work from a paid personal assistant or helper	**59%**	13%	9%	19%
Support from family and friends	**63%**	13%	16%	9%
Vocational rehabilitation services	**44%**	16%	19%	22%
Job coach or support staff	**44%**	16%	6%	34%
Support from other professionals such as a personal manager or case manager	**39%**	19%	19%	23%
Supportive employer	**63%**	20%	0%	17%
Supportive co-workers	**60%**	23%	0%	17%
Control over pace or scheduling of your work activities	**50%**	20%	13%	17%
Other work accommodations based on disability or personal needs, such as extra training	**53%**	20%	10%	17%
Paid time off or paid vacation time	30%	20%	17%	**33%**
Affordable health insurance	**55%**	10%	10%	26%
Affordable mental health benefits*	16%	16%	13%	**55%***

*p=.05

Future job plans

Respondents were also asked about their future job plans, if they wanted a job, or, if working, if they wanted a different job (Figure VII-6). Over half of those who worked in the past (60%), or who never worked (56%), said they wanted a job. However, in response to the question, “Are you actively looking for a job or job hunting at this time?” the great majority of these respondents indicated they were not (85% past, 90% never). Many were also not very optimistic when asked how likely it was that they would get a job in the next twelve months. Eight out of ten respondents who were not working indicated it was either “not too likely” or “not at all likely” that they would get a job in the next year (80% past, 87% never).

Figure VII-6. Employment Status by Job Seeking



It can be expected that people who have never worked or who have been out of the workforce may need some type of training, and that people with certain disabilities may need assistive devices as well. Those not currently working were then given an open-ended, follow-up question, “What help, training, or assistive devices do you need to get a job?” Some respondents requested specific adaptive equipment or software programs based on their disability, but the majority of responses focused on receiving additional training. More frequent responses to this question called for more training or more education, computer skills, transportation, job coaches, and assistance with finding a job.

Of those currently working, over one-third (36%) expressed that they would like a different job. Still, most current workers did not anticipate leaving their job for any reason; three-quarters indicated this was either “not at all likely” or “not too likely” in the next 12 months. When asked what assistance they would need to get a different job, current workers also requested more education, as well as training such as computer skills and on the job training. Others wanted higher pay, a job coach, assistance finding a job, and a supportive employer.

Current and past workers suggested a number of changes when asked what they would change about their current or most recent job. A number of respondents indicated that they would like to work more hours. For some this was in order to earn more money, while others wanted more time to do their current job duties, as they felt rushed to finish them in the time currently allowed. For others, consistency at their job was important, such as having job duties or schedules which did not vary. Other suggestions expressed by respondents included higher pay, more breaks or time off, and better co-worker attitudes. Additional concerns, each reported by only one to three people, consisted of better transportation, less stress, fewer hours, and better communication.

Wants and desires

Another open-ended question addressed respondents' employment wants and desires asking, "What job would you like to have?" A total of 184 participants responded to this question with at least a field or area of interest, while an additional 49 people indicated that they did not know. For people who are currently working who answered this question (n=24), one-third (33%) said that they would like some kind of secretarial or clerical work, such as this respondent, "A simple job, not dealing with customers anymore. Filing, working in retail, like a job at Goodwill." Another 17% of those currently working indicated that they would like a job in service or maintenance, as preferred by this respondent, "I would like to work in a grocery store, like Stop & Shop."

For people who had worked in the past (n=143), secretarial or clerical once again was the most popular job choice. Twenty percent of those responding selected this profession, writing in descriptions such as clerical work, answering phones, and medical information specialist. Service and maintenance again ranked second in preference, desired by 13% of past workers, while another thirteen percent desired jobs in a technical or paraprofessional field. Commented one respondent, "I'm trying to get trained in another area, certified nurse's aide."

Unlike those with work experience, professional positions were the most desired jobs for those responders who had never worked, although this is based a small sample of those who never worked (n=17). Twenty-four percent (n=4) said that they would like positions such as website developer, "something in my main field of studies – media studies," or even a veterinarian job. Other responders who had never worked were equally split between secretarial or clerical, maintenance or service, or paraprofessional work. Two indicated they wanted to work with adults or children with disabilities, as one commented she wanted to "be an advocate for the disabled."

A very small number of people in all three groups aspired to positions as executives or managers. Also underrepresented as jobs to be desired were skilled craft jobs, such as mechanics, assemblers, carpenters or electricians. However, over one-fifth of those who had worked in the past (21%) indicated they did not want a job, with 18% of those who never worked reporting they also did not want a job. Comments from these respondents included, "I'm too busy now," "I'm very ill," and "Now I am declared legally blind. They put me on SSDI." A smaller percentage (8%) of those currently working also said they did not want a job.

Job meaning

One of the qualitative questions posed in the surveys for people with disabilities was "What does (would) having a job mean to you?" With over 400 responses, it is impossible to characterize every single thought in this report. However, most of the responses fell into two distinct groups, intrinsic and extrinsic motivations. Extrinsic motivations included incentives such as earning money and being able to pay one's own way, with comments such as, "Just being able to get out of the house" or "It keeps me busy and puts some money in my pocket."

Most responses indicated intrinsic rewards were a greater motivation. These include both personal and social rewards. Respondents reported increased self-esteem, feelings of independence, a sense of accomplishment, and feeling needed. Others spoke of giving back to society, being part of the community, and contributing to the workforce. The social rewards associated with having a job and connecting with other people were very important as well.

It means responsibility, socialization, and self-esteem that comes from the sense of value and normalcy obtained by earning my own pay check and contributing to society. (Respondent currently working)

Self-worth, steady income, being a role model for my children. (Respondent worked in past)

It's the most important thing, because it gives me the opportunity to work on projects that interest me, and it gets me back into life as a whole. (Respondent currently working)

The satisfaction that my "passions" and skills are productive and supportive of our society. (Respondent worked in past)

Feeling like I am contributing a little to the world. I love to learn and keep busy. And making some extra income would help. (Respondent never worked)

It was clear that many current and past workers had a sense of ownership or pride in their work, and gained multiple benefits from working while in turn contributing to society. Even for those who had never worked, it were as if something were missing, the opportunity to be a productive part of society and contribute toward it. For most of the individuals who responded to this question, working was seen not merely as a means to an end, but an end in itself. It was, for many, a way of being included fully in life itself. As one currently working respondent stated, "It's very important for me to do my work and do a good job." Another respondent, also currently working, described working as, "It's important. A wonderful reason to wake up in the morning!"

B. Personal assistance services

People with disabilities may need different assistance depending on their abilities or type of disability. In Connecticut, some waiver programs have been designed for specific disabilities (e.g., the ABI waiver or DMR waiver). Although offering similar services, the different waivers or programs often have their own terms for each type of assistance. In addition, each agency often has their own language used to describe the services they offer. For example, someone receiving services from DMR may use the terminology "paid supports" to describe a wide variety of paid assistance, both at work or at home.

In an effort to include the different types of paid assistance a person may receive, personal assistance services (PAS) was defined broadly as any paid assistance the person receives. Depending on the person, this could include help from diverse assistants such as a home health aide, CNA, independent living skills trainer, or homemaker, as well as a personal assistant paid through the PCA Waiver. A personal assistant was defined in the survey as: "People sometimes employ someone to help them with tasks like personal care, mobility, or communication. This person could be a personal assistant, helper, or anyone else who is <u>paid</u> to help them at home or at work."

The PAS findings are arranged in the following topical areas:

- Locus of control
- Experience
- Satisfaction with services
- Confidence in working with a PA
- Preferences for self-directed care

Locus of control

Self-directed care depends on the person's ability to take part in the different aspects of their provision of care. To employ personal assistants for home or work, complete self-direction includes meaningful participation of consumers in the recruitment, management, and payment of their personal assistants. However, often a person's desire for control over their assistance falls somewhere along a continuum, from no participation whatsoever, to participation in, and control of, every aspect of care. The respondent's preferences for locus of control for PAS were examined using a scale modified from Sciegaj, Capitman, & Kyriacou (2004). Employing a personal assistant was broken into three basic areas: finding and hiring; training and managing; and paying the PA. Each respondent was asked "who besides you" should take part in each of these areas when employing a PA. A list was then given with choices such as family or spouse, case manager, and "no one else but me." All respondents were asked of their preferences for participation in various aspects of personal assistance management, regardless of their experience using a personal assistant. This section was analyzed first by employment status. As there were very few significant differences between employment groups, the results are reported for all respondents as one, regardless of employment status, with any notable differences discussed in the text.

For finding and hiring a PA, many respondents expressed a desire for some help. For example, about half of all the respondents (49%) wanted their family or spouse to take part in the finding and hiring of a PA, while a little over one-third (37%) wanted help from a state agency. Not quite as many desired assistance from a professional or provider agency in finding and hiring a PA (31%), and fewer still wanted help from either a friend or neighbor (13%). Overall, one-third of respondents (32%) would like assistance from a personal or case manager. However, this assistance was desired by a greater percentage of those currently working than those who either worked in the past or never worked (39% current vs. 26% past, 17% never, p=.001). In contrast, those who had never worked expressed a greater desire than those with a work history to have complete control over this process, although this difference did not reach significance (34% never vs. 20% current, 24% past). Overall, just under one-quarter (23%) wanted no assistance with the hiring and firing of their PA.

Respondents' preferences for the training and managing of their personal assistants followed similar trends, although, in general, respondents did not want as much help with the training and managing of their PA. Fewer than half of respondents (44%) would like a family member's assistance with this process, and fewer still would like help from either a state agency (30%) or a provider (31%). Those who never worked especially felt that assistance from a professional or provider agency was not needed, this difference had a statistically significant trend (15% never vs. 32% past, 33% current, p=.06). Overall, only 29% of all respondents wanted management assistance from a personal or case manager, with, once again, significantly more currently working respondents desiring this assistance, when compared with the other employment groups (35% current vs. 25% past, 17% never, p=.012). As with the recruitment

process, a much smaller percentage of respondents (8%) would like a friend's help with this process. Overall, no assistance in the training or management of a PA was desired by one-quarter of respondents (26%). Unlike the recruitment process, this need for no assistance was expressed by almost equal percentages of respondents in each employment group (25% current, 27% past, 29% never).

Respondents were less willing to accept help from, or perhaps less willing to burden, a family member with the responsibility of making sure their PA got paid. Overall, fewer than one-third (31%) wanted assistance from a family member with this process. Respondents did express a greater interest in receiving help from a state agency for this process; overall, 48% wanted state help with the payment process, compared to 37% wanting assistance with recruitment and 30% with PA management. As with the other aspects of PA management, provider assistance with the payment process was desired by about one-third (34%) of respondents, and very few wanted this assistance from friends (4%). Overall, one-quarter of respondents (26%) wanted case/personal manager assistance with paying their PA, and once again, a greater percentage of those currently working wanted this type of help (31% current vs. 20% past, 22% never; p=.019). As might be expected, respondents from all groups were less willing to take this on alone, as only 16% of respondents wished to have "no one else but me" involved in making sure their PA got paid.

Experience

As with the work section, results for the rest of the Personal Assistance Services (PAS) section were analyzed using work status as the dependent variable. For those twelve respondents who completed the PAS section but not the employment section, employment status was determined by examining several variables, such as if the person were using a PA at work, if they would like more PA support at work, age of individual, and income. The three individuals whose work status could not be determined were conservatively included in the "never worked" category.

Over three-quarters of non-working respondents (76% past, 80% never) indicated they currently used paid personal assistance, while significantly fewer currently working respondents reported currently employing a PA (48%, p=.000). One out of every four current workers had never had any PAs, compared with only 17% of past workers and 15% of those who never worked (see Figure VII-7). In all, a total of 362 respondents regardless of work status currently received paid personal assistance, and an additional 49 had had this assistance in the past (total respondents with PA experience: n=411).

Figure VII-7. Employment Status by Current Personal Assistant Use

Most of those who had stopped receiving PA services had done so because a short term medical need had ended. However, the end of services was not always the respondent's decision.

> *Because they just stopped. My doctor told them I was getting a little better, I guess.*

> *Because Medicare only allows so many times before they stop paying for it.*

Satisfaction with services

Almost three-quarters of the respondents with either current or past PA experience in each group indicated they were "very satisfied" with the quality of work provided by their PA, and respondents expressed similar feelings of satisfaction regarding the services schedule of their PA. Satisfied respondents were pleased with the positive and caring attitude, quality work, and reliability of their PAs, with such comments as "helpful and kind," "a Godsend," and "everything they do is great."

Even when expressing satisfaction with their PA services, some respondents still reported having had problems or difficulties with their current or past PA. Approximately 40% of respondents who either currently have a PA or have had one in the past reported having problems with their PA, with more of those not currently working reporting such difficulties (38% current, 44% past, 43% never). Problems written in by respondents included lateness, poor quality of work or not doing their work at all, bad attitude, theft, and unreliability.

Of those who did not currently have a PA, 42% of people who had worked in the past said that they would like to have one, compared to 23% of current workers and 25% of those who never worked. Regarding the need for more care, about 40% of the respondents with work experience needed more PA care than they were receiving, while slightly more (47%) of those who never worked expressed this need. These respondents differed somewhat on where they would like this extra assistance – at home, work or both – depending on their employment status. Of those who indicated a need for more services, a greater percentage of those

currently working desired help from a PA at both home and work (33% current, 12% past, 19% never), while a greater majority of those not working wanted more assistance only at home (61% current, 87% past, 75% never).

Confidence in working with a PA

Respondents expressed how confident they were in tackling some of the tasks associated with having a PA. Everyone answered these questions on a hypothetical basis. Those who had worked in the past had the highest levels of confidence in their abilities to find and hire a PA (76% agreed), to talk directly to a PA who is not doing a good job (90% agreed), or to work out any disagreements they might have with the PA (87% agreed). Current workers were the least confident group on each of these items, although more than half still believed they could do them (61%-76% across the three items). The percentages for the participants who never worked fell between the other two. Just over half of the respondents (55%) agree that they could find a replacement if the scheduled PA could not come in, and this did not differ by work status.

The comments regarding the availability of backup help make it clear that people who are connected to an agency have an easier time getting a replacement on short notice.

> *I call in to Family Care – and they can send someone in her place.*
>
> *Well, I have my god mother who lives with me and can help out, but she's 87 and frail. I should look for backup.*

Many respondents offered additional comments about use of PAs. Some of these expressed satisfaction and praise for their current PAs or explanations about what respondents could use extra help with. A few made suggestions about how to improve PA programs in the state.

> *They should go to cash and counseling – having a monthly budget instead of the fiscal intermediary.*
>
> *PCA waiver program is very strict that you cannot use PA for work. I enjoy the freedom I have. I have an agreement that I do my own taxes, staff that handles time sheets.*

Preferences for self-directed care

Vignettes have been widely used as a complementary technique alongside other methods of data collection and are a valuable tool for exploring people's beliefs, meanings, and perceptions about specific situations (Finch, 1987). In order to better understand preferences for the management of community-based supports for people with disabilities, in-person interviews were conducted with nineteen (n=19) consumers. In addition to completing interview questions that were identical to those used in the telephone interviews, vignettes were presented to elicit consumer attitudes about the allocation of funds for personal services and supports. During the interview, each participant was given a copy of the three approaches to follow along with while the interviewer read the description of the scenarios out loud. Eighteen of the nineteen (95%) of the in-person respondents were able to complete the vignette section. The one respondent who could not was a 22 year old with non-physical disabilities. He/she had never had any need for these services and was not able to think hypothetically about it.

The three different approaches for administering services were modified from a model for consumer directed community care developed by Sciegaj and colleagues (2004). According to this model, locus of control is a strong indicator of which approach is chosen. In this study, Approach 1 represents the traditional provider agency model in which the provider agency talks with the individual about what types of assistance might be desired. The provider agency then decides what services and schedule the individual would receive and proceeds to find and purchase those services on their behalf. Approach 2 is a modified plan in which the individual and the personal manager or provider agency of their choice work together to determine what services and schedule are desired and then continue to work together to find and purchase these services. In Approach 3, the self-directed model, the individual would receive a monthly cash payment in order to manage their own services. In this approach the consumer would receive advice and training to learn how to hire and fire, train, pay, and manage their paid assistant, and would be responsible for finding and purchasing desired services with the allocated cash payment.

Of the eighteen respondents to this question, half (n=9) chose Approach 2, the modified scenario in which they would work with a provider agency in helping to design a plan for hiring personal assistants. Three of the eighteen chose the self-directed model (Approach 3) and four chose the traditional provider agency model (Approach 1). Two of the participants indicated that they didn't know which one to choose. It should be noted that some of the participants in the in-person interviews had never had any experience working with a personal assistant, so understanding the concept and making a choice was a challenge for them.

> *It's hard to tell. I had no experience with it. I'm clueless. I thought it was Step 1, Step 2, Step 3, like this is what they're doing first, then this second, and then this one.*

Among those who preferred Approach 1, the traditional agency model, there is an acknowledgement of the need to have direction and a degree of supervision.

> *Number 1: Because … I need that guidance and would need that support. It would be easier to follow the rules to maintain that support. It would help my insecurity.*

Some consumers preferred the self-directed model because it helps them feel more independent and autonomous.

> *Approach 3: Because I get to hire this person. It's not appointed. With the money, I get to make my own choices and have the opportunity to oversee everything.*

> *Approach 3: Because you're using your own skills and ability that you have. I think you should be able to do that.*

Chosen by half of the participants, Approach 2 seemed to be most popular because, as most of the participants agreed, they would need some help in one way or the other for some of the tasks involved in hiring a personal assistant. While they wanted to have some say in the service schedule and what services were provided and by whom, most of these respondents indicated that they would need some help or guidance in performing the other tasks, like hiring, training and paying the personal assistant.

> *Approach 2: Because you're working together on a budget with someone to help. Because I wanted help managing money, because I'm not good at that. I would have trouble hiring and training. It might be uncomfortable for me to do that.*

Approach 2: I want to share the responsibility. That's a fair approach. It would take the pressure off of me to make all the decisions. We're both independent but help each other.

One of the participants felt that it would be possible to move from Approach 2 to Approach 3.

I would want to start with Approach 2 because you and the agency would decide about it to guide me first. And then later, like 2 years later, maybe I could go the Approach 3. With Approach 2 they know what to watch out for and how to do it. So I could learn from them first and then later go to Approach 3.

While there is currently an emphasis on autonomy and self-directed care, findings from these in-person vignettes demonstrate a commonality with studies conducted in aging populations (Sciegaj et al., 2004). People with disabilities want to have some measure of control when it comes to hiring personal assistants and determining their service schedule, however, as was the case in this study, they also want agency support for the more challenging aspects of community-based care (i.e., paying and firing a personal assistant).

Based on the average time that it took for consumers participating in this study to comprehend and respond to the three scenarios, it might be concluded that the presentation of the three scenarios is easily understood. The average time to respond, including the time for reading the three scenarios, was 4.5 minutes. The shortest time was 2-3 minutes, and the longest time was 10 minutes. Indeed, it might be feasible to do this type of a survey over the phone as the presentation of the three scenarios did not appear to be burdensome to the participants.

In sum, consumers participating in this study indicate that independence and the experience of self-determination is valuable as is some degree of involvement in the administration of resources for their services and supports. Many also concurrently acknowledge the need for assistance with managing personal services and supports. Clearly, the best approach is one that is suited to their individual needs, their locus of control, and their ability to participate in the decision making process with regard to community-based long term care.

C. Living arrangements and transportation

One-third of all respondents lived alone with no paid supervision or support. Those who worked in the past (42%) were most likely to have this arrangement compared to current workers (25%) or those who had never worked (29%). Thirty-nine percent of participants lived with a relative. Less than five percent of respondents had a live-in paid assistant, lived with a roommate or a friend with no supervision or support, lived in a transitional group home or halfway house, lived in a community training home or lived in a board and care home and none of these living arrangements differed by work status. Current workers were more likely to live in a supervised living apartment (18% vs. past workers, 6%; never worked, 2%) or a group home/community living arrangement (9% vs. past workers, 2%; never worked, 5%).

Participants stated how much they agreed or disagreed with a series of statements about their homes and neighborhoods. Most of these items did not differ by work status. Almost everyone (93%) felt that their neighborhood was safe. About half (55%) had easy access to a bus stop and 71% had easy access to a grocery store. Sixty-four percent are happy with the privacy they have in their homes, and 67% have a neighbor who is also a friend. While only one in five

current workers (22%) needed more assistive technology devices to live easily in their homes, more past workers (49%) and those who never worked (56%) needed this. The same pattern appeared regarding the need for home modifications: 22% of current workers, 48% of past workers, and 63% of people who never worked needed more home modifications to live easily in their homes.

Another series of questions assessed areas where respondents had financial difficulties in the past year, such as difficulty paying for housing, utilities, credit card payments, or food. With the exception of childcare (identified as an issue for only 2% of respondents in any work group), those who had worked in the past had more trouble paying for most items than either the current working participants or those who had never worked. Between 19% and 37% of past workers had trouble paying for their rent or mortgage, utilities (p=.000), credit card debts (p=.000), car or van expenses (p=.000), medical care (p=.003), and food (p=.000). With the exception of utilities, those who never worked or were currently working had fewer financial difficulties. For those who had never worked, between 12% and 17% had trouble with these same items, and between 12% and 16% of current workers reported problems paying for these things. The one exception was utilities. For those who never worked, 29% had difficulty in the past year paying for their utilities.

Table VII-4 shows respondents' typical modes of transportation, which varied significantly by work status. Half of respondents in all employment groups relied on other people for rides. Larger numbers of current workers also drove themselves, used public transportation, or used a program van. Those who worked in the past were more likely than the other groups to have someone drive them in their own car or to use dial-a-ride.

Table VII-4. Employment Group by Mode of Transportation^

	Currently Working	**Worked in Past**	**Never Worked**
I drive myself in my own car or van	**23%**	20%	0%
Someone else drives me in my car or van*	14%	**31%**	29%
I get a ride from another person in his/her car	**51%**	**51%**	**51%**
I use public transportation such as a city bus*	**26%**	12%	15%
I use the group home or day program van	**24%**	4%	7%
I use dial a ride, a handicapped van, or para-transit*	20%	**38%**	34%
I use a taxi services	6%	**7%**	0%

^responses not mutually exclusive
* p=.000

Respondents identified major difficulties they have with transportation from a list of categories, shown in Table VII-5. Several of these also differed for each work status group. The respondents who never worked had many more problems with transportation in general; they had the highest rates of almost every type of difficulty. Those who had worked previously were most likely to report problems with their own car. Overall, a marked percentage of respondents

in each work group indicated difficulties with the availability of a person to either drive or otherwise assist them, ranging from 28% of current workers to 46% of those who had never worked. Difficulties with public transportation were also reported by many workers no matter what their employment status (18% current, 20% past, 24% never).

Table VII-5. Employment Group by Transportation Difficulties in Past 12 Months^

	Currently Working	**Worked in Past**	**Never Worked**
The car I use is not always available or needs repairs	15%	**22%**	10%
I do not always have access to a lift van	2%	13%	**24%**
Public buses are not always available or are difficult to use	18%	20%	**24%**
The dial-a-ride, handicapped van, or other transportation I use is not always available***	13%	25%	**27%**
It costs too much	14%	**17%**	**17%**
The van or bus will not take me to all the places I need to go*	12%	17%	**24%**
A person is not always available to assist or to drive me**	28%	39%	**46%**

^responses not mutually exclusive
*p=.001
**p=.05
***p=.01

D. Demographics

Disability status was ascertained by self-report using five categories with the following explanations, and asking respondents to check all that apply:

- Physical disability that makes it difficult for you to walk, move, or get around
- Intellectual disability, such as autism, mental retardation, or a learning disability
- Mental illness disability, such as schizophrenia, bipolar, or personality disorder
- Hearing disability, such as deafness
- Vision disability, such as blindness

Among all respondents who were of working age, 356 (68%) had physical disabilities. The great majority of those not currently working reported a physical disability (89% worked in past, 95% never worked), while fewer than half of current workers reported this disability (44%).

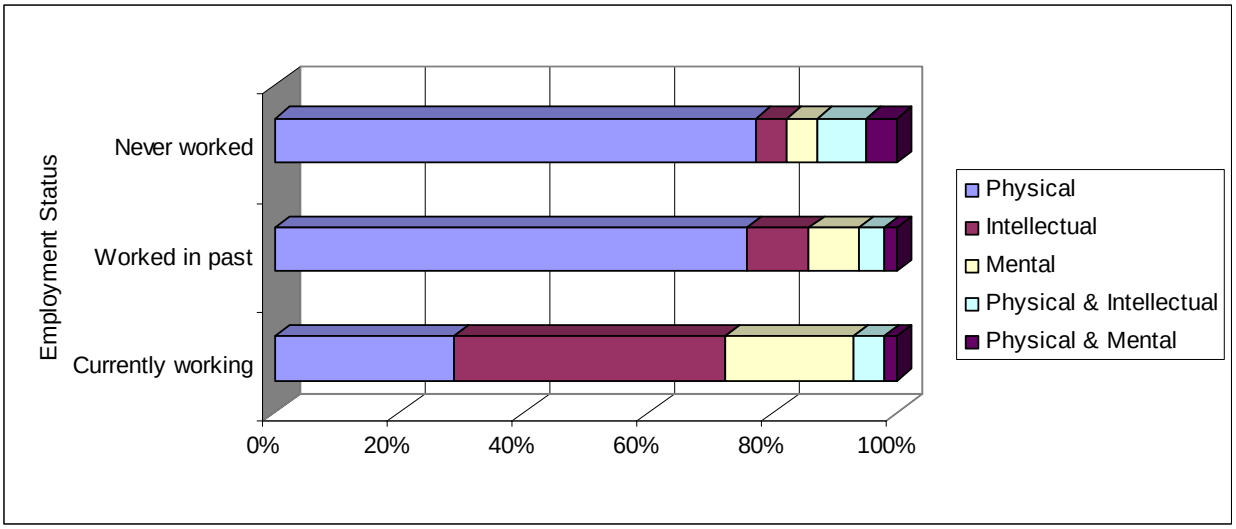
Among all respondents, 210 people indicated that they had an intellectual disability. Many more of those currently working reported an intellectual disability than the other respondents. Nearly two-thirds of current workers (60%) had an intellectual disability, while half as many of those who never worked (29%), and only 20% of past workers, reported this disability (p=.000).

Overall, fewer respondents indicated they had a mental illness disability (n=119). As with intellectual disability, mental illness disability was also more prevalent for current workers. Almost one-third of those currently working (30%) reported a mental illness disability, compared with 17% of those who worked in the past and 11% of those who had never worked.

Fewer respondents had either a hearing or vision disability. A total of 45 people had a hearing disability among those who responded – only ten percent of current workers, seven percent of past workers, and five percent of those who never worked. There were a total of 74 people among those of working age who had a vision disability such as blindness. Twice as many respondents who worked in the past reported a vision disability compared with those currently working (19% past vs. 10% current, p=.021). Only 13 percent of those who never worked indicated a vision disability.

The data collection instrument requested that respondents denote their primary disability. It became apparent that several people had difficulty interpreting the disability question. For example, in one instance an individual reported wheelchair use resulting from amputated limbs (physical disability), and a visual disability because he/she wears glasses. However, this individual also reported that he/she drives a car independently. The reporting of primary disability allowed more specific categorization of disability. Despite this, it was difficult to determine which response was a primary disability and which was a secondary disability. For example, a few individuals reported not only physical limitations due to cerebral palsy, but also an intellectual disability as well. Two categories were created to capture individuals who had multiple primary disabilities (physical and intellectual, and physical and mental illness). The results in Figure VII-8 are dramatic (p=.000). Current job holders who answered the survey were far more likely to have intellectual disabilities than any of the other groups (44% current vs. 10% past, 5% never). On the other hand, the majority of both those who worked in the past (75%) and those who never worked (78%) reported physical disabilities as their primary disability, compared with 29% of current workers. As noted above, even with the recoding, more current workers reported mental illness as their primary disability compared with those not working (21% current vs. 10% past, 5% never).

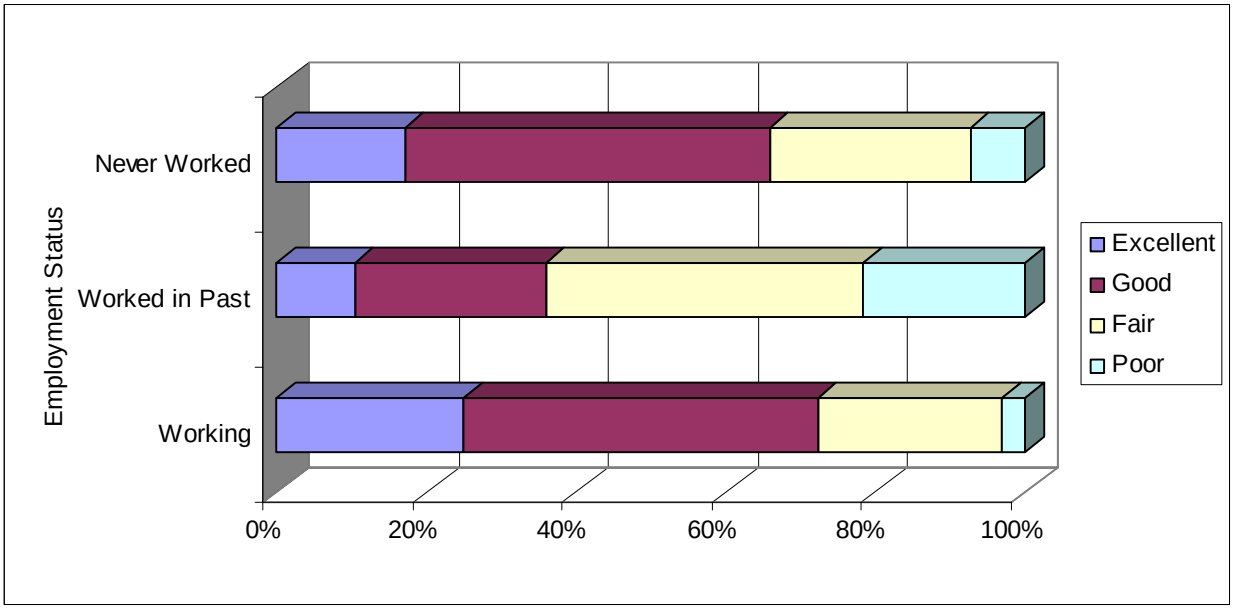
Figure VII-8. Employment Status by Primary Disability



Sixty-three percent of respondents indicated they had worked before they were disabled. Among those who were currently working, almost half (46%) indicated that they had begun working before they became disabled, while the great majority of past workers (85%) said that they had worked before they were disabled (p=.000).

Two rather unique findings emerged when reviewing employment status by self-reported health (see Figure VII-9). Not unexpectedly, almost three-quarters of working individuals (72%) reported excellent or good health at this time. Interestingly, two-thirds of individuals who had never worked also described themselves as being in excellent or good health (66%). However, significantly fewer of those who worked in the past (36%) indicated they were in excellent or good health (p=.000).

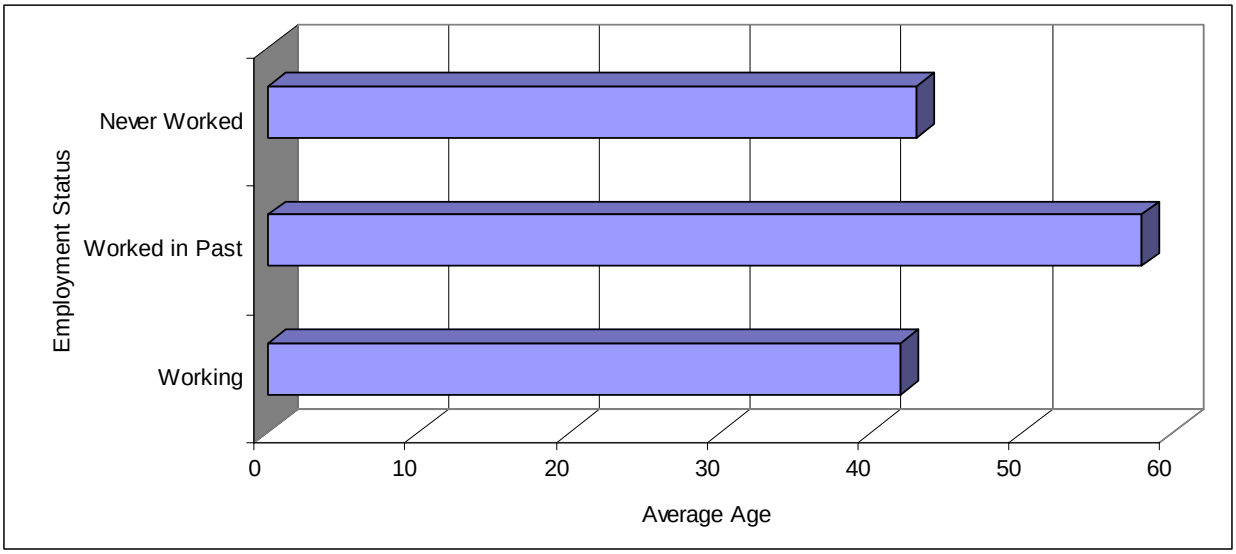
Figure VII-9. Employment Status by Self-Reported Health



Overall, 50% of respondents needed help from another person with personal care in the home, such as bathing, dressing eating or toileting. Fewer of those currently working needed such help (29%) compared to those who had worked previously (68%) or those who had never worked (83%, p=.000). A similar pattern exists regarding activities such as cooking, housecleaning, laundry and shopping. Fifty-nine percent of current workers needed help with these jobs, compared to 87% of past workers and 95% of those who had never worked. Twenty percent of those who had worked in the past had needed help in the past year with personal care at work, compared to 13% of current workers.

As shown in Figure VII-10, on average past workers were older (58 years) than either current workers (42 years) or those who never worked (53 years).

Figure VII-10. Employment Status by Average Age



Among all working-age respondents, 45% were male and 55% were female (see Figure VII-11). Male workers made up over half of those currently working (56%), while only one-third of past workers (32%) and 48% of those who never worked were male (p=.000). Three-quarters of those currently working were single, never married (75%); as were the majority of those who had never worked (61%). Of those who had worked in the past, 36% were single, never married, and another 31% were divorced or separated (see Figure VII-12).

Figure VII-11. Employment Status by Gender

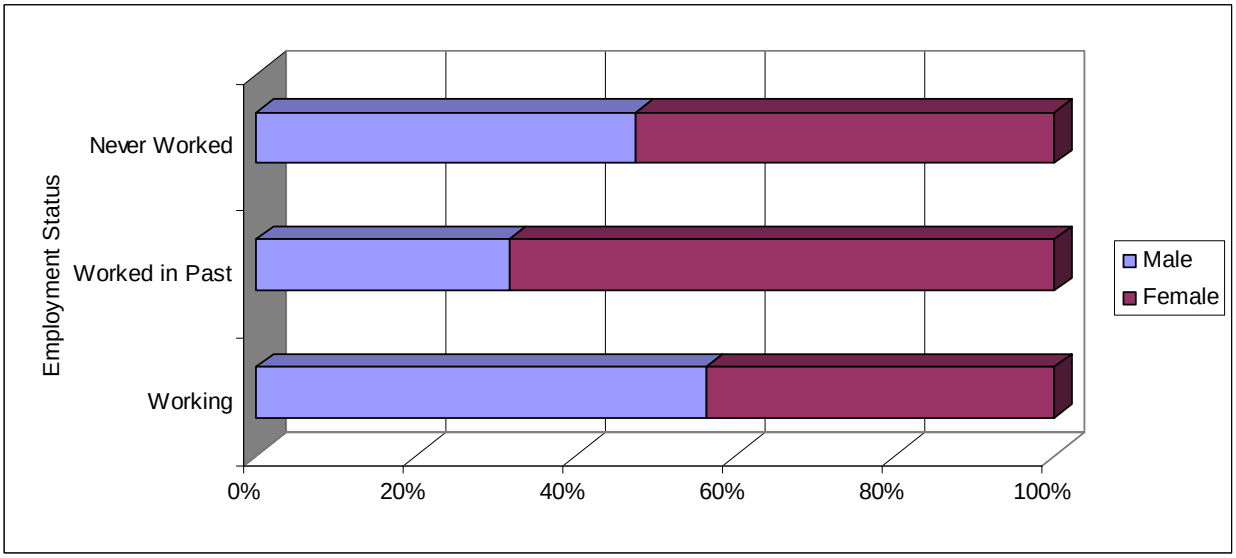
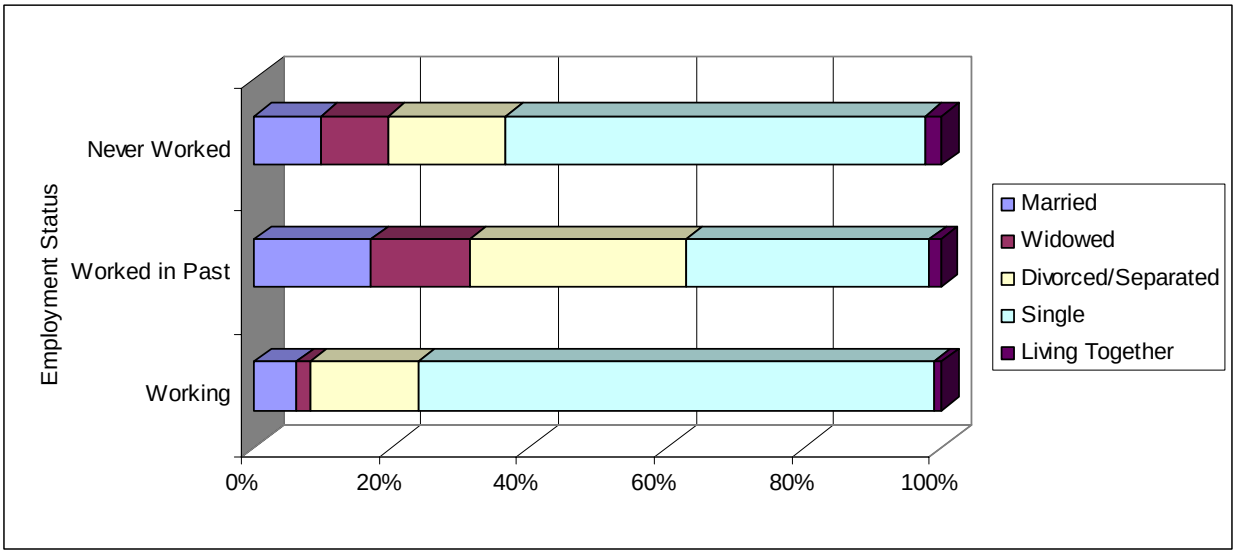


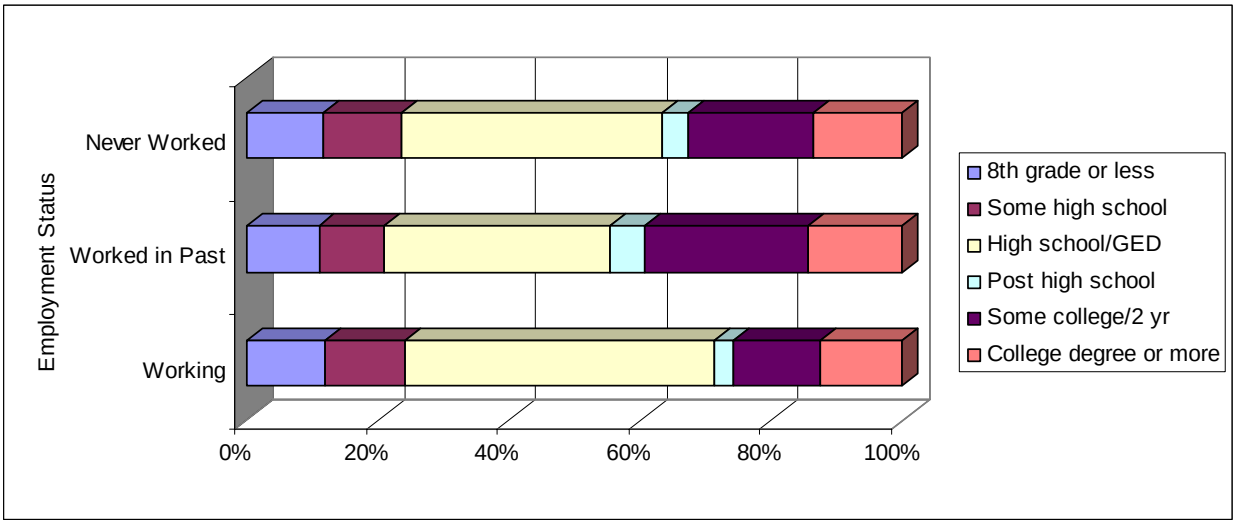
Figure VII-12. Employment Status by Marital Status



Overall, eighty-six percent of the working-age respondents were white or Caucasian, while 11% of respondents were Black or African-American. When examined separately by employment group, a greater percentage of those currently working were white or Caucasian (89%), while a greater percentage of those not working were African American or Black (8% current, 15% past, 12% never). Between five and seven respondents in each group described themselves as Asian, American Indian, or another race. Following the Federal census guidelines, Latino was not listed as a race, but instead included as a separate question, “Are you of Spanish, Latino, or Hispanic origin?” Twenty-nine of all respondents (6% overall) indicated they were of Latino origin, with the greatest percentage of those who never worked indicating they were Latino (11%). The vast majority of all respondents spoke mainly English at home (95%), which is not unexpected as the surveys and interviews were conducted in English, while a small number (3%) indicated they spoke Spanish when at home. Participants who had worked in the past or never worked were more likely to speak a language other than English compared to currently working respondents (9% past, 7% past, 2% current), although this did not reach significance).

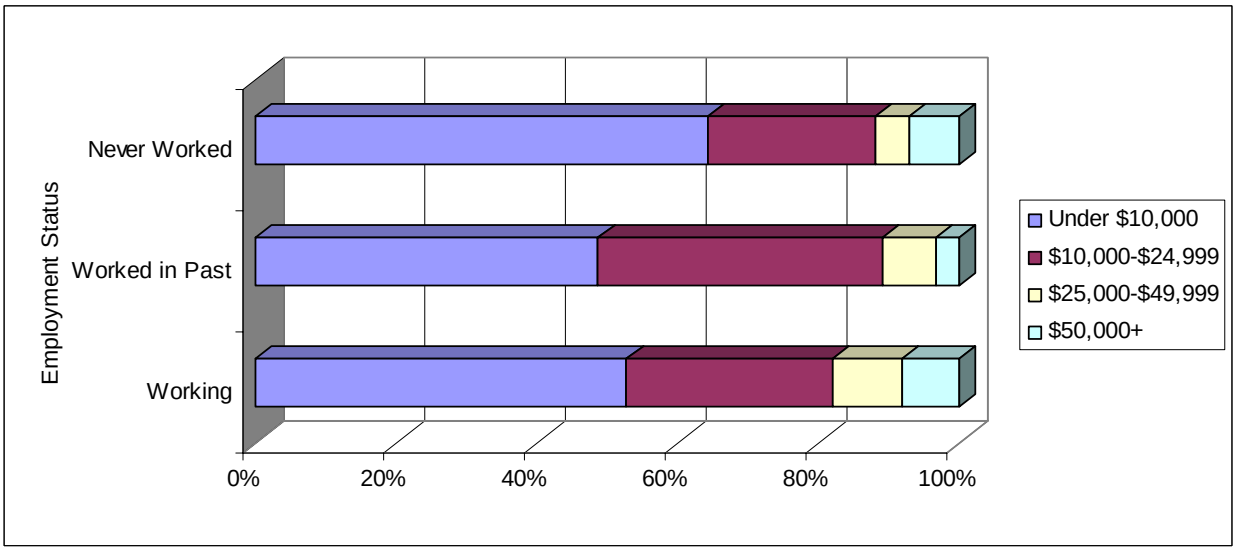
Education by employment status is shown in Figure VII-13 below. Seventy-three respondents (13%) had a four-year college degree or higher (12% currently working, 11% worked in past, 18% never worked). Those who had never worked were significantly more likely to have stopped school before completing high school (24% currently working, 23% worked in past, 50% never worked). Over one-fourth (31%) of those who had worked in the past had some college or technical school; for those currently working, only 16% had either some college or technical school after high school; and for those who had never worked 18% had either some college or technical school.

Figure VII-13. Employment Status by Education



Over half (52%) of the respondents indicated that their total family income before taxes was under $10,000 a year (see Figure VII-14). This included over half of the people who are currently working (52%), almost half of those who had worked in the past (49%), and almost two-thirds (65%) of those who had never worked. About one-third said that their income was between $10,000 and $25,000 a year (currently working, 30%; worked in the past, 40%; never worked, 23%). Those with incomes in the $25,000 to under $50,000 per year bracket represented only 9% of the entire group (currently working, 10%; worked in the past, 8%; never worked, 5%). Only six percent of the entire group reported an income of more than $50,000 per year (8% currently working, 3% worked in the past, 8% never worked). Since the figures refers to total family income, it might be assumed that those who had never worked were living in a family situation and that the income represented the parents' income in addition to income they receive from benefits.

Figure VII-14. Employment Status by Total Pre-tax Family Income



Most often the person with disabilities filled out the mail survey. Over half (62%) completed the form by themselves, which did not differ by work status. In some of these cases, they received assistance from any of the following parties. A small percentage (4%) of the surveys was filled out by a spouse or partner of the client. Parents assisted in filling out the surveys or filled out the surveys themselves more than any other party. Those who had worked in the past were significantly less likely to have help from a parent (10%) compared to current workers or those who had never worked (both 24%). Only six percent had help from another relative. Very few (4%) had friends help them fill out the surveys, and almost all of these were people who had worked in the past. A greater number of personal assistants had assisted the respondent in filling out the survey (16%), which did not differ by work status. Case workers (3%) or vocational workers (1%) were involved less frequently in helping their clients fill out the form.

E. Survey respondents age 70 and above

Several of the databases of potential survey respondents supplied by the Department of Social Services included citizens with disabilities age 70 or older. Fifty-eight of these individuals completed surveys. Although not included in the stated target group of this project, that is, working age adults with disabilities, the participants aged 70 or over yielded several interesting insights. Since they all have some sort of disability, and many currently have or have had a personal assistance, it was felt that the information that they provided in these areas might add to the knowledge about various issues that might help not only themselves, but young disabled people who would eventually reach retirement age. Because issues around employment are substantially different for people within the traditional retirement age, data from this subgroup of respondents were analyzed separately from those of working age.

A modified version of the telephone and in-person interview format was conducted with people who were over 70 years of age and who been retired from their job for several years. This version omitted questions that were not relevant to this group: attitudes towards their jobs, whether or not they were currently job hunting and what having a job means to them. Other excluded items included what challenges they face in working or having any job modifications or assistive technology for their past job. People in this age range who received a survey in the mail completed many of these omitted items, and data is reported below for those who responded.

Included in the modified interviews with persons 70 or older was an employment history, information about their current disability, and information regarding having or hiring a personal assistant. Also information on housing, transportation, financial and demographics were collected, as these areas constitute vital data for this group.

Employment

Of the 58 respondents over 70 years of age, 93% of them had worked in the past, and only 4 people had never worked at all. None of the group was currently working. The types of jobs they had held ran the gamut from doctors and lawyers to bookkeepers to factory workers and seamstresses. Most of these respondents (85%) had worked in competitive employment. In addition, a over three-fourths (81%) had also worked for their last employer for over 5 years. Only nine of those interviewed had worked for their last employer for fewer than five years. The number of hours worked represented full-time employment for the majority of those who had worked, with 81% working at least 30 hours or more and 59% working 40 hours or more. Wages varied for the group, but the largest percentage (46%) earned an hourly wage of less

than $8.00 an hour; only 7% received an hourly wage of $10 to $15 an hour; 36% made $15 to $20 an hour; and 11% earned more than $20 an hour.

Over half of the respondents answered questions regarding how much they liked their most recent jobs or how much of their talents and abilities they felt were utilized in executing their positions. Seventy-three percent of those responding indicated that they liked their job a lot while 24% said that they liked their job somewhat. Only one person said they did not like their job at all. Fifty-nine percent of those responding said that they felt their job required the use of most of their talents and abilities; while 38% said that their job utilized some of their talents and abilities, only one person said that their job required a little of their talents and abilities, and no one reported that their job used none of their skills.

About half of the participants 70 or over responded to questions that address attitudes about work. Ninety-three percent of these respondents agreed or strongly agreed that they looked forward to going to work. Over half of these respondents (58%) felt that they were not worn out at the end of the work day. Most or all of these respondents reported that their job made them feel needed (96%) or kept them busy (100%), and only one person was not satisfied with their schedule. Fifty-eight percent of this group had not wanted additional hours. Only two people indicated that they had wanted a different job, while the majority (92%) did not want a different job.

Exactly half of respondents said that they were happy with their pay. Seventy-three percent were happy with the medical coverage provided by their jobs; 72% were also happy with the benefits provided by this job, including vacation time. Most people (72%) felt that they there was no chance for any promotion in their job. Over half (52%) either strongly agreed or agreed that they would need more education or training to go to work. Although eighty percent of those responding said that their supervisors were fair, one third (35%) also indicated that their supervisors were difficult to get along with.

Ninety-two percent of those who responded said that they had a co-worker that they considered to be a friend, and 77% said that they spent time with a co-worker either after work or on weekends. Eighty-three percent said that they had at least one co-worker who helped them while they were at work.

Only 18 people 70 or over responded to queries regarding use of assistive technologies at work. Of these, 67% felt that computer access aides, such as touch screens, modified or keyless entry, or voice to text software was not important or not necessary for their jobs. Sixty percent of those responding felt that communication aides, such as communication boards or voice activated telephones were also not necessary for their jobs. However, 45% felt that that hearing aides would be important or necessary for their jobs (n=8), and only 4 people indicated that devices for the blind and visually impaired were necessary. A majority of those who responded to this question (62%) felt that structural adaptations, like entrance ramps or accessible workspace, were not necessary for their jobs. That same number felt the same way about mobility aides and transportation aides.

Eighteen of those respondents age 70 or older also responded to questions regarding the need of assistance or supports in helping either to get a job or keep a job. Of those responding, 56% said that they did not need help at home from a paid personal assistant or helper; 72% indicated that they did not need help at work from a paid personal assistant or helper. Seventy-two percent of those responding said that having support from family and friends was important to some degree in helping them to either get or stay at their jobs. Half of those responding

indicated that vocational rehabilitation services would be important in terms of their job. Twenty-nine percent of those responding said that a job coach would be important to some degree for their job; and over half (53%) said that having support from other professionals, such as a personal manager or a case manager, would be important to their job. Seventy-two percent of those responding said that having a supportive employer was important to varying degrees for their job; and 71 percent felt that having supportive co-workers would be seen as being important to some degree. Of this group, 67% thought that having a measure of control over the pace or scheduling of their work activities would be important to some degree and 60% thought that having any other work accommodations based on their disability would be important. Sixty-seven percent of those responding felt that having paid time off or paid vacation was important; 72% thought that having affordable health insurance was very important; 60% felt that having mental health benefits was either very important or moderately important. Finally, half of this group thought that some other support, other than those mentioned above, would be important in terms of their job.

About half of the people over 70 responded to the question concerning whether or not they needed any changes or modifications for their previous jobs, either because of a physical, mental health or intellectual disability. This included scheduling changes or assistive devices or even extra training. Of those responding, 93% indicated that no changes were necessary. Only 2 of those responding said that they had needed modifications for their job. Twenty-seven people responded to the question as to whether they had ever turned down a raise, increase in hours, or job offer because it might affect their Social Security or other benefits; only one person said yes. In addition, only one person had changed his/her job in the past two years, out of the 14 people who responded to this question.

Of those respondents who had worked in the past, 8 (28%) reported that they would like to have a job now, however only 2 people thought that was somewhat likely and no one was actively looking for a job. In naming challenges or things that make it difficult for them to work, 55% of the responses described difficulties related to a physical health problem or physical disability and 40% referred to their advanced age or the fact that they were already retired. One person mentioned needing workplace accommodations and one other person said they needed more training or education.

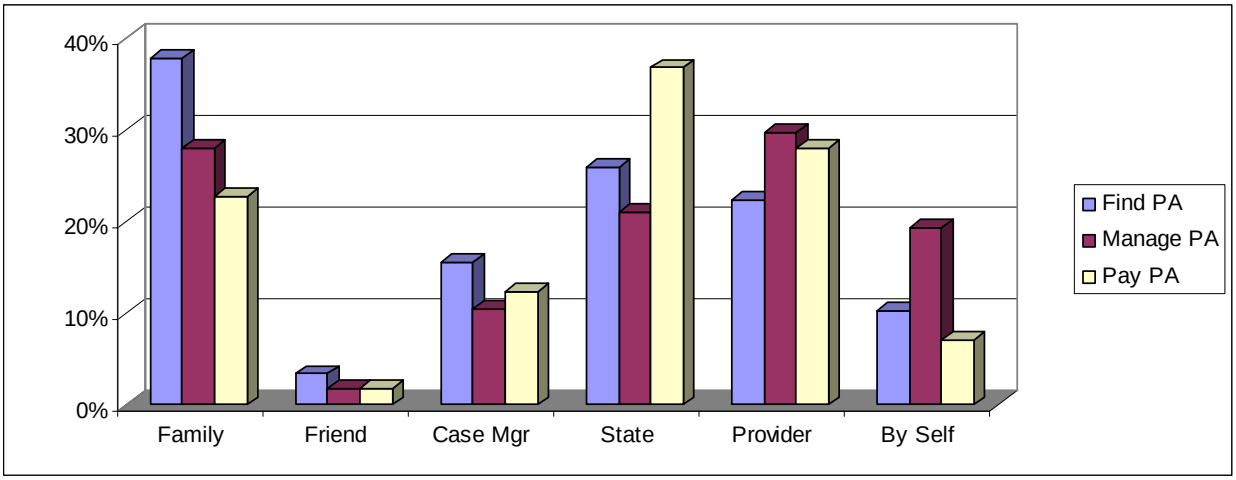
As far as day activity programs or vocational programs, almost all of those people 70 or over responded (95%). Of those, only two people were currently in a day activity program. Not one of the respondents indicated that they were in a vocational program, in school, in a therapeutic work program, or sheltered workshop or group supported employment. One person indicated that he/she had been in an individually supported employment situation. Three people out of 55 who responded said that they were in some other kind of program; and seven people (13%) indicated that they were involved in some kind of volunteer position without pay.

Personal assistance services

Only 18 people age 70 or over responded to the question regarding whether or not they currently had a personal assistant. Ten of those respondents said that they currently employed a personal assistant.

A series of hypothetical questions regarding personal assistance included “who should find and hire a personal assistant?” Thirty-eight percent of the 70+ group felt that it should be the responsibility of the family to find and hire a personal assistant; only 3% thought that it should be the responsibility of a friend; 16% felt that it should be a personal manager’s responsibility; 26% thought that it should be the state’s responsibility; 22% thought that it should be done by a provider agency; and only 10% (6 people) thought that finding and hiring a personal assistant should be their responsibility alone. The next hypothetical question was “who should take part in the training and managing of the paid assistant?” Twenty-eight percent of these respondents felt that it should be the responsibility of a family member to train and manage the paid assistant; only one person thought that it should be done by a friend; 11% felt that it should be the responsibility of a personal manager or case manager; 21% thought that the state should have this responsibility; and 30% felt that it should be done under the direction of a provider agency. Nineteen percent (n=11) thought that the responsibility of training and managing a paid assistant should be their own responsibility alone. The next hypothetical question asked, “Who besides yourself should take part in making sure your assistant is paid?” Twenty-three percent felt that it should be the responsibility of a family member to make sure the assistant is paid; only one person thought that this should be the responsibility of a friend; 12% indicated that a personal manager should be responsible for making sure that the personal assistant is paid; 37% believed that it should be the responsibility of the state to pay for the personal assistant; and 28% thought that this should be done by a provider agency. Only four people felt that it should be their responsibility alone for making sure that the personal assistant is paid (see Figure VII-15).

Figure VII-15. Who Should Find, Manage and Pay a Personal Assistant



Sixty-two percent (n=36) of the people 70 or over answered questions regarding the quality of work and satisfaction with personal assistants. Although only 10 in the group currently had a personal assistant to help at home, 26 from this group had employed a personal assistant for various lengths of time in the past. Eighty-nine percent of those responding indicated that they were either very satisfied or somewhat satisfied with the quality of work provided by the personal assistant. Only four people said that they were either somewhat dissatisfied or very dissatisfied with the quality of work. Eighty-six percent of those responding said that they were very satisfied or somewhat satisfied with the service schedule of the paid assistant.

She's nice. She does her work fast and well; very personable and honest; she can read my mind.

Six out of the 25 people who responded indicated that they need more help than they are currently receiving at home. Twenty-two percent of those responding (n=36) said that they had had problems or hassles with their paid assistants either now or in the past.

In the past, one fell asleep on the couch; one of them did drugs or something in the bathroom; I haven't had any trouble lately though.

Finally, a series of hypothetical statements reflect the confidence of the respondent to find and hire a paid assistant, to talk directly with the personal assistant, to find a replacement should the paid assistant not show up for work, and to work out any disagreements that they might have with the personal assistant. About 70 percent of this older group responded to these questions. Of those who did respond, 53% expressed confidence in being able to find and hire a personal assistant; 75% thought that they would be able to talk directly to the personal assistant if that personal assistant was not doing a good job; 63% felt that they could find a replacement for their personal assistant if they were not able to come in on a particular day; and 74% felt confident that they could resolve any disagreements that they might have with a personal assistant.

Of the people who did not currently employ a personal assistant, 14 indicated that they had had a personal assistant in the past, and 9 of them had had that personal assistant more than one year before. Only two of the 31 people who answered the question said that they would like to have a personal assistant at this time.

Living arrangements and transportation

Living situations varied among this group. Only one person in the group had a live-in personal assistant. Forty-four percent of this group lived by themselves and another 44% lived with a spouse or other family member. One person lived with a friend and only four people in this group had other living arrangements such as supervised living apartment, group home, or board and care home.

About 86 percent of the people 70 and over responded to a series of questions about their homes and neighborhoods. Of those responding, 86 percent felt that their neighborhoods were safe. Sixty-one percent of the respondents indicated that there was a city bus stop within easy access of where they lived; 76% said that they had a neighbor who was also a friend; eight people (15%) indicated that they needed more assistive technology or devices or more home modifications in order to easily live in their homes; 64% reported that there was a grocery store within easy access of where they live; 10 people (20%) indicated that they would like more privacy where they lived; and all of those who live with someone else said that that they get along with the person or persons that they live with.

Relatively few respondents in this age group indicated that they had trouble paying their expenses. For example, only two people (4%) said that they had trouble paying their rent; seven people (12%) indicated that they had trouble paying their utility bills; eight people (14%) had difficulty paying more than the minimum balance on their credit cards; six people (11%) had problems with either being able to buy a car or van or paying for the repairs on that vehicle; only 4 people (7%) had trouble paying for medical or health care; five people (9%) said that they had

difficulty buying food; and 8 people (14%) said that they had problems buying other things, like clothes or toiletries.

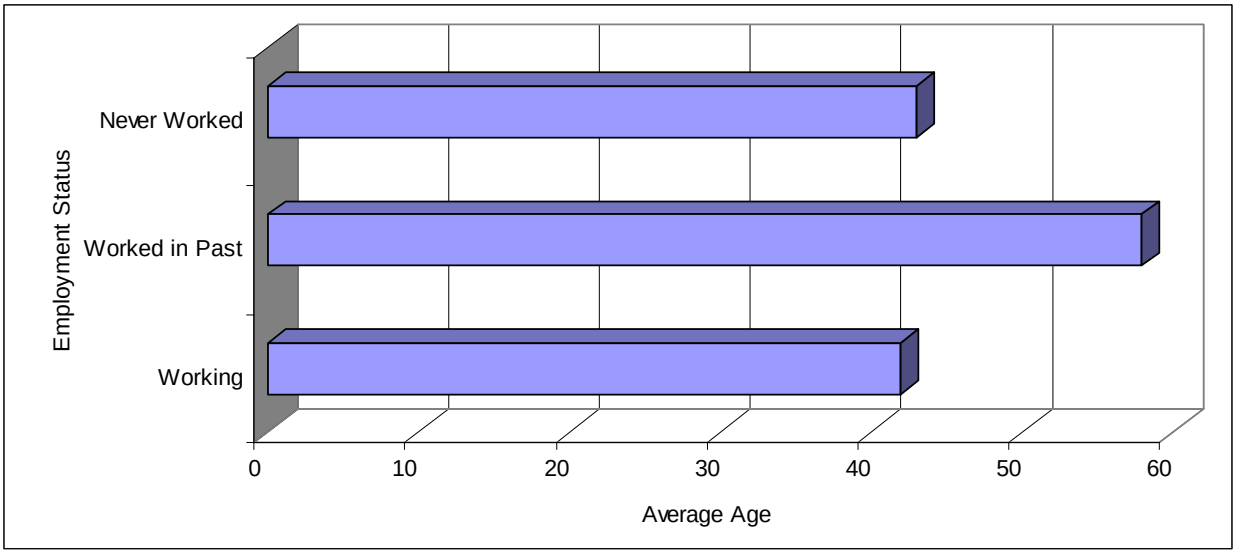
For this group of older respondents, 15 people (26%) drive themselves in their own cars; 14% rely on someone else to drive them in their own car or van; 54% get a ride from another person in that person's car; 14% utilize public transportation; only three people (5%) use a group home or day program van; 18% use dial-a-ride, a handicapped van or para-transit; and only 3 people use a taxi service on a regular basis.

Problems with transportation can make it difficult for people to shop or get to the doctor. When asked about any problems with transportation 6 people (11%) answered that the car that they regularly use is not always available or needs repairs; only one person indicated that they did not always have access to a lift van; four people (7%) said that public buses are not always available or are difficult to use; four people thought that the dial-a-ride was not always available; two people felt that transportation costs too much; and seven people (12%) felt that the buses or vans do not go to the places that they need to get. A larger percent (23%) said that a person is not always available to assist or drive them to the places that they need to go.

Demographics

Eighty-six percent (n=50) of those people over 70 responded to the question identifying their disability. Of these, 90% said that they had a physical disability; only two people indicated that they had an intellectual disability; five people noted mental illness; eight people had a hearing disability; and six people indicated a vision disability. These categories are not mutually exclusive. Of the 41 people who responded, 71% indicated that their disability began at age 60 or later; only 5 (12%) had a disability prior to age 30 (see Figure VII-16).

Figure VII-16. Age When Disability Began



When asked to rate their overall health, none of the 56 respondents regarded their health as excellent. Only 25% rated their health as good; 57% indicated that their health was fair; and 18% rated their health as poor. Thirty-four percent said that they had received personal

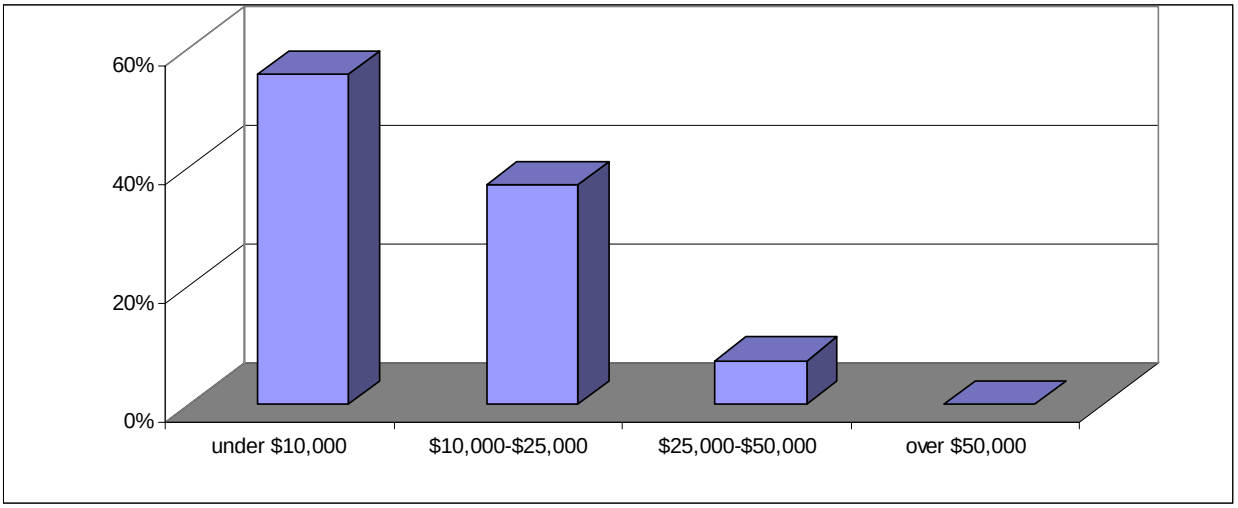
assistance at home in the past year, including help with bathing, dressing, eating and toileting; and 71% said that they had received help with activities such as cooking, housekeeping, laundry and errands in the past year. Only two people said they had received paid assistance at work for personal care such as eating or toileting.

For the group of people 70 or older, 36% were male and 64% were female. Their ages ranged from 70 to 98, with the majority in their 70s and 80s. Twenty-seven percent of those responding were married; 38% were widowed; 23% were divorced or separated; 11% were single, never married; and only one individual was in a civil union or was living together as though married. As far as education, 14% had an eighth grade education or less; another 14% had only some high school; 32% had received a high school diploma or GED; only 3 people (5%) had some post high school other than college, like a technical school; 16% had had some college or a two year college degree; and 10 people (17%) had received a four-year college degree or more.

Ninety percent of these respondents were white or Caucasian; three people (5%) were African-American and another three were of Asian descent. Out of the whole group, only two were of Spanish, Latino or Hispanic origin. English was the predominant language for this group (74%); only one person spoke only Spanish; and 14 people described their language as “other” including Chinese, Russian, Hindi, Italian, French and Polish.

As shown in Figure VII-17 below, fifty-six percent of this group earned under $10,000 as their total family income before taxes for the previous year. Thirty-seven percent earned between $10,000 and $25,000 and only seven percent, or four people, had an annual income of $25,000 to $50,000. Not a single person in this group had an income level of over $50,000.

Figure VII-17. Annual Family Income



Summary of age 70 and over

Most of the respondents age 70 or older developed a disability towards the end of their careers or after working for most of their life. They were a group of people who looked forward to going to their jobs and keeping busy with their jobs. Most of them were retired from their jobs and not seeking to rejoin the workforce. The primary disability among the group was a physical disability which was most likely associated with advanced age.

With advancing age, people with disabilities may risk losing some of their sense of control. For those who rely on personal assistance, reliance on someone else for their needs may be difficult for a person who always had a measure of control and independence in their lives. Notwithstanding, the majority of this group still seemed to have maintained their own sense of control. The hypothetical questions regarding their own ability or confidence in providing for themselves is an example of this sense of control. The fact that over half of those responding said that they would be able to take control over a situation involving the hiring of or resolution of issues with a personal assistant speaks to this. Despite this confidence, however, most of these older respondents believed that decisions about their own care should be shared by family members or professionals.

Very few people in this group indicated that they had financial problems, although most of them earned a minimal annual income. They felt as if they lived in safe neighborhoods with conveniences (like bus and grocery stores) and had neighbors whom they considered to be friends. Most of them did not need any home modifications or assistive devices to live easily in their homes. Most significant was the fact that when asked if they wanted to have a personal assistant now, even for those who had had a personal assistant in the past, the majority of those who did respond indicated that they did not want to have a personal assistant at this time.

VIII. Employer Survey

Connecticut employers are a key part of the equation for successful employment of people with disabilities. Three methods were used to assess their opinions and perspectives on the integration of people with disabilities into the workforce. As discussed elsewhere in this report, employers were included in the key informant interviews and focus groups held across Connecticut. In an effort to reach more employers and obtain more quantitative information, the Steering Committee partnered with four Chambers of Commerce across the state to send out a mail survey.

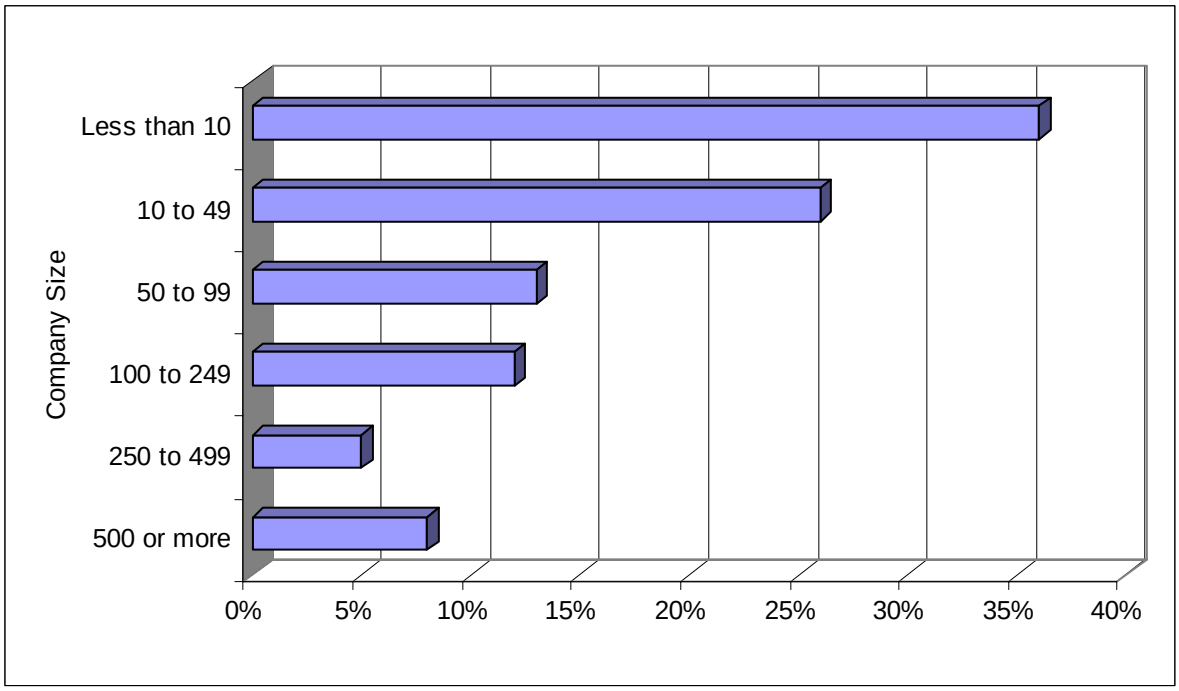
A. Demographics

A total of 653 surveys were analyzed from the following four Chambers of Commerce: Chamber of Commerce of Northwest Connecticut, Middlesex County Chamber of Commerce, Chamber of Commerce of Eastern Connecticut, and Bridgeport Regional Business Council. Respondents to the survey had businesses located in 145 different zip codes across Connecticut. Overall response rates were surprisingly low for the single wave mailing to the four groups. A total of 653 surveys were returned, for a response rate of 7%.

CEO/CFO/Business owners represented over half (56%) of the sample respondents, followed by supervisors or managers (20%), human resource personnel (8%) then other (16%). The category “other” demonstrated diversity among respondents which included but was not limited to: attorney, politician, real estate agent, banker, funeral director, physician, nurse, insurance agent, school superintendent, school principal, pastor, pathologist, legislator, and secretary.

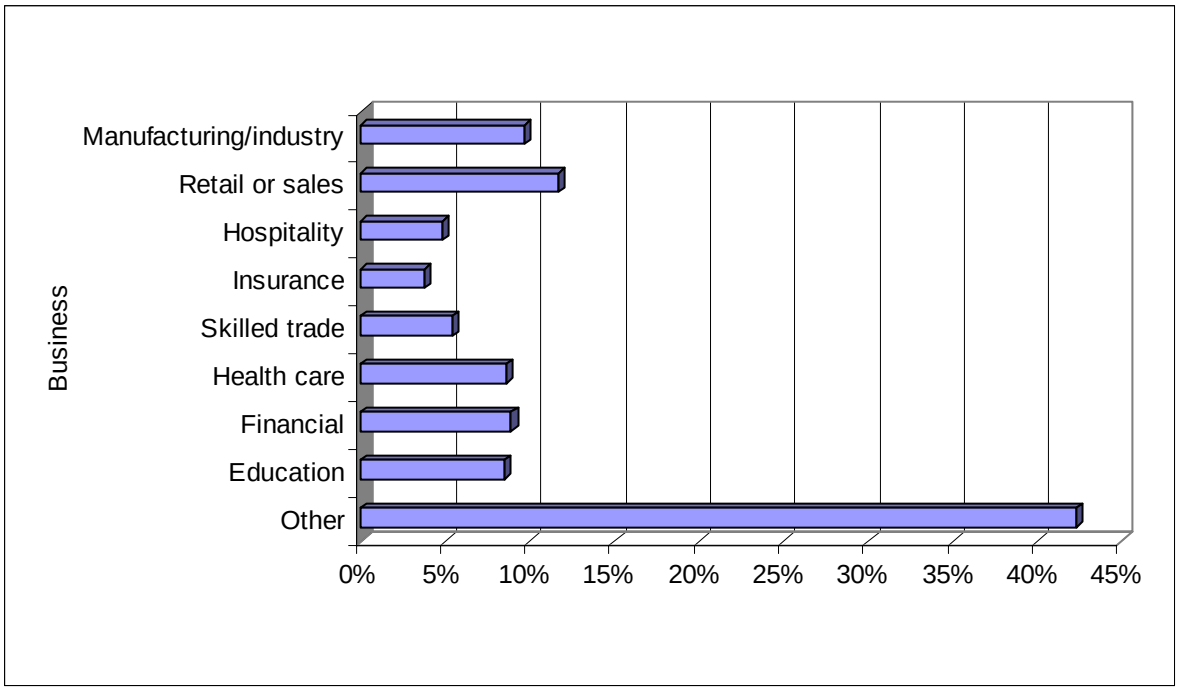
Slightly more than one-third (36%) of respondents were from companies reporting fewer than 10 employees. That was followed by companies with 10 to 49 employees (26%). The remaining respondents fell into the following categories: 50 to 59 employees (13%); 100 to 249 employees (12%); 250 to 499 employees (5%); and, 500+ employees (8%) (Figure VIII-1).

Figure VIII-1. Company Size



Nine categories were delineated in the survey for designation of type of business for survey respondent: manufacturing/industry, retail/sales, hospitality, insurance, skilled trade, health care, financial, education and other. Results are displayed in Figure VIII-2. It is impossible to speculate whether representation was particularly high or low for any one group, as that sample characteristic was not provided in the original mailing database of constituents for this project. However, it can be reported that a diverse group of businesses was represented as reflected in the "other" category. Some of the more commonly indicated responses included: accounting, construction, child care, entertainment, law, information technology, consulting, social services, government, and transportation.

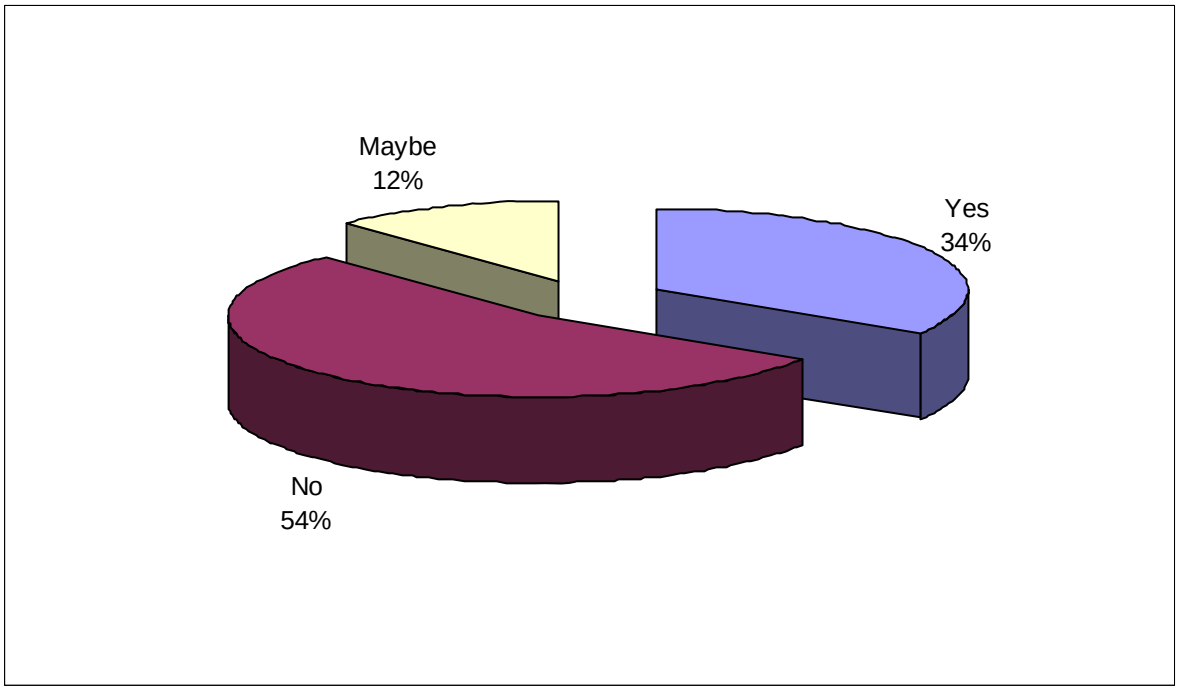
Figure VIII-2. Type of Business



B. Experience with employing people with disabilities

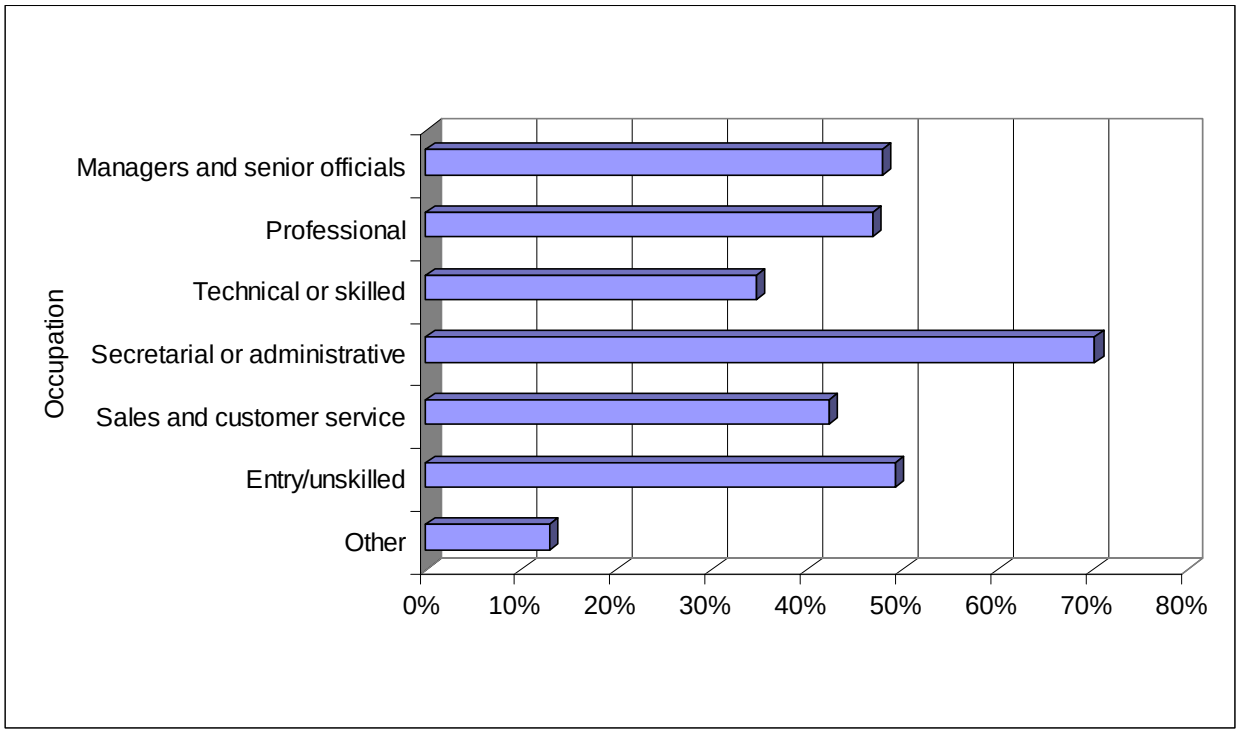
One area of interest for the project was whether or not respondents were aware of whether their company currently employed anyone with a physical or mental disability. One could cautiously conclude that responses were underestimated as many disabilities are invisible, and without personal knowledge, a respondent would be unaware of the situation. One-third of respondents (34%) reported that their company employed one or more individuals with a disability, while the majority (54%) did not (Figure VIII-3).

Figure VIII-3. Company Currently Employs a Person with a Disability



Respondents were asked what occupations or kinds of jobs they thought people with disabilities could hold at their company, and given a check all that apply response list. Not surprisingly, secretarial and administrative support was the category that was predominately endorsed (70%). That was followed by an equal distribution between entry level/unskilled work (49%) and management/senior official (47%). Results are shown in Figure VIII-4 below.

Figure VIII-4. Jobs that People With Disabilities Could Hold



C. Employer barriers to hiring people with disabilities

An open-ended question on the survey posed the following question: "What is the greatest barrier to employers hiring people with disabilities?" Respondents took this question as an opportunity to not only express barriers, but a venue for a discussion of system frustrations, fears, and experiences. Almost 80% of respondents provided comments. Almost one-quarter of responses (23%) related to employer or co-worker preconceptions and assumptions, such as fear of the unknown, ignorance of a person's abilities, and stereotypes. Almost as many concerns related to accommodations (22%) or the need for skilled and qualified employees (21%). Fewer responses addressed financial barriers (13%), while concerns regarding liability (6%), customer perceptions (4%), and transportation (2%) were voiced less frequently. Another 8% of responses wrote in either that there are no barriers or that they did not know what barriers exist.

As with the focus group employers, employer or co-worker preconceptions were often mentioned as a barrier to the employment of people with disabilities. Those responding to the mail survey seemed to have greater insight as to the role any lack of awareness, fear, or prejudice might have in acting as a barrier to employment of people with disabilities, as just under one-quarter of responses to this question listed barriers such as employer stigma, fear, bias, or ignorance. However, this was

certainly not true for all the survey respondents, and an examination of the qualitative comments as a whole gave further insight into their viewpoints and assumptions.

As with the employers in the focus groups, many of these employers' comments related only to physical disabilities, such as being in a wheelchair, or to intellectual disabilities. This was very apparent from the accommodations barriers listed – many related to accessibility accommodations for physical disabilities, including the cost to make such accommodations. Challenges related to finding skilled employees focused not only on physical disabilities, but those traditionally associated with intellectual disabilities as well, with an emphasis on needing employees with "skill sets," "coordination," and "mental abilities." In addition, about half of the financial barriers emphasized costs traditionally associated with intellectual disabilities, such as needing extra supervision or training. Other financial concerns also echoed those given by the focus group employers, such as concerns about increased health care costs and reduced productivity. Interestingly, liability issues were not as emphasized by these employers, although those mentioned paralleled those of the focus group participants, such as fear of lawsuits or of complying with unknown laws.

From these comments it appears that many of these employers could benefit from education and greater experience working with people with disabilities. For example, many of these employers see people with intellectual disabilities as requiring simple, repetitive, or low skill level positions, something shared with many of the focus group employers. In addition, financial concerns reveal the assumption that people with disabilities have decreased levels of productivity or that many accommodations will be too costly to implement. What is interesting is the level of awareness of the role that misperceptions, bias, and ignorance can play in creating challenges to employment for people with disabilities. Education and greater exposure to people with different disabilities could further widen their concept of how they as employers can help overcome the diverse employment challenges people with disabilities face.

What follows is a sample of comments provided by different respondents and arranged by theme:

<u>Preconceptions and assumptions</u>

> *Inability of hiring managers to go beyond the disability and focus on what the individual can do.*
>
> *The lack of knowledge pertaining to the disability. Not understanding the capabilities of these persons.*
>
> *Resistance to having a new approach part of the day-to-day operations.*
>
> *Lack of empathy or lack of knowledge about disabilities (i.e. stigma).*

<u>Accommodation concerns</u>

> *Accommodations relating to disabilities often affect productivity.*
>
> *Our office is not handicapped equipped.*
>
> *I don't see any barrier as long as the individual has the ability to do the job at hand, unless I would be required to expend considerable funds for one person's accommodation.*

Providing special treatment not offered to other employees.

Need for skilled and qualified employees

Our business requires keen mental ability.

Have yet to receive resume or interview a disabled person.

[Difficulty in] providing work that they are capable of handling successfully.

Our work is very detailed and non-repetitive.

Finding skilled individuals regardless of disabilities is biggest issue.

Financial and productivity concerns

In a small company, employees with limitations on the tasks they are able to do are not affordable.

Trusting that [person with disabilities] will show up for work on time and complete their tasks, do their job without assistance.

Fear of higher insurance premiums.

Difficulty handing work flow when employee is out with no notice due to disability.

Liability

Fear of complications, legal issues, etc.

Fear of being sued if we had to discontinue employment of the disabled.

So many laws. Not sure we are complying with them all.

Fear of workers compensation claims.

Job safety.

Other barriers

Reaction of visitors to our school.

Lack of knowledge of capabilities of individuals, resources, adaptations.

Customer reaction.

Transportation.

The same barriers we face with any new position – are they qualified and do they want the job?

D. Accommodations

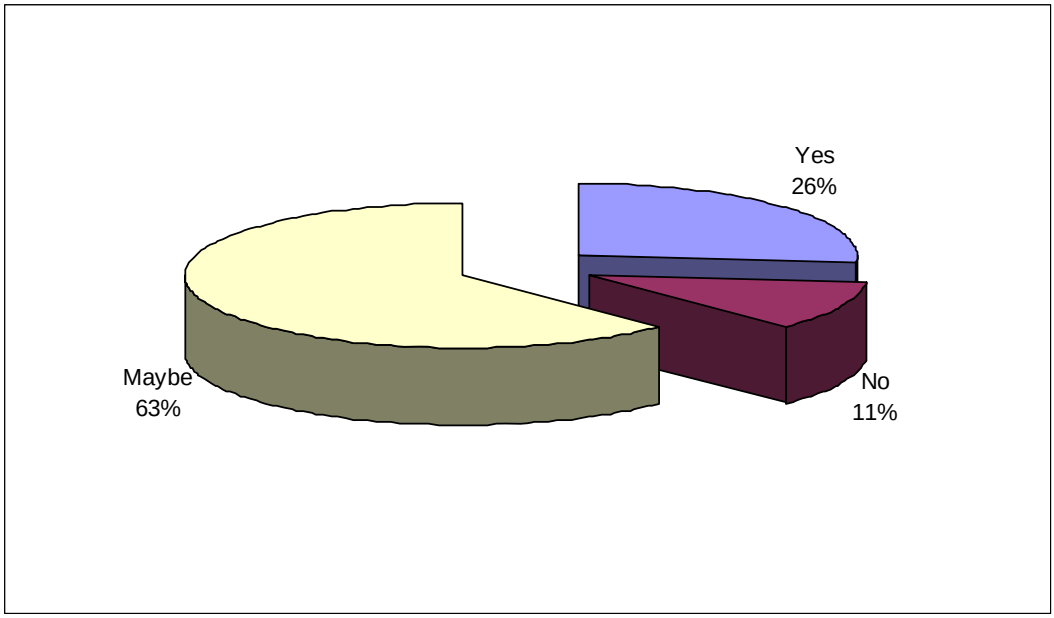
Opinions concerning accommodations and how easy or difficult each would be for their company to provide were also assessed. Providing assistive technology and physical modifications along with shifting an employee's hours were considered the easiest accommodations to supply. However, changing an employee's job tasks or allowing them to work at home was considered much more difficult to offer, and providing a person to assist with job related activities was considered the most difficult accommodation to make (Table VIII-1 below).

Table VIII-1. Difficulty Associated with Making Accommodations

	Very Easy	Some Easy	Some Difficult	Very Difficult
Provide modifications to the physical environment (such as ramps, adapt desk to wheelchair, etc.)	**32%**	31%	20%	17%
Provide technology to help employee function in the workplace (such as voice recognition software, a specially designed computer keyboard, etc.)	14%	**36%**	29%	20%
Change employee's job tasks or provide a job reassignment	7%	29%	**38%**	26%
Change employee's work hours (includes job-sharing and flextime)	20%	**42%**	25%	14%
Allow employee to work at home and telecommute	8%	21%	23%	**48%**
Provide someone to assist the person with job related duties, such as a personal assistant, reader, etc.	4%	11%	27%	**58%**

Despite the fact that 63% of respondents said it would be easy or very easy to make modifications to the physical environment, only one-quarter (26%) indicated their company would definitely hire more people with disabilities if funds were provided for accommodations. While eleven percent of the respondents were unwilling to do so, it is more hopeful that 63% would possibly do so (see Figure VIII-5).

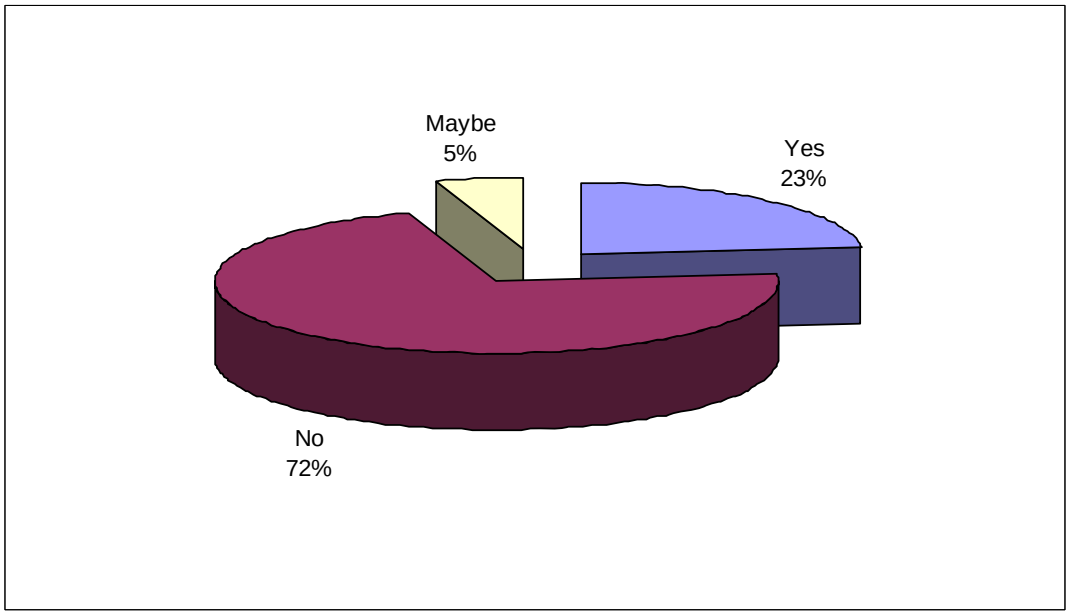
Figure VIII-5. Willingness to Hire More People with Disabilities if Funding for Accommodations were Provided



E. Training and resources

In response to the question: "Have you ever received training at your current job on working with or providing accommodations for employees with disabilities?" almost 75% noted that they have not had this training (Figure VIII-6). Interestingly, five percent were unsure.

Figure VIII-6. Received Training Regarding Accommodations at Current Job



Despite the low rate of individual training, some companies provide diverse options for learning. The most heavily endorsed source of information was State agencies, such as DSS, DMHAS, BRS, or DMR (24%), followed by personal knowledge (22%), disability or independent living organizations (15%), internet (13%), government documents (11%), journals (10%) and other (9%).

F. Attitudes

The final section of the survey included twelve statements that covered attitude, experience, and future planning regarding the workplace environment. Clearly, respondents reported conflicting and somewhat negative opinions about the presence of persons with disabilities in the workplace environment (see Table VIII-2). Perceptions were also less than positive, in that almost one-third of respondents (29%) agreed that an employee with a disability would have lower productivity than a person without a disability. On a positive note, virtually all employers (90%) would hire more people with disabilities if the person had the skills and experience needed for the job.

Table VIII-2. Attitude, Experience, and Future Planning

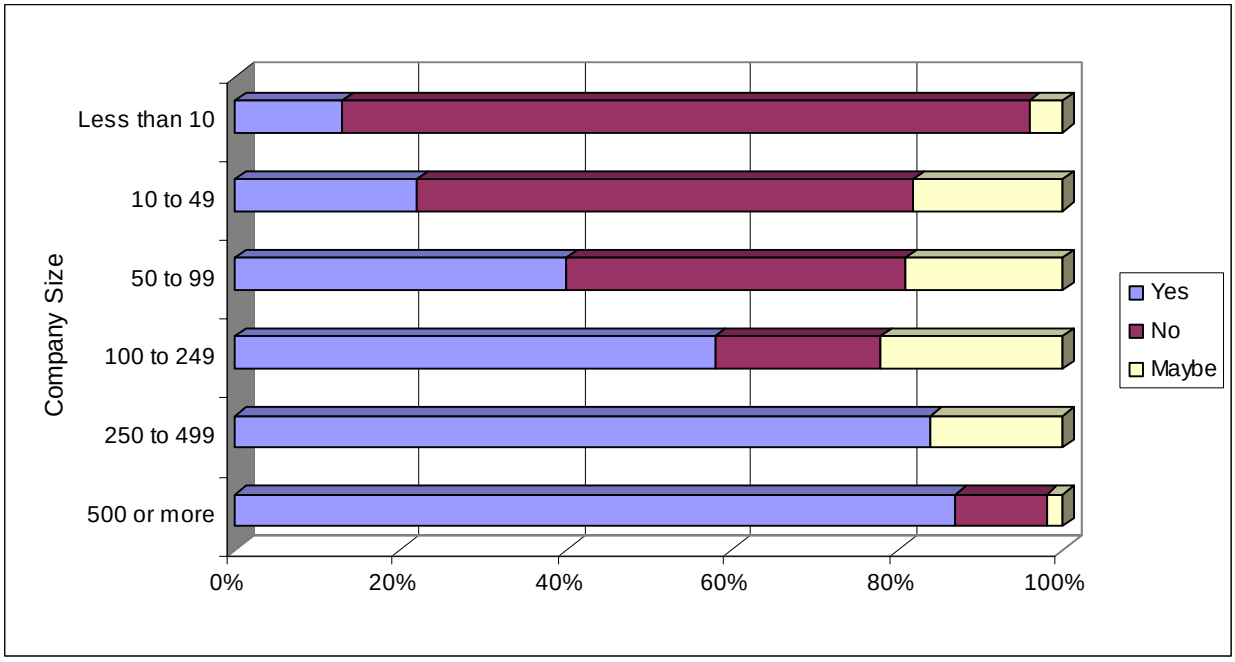
	Strongly Agree	Some Agree	Some Disagree	Strongly Disagree
My company actively encourages job applications from people with disabilities.	19%	**40%**	27%	14%
An employee with a disability would have lower productivity or have to take more time off from work.	4%	25%	**39%**	32%
Our business does a good job of matching jobs and abilities for employees with disabilities.	15%	**40%**	29%	16%
The cost of adapting equipment or providing other accommodations at work is too expensive.	15%	35%	**36%**	13%
Job applicants who have a disability are usually interested only in part time work.	3%	17%	**39%**	41%
It would be difficult for a person with a disability to perform the jobs that are usually available in my company.	22%	28%	**30%**	19%
The benefits outweigh the costs of hiring an employee with a disability.	18%	**38%**	31%	13%
It will be difficult to find replacements for all the employees retiring due to the aging workforce.	11%	25%	**36%**	28%
If I hire a person with a disability, I might be sued if I do not provide every accommodation they want on the job.	12%	32%	**34%**	21%
The government should offer tax incentives or refunds to cover the costs of providing workplace accommodations.	34%	**47%**	13%	5%
Employers are generally reluctant to hire someone who they know has a disability.	12%	**59%**	23%	5%
I would hire more people with disabilities if they had the skills and experience needed for the job.	44%	**46%**	8%	2%

G. Additional analyses

Three secondary analyses were completed for further clarification of the data. The first explored variation based on Chamber location, the second encompassed a review of the data stratified by company size, and the third examined responses by business type. None of the variables of interest demonstrated differences when compared by Chamber. Thus, there were no notable regional differences. In contrast, every variable in the database reached statistical significance when compared by company size. For review, the following company size options were included in the survey: less than 10; 10 to 49; 50 to 99; 100 to 249; 250 to 499; and 500 or more. The differences by business type showed small, but notable differences.

There was a clear and strong relationship between company size and the known employment of individuals with disabilities. Larger companies were more likely to have employees with disabilities on staff. Very few small companies (less than 10 employees) reported a person with a disability on staff. Figure VIII-7 below displays the results.

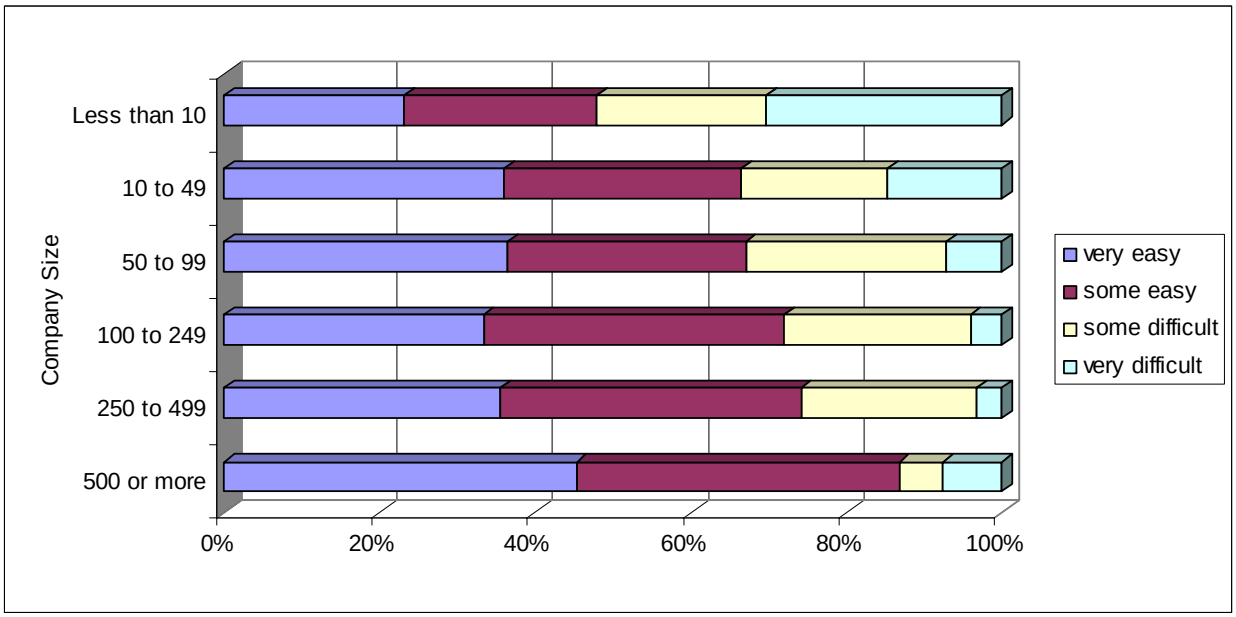
Figure VIII-7. Company Size by Currently Employ a Person with Disabilities



Differences in responses by company size to the following question: "What occupations or kinds of jobs do you think people with disabilities could hold at your company?" were rather dramatic. It is unclear whether responses were motivated by attitude, experience, or lack of available career options and positions within respondent businesses. Companies that had fewer than 100 employees, seldom (less than 30% for each category) thought that people with disabilities could be managers, senior officials, professionals, technical specialists, sales, customer service, or entry level occupants within their company. Companies responding to the survey with 100 or more employees reported up to 80% of the time that a person with a disability could hold any of the aforementioned positions within their company. The two job positions with much less variation between larger and smaller companies were secretarial/administrative support and technical or skilled trade occupations.

A key aspect of providing work accommodations is the perceived ease associated with making the modifications. Reported ease varies dramatically by company size. Providing modifications to the physical environment became easier as the size of the company increased (Figure VIII-8).

Figure VIII-8. Company Size by Physical Environment Modifications



The response pattern remained similar for the provision of technology as shown in Figure VIII-9.

Figure VIII-9. Company Size by Technology Modifications

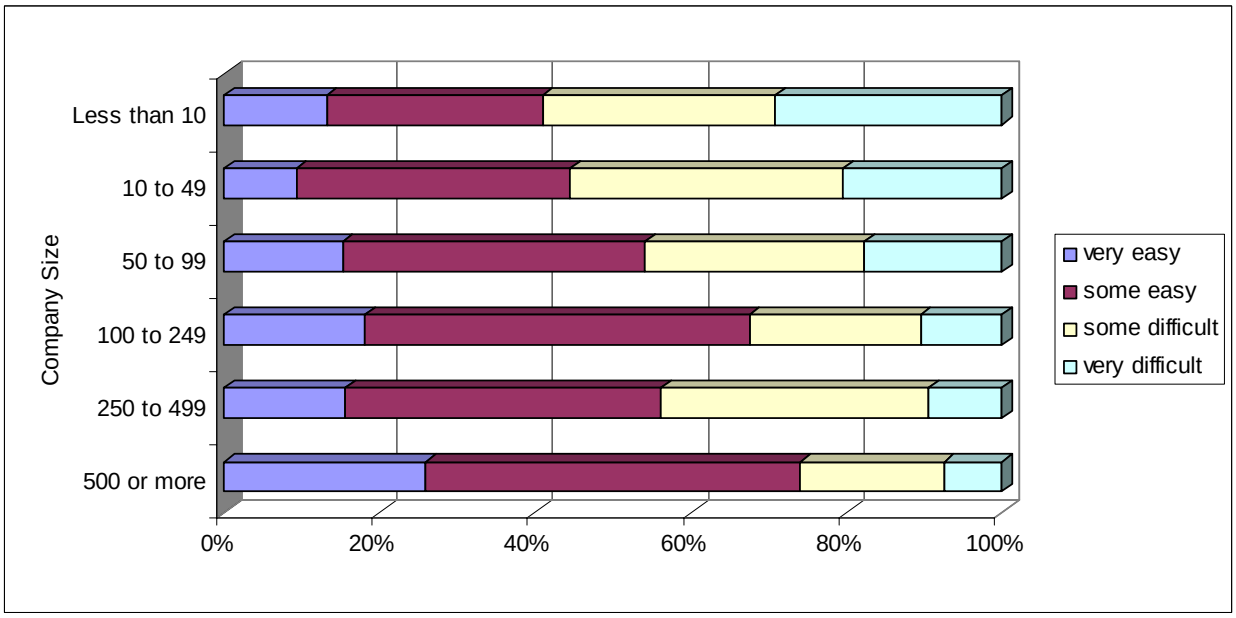
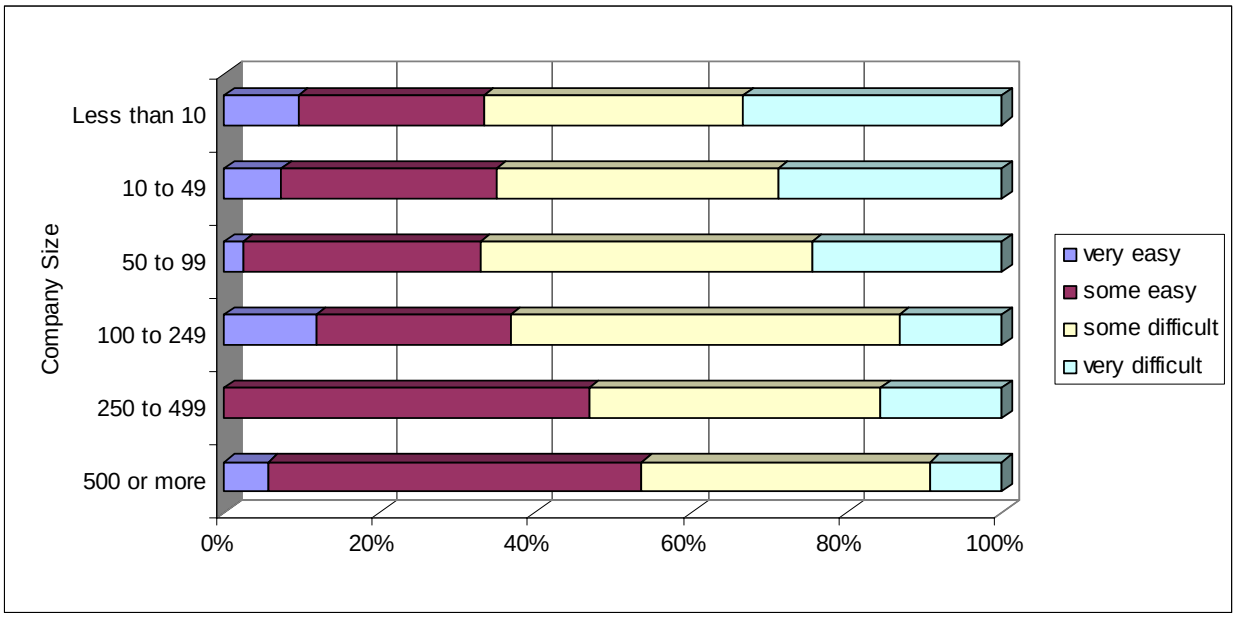


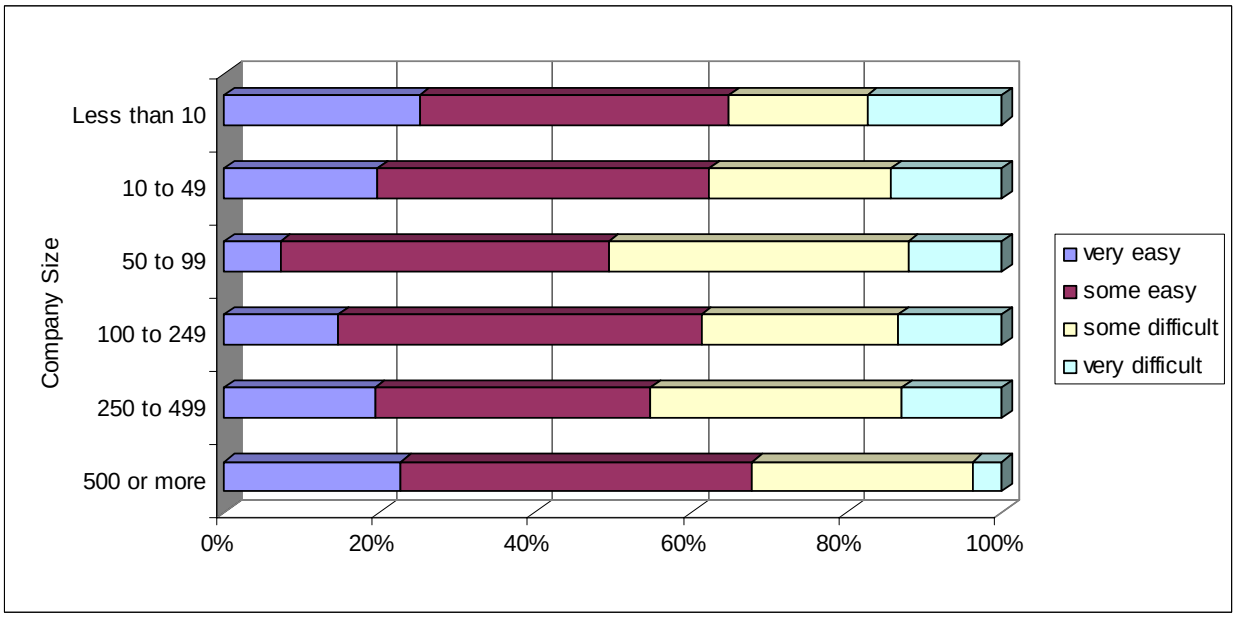
Figure VIII-10 below depicts the willingness or ability of companies to change employee job tasks or provide a job reassignment based on company size. Similar to prior findings, ability to change is reported to be very or somewhat easier for midsize to large companies.

Figure VIII-10. Company Size by Changing Employee Job Task or Reassignment



The only variable that demonstrated modest similarity across company sizes was willingness to change employee work hours. Results are displayed in Figure VIII-11.

Figure VIII-11. Company Size by Changing Employee Work Hours



Telecommuting or working at home was reported to be difficult for most respondents, regardless of company size. This is the one variable where very small companies surpassed others.

Figure VIII-12. Company Size by Telecommuting for Working at Home

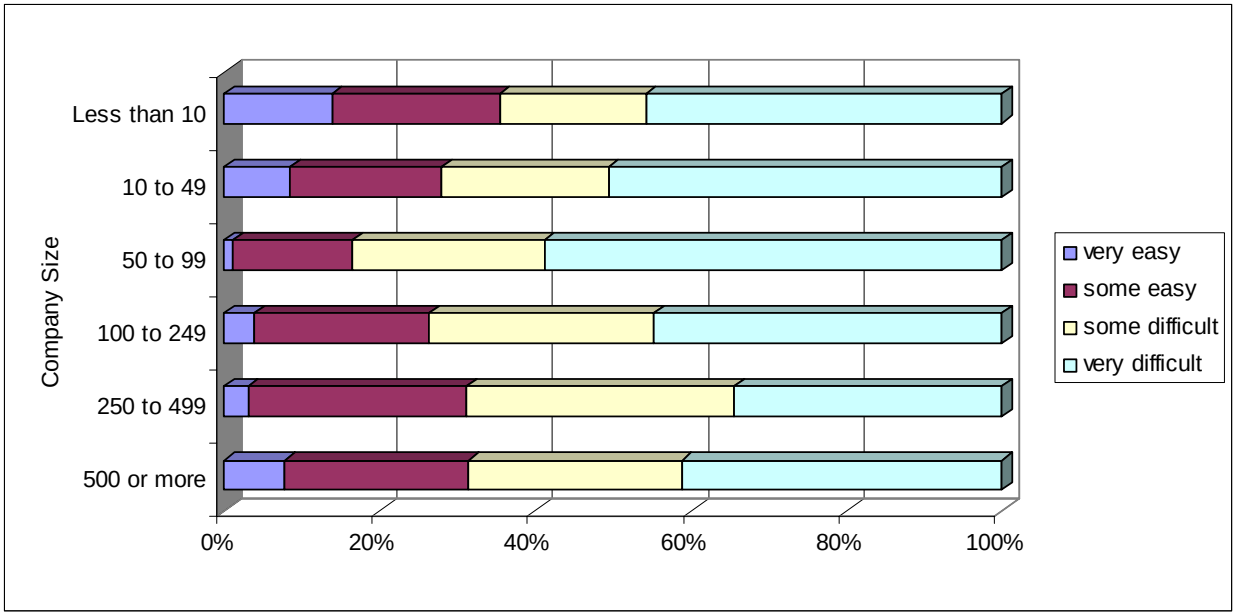
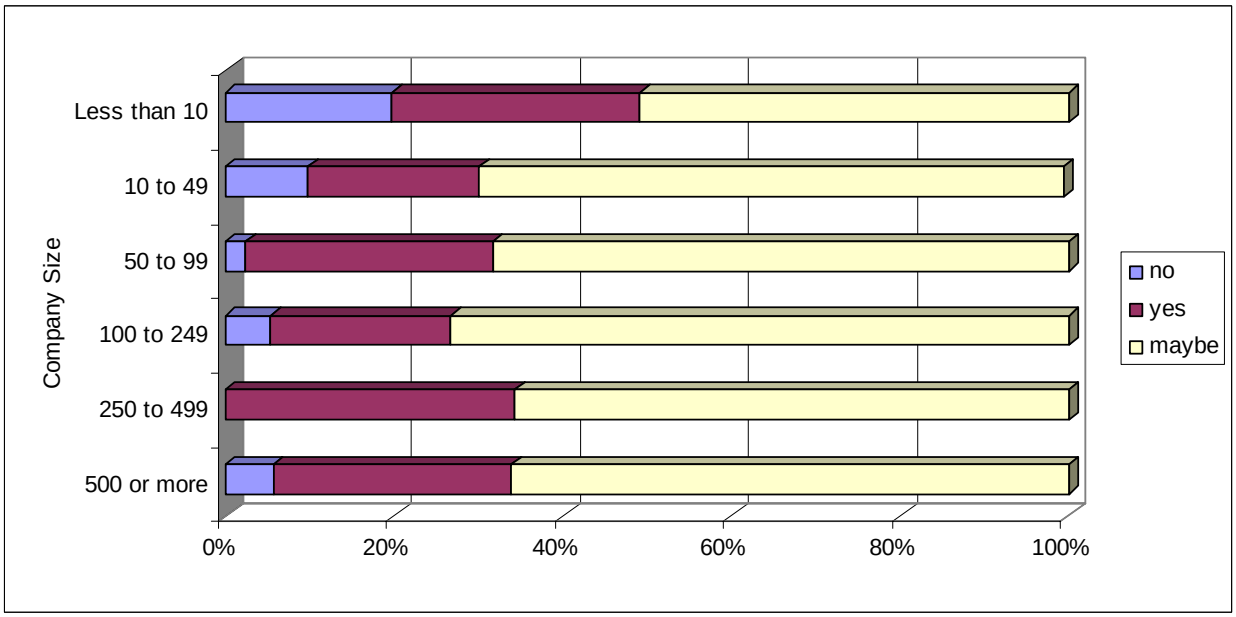


Figure VIII-13 below demonstrates that very small companies as compared to midsize or larger companies are less willing to hire more people with disabilities even when funding for accommodations is made available. The fact that the majority of all companies stated “maybe” rather than an outright “no” was encouraging.

Figure VIII-13. Company Size by Willingness to Hire if Accommodation Funding Provided



The second phase of the analysis explored attitude, experience, and future planning as they related to company size. Twelve variables were reviewed and three were found not to differ significantly: 1) I would hire more people with disabilities if they had the skills and experience needed for the job; 2) the government should offer tax incentives or refunds to cover the costs of providing workplace accommodations; and, 3) Job applicants who have a disability are usually interested only in part time work. Only the statistically significant results are presented.

Figure VIII-14 demonstrates that companies with over 100 employees encourage applications from people with disabilities 75% or more of the time.

Figure VIII-14. Company Size by Encourages Applications from People with Disabilities

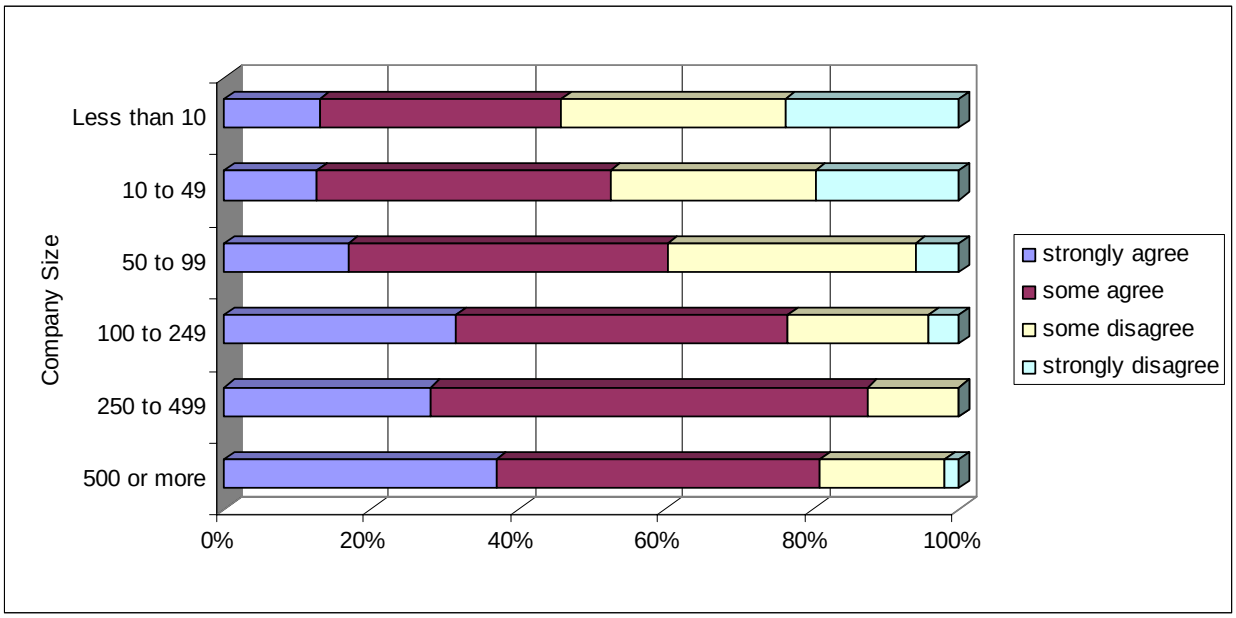
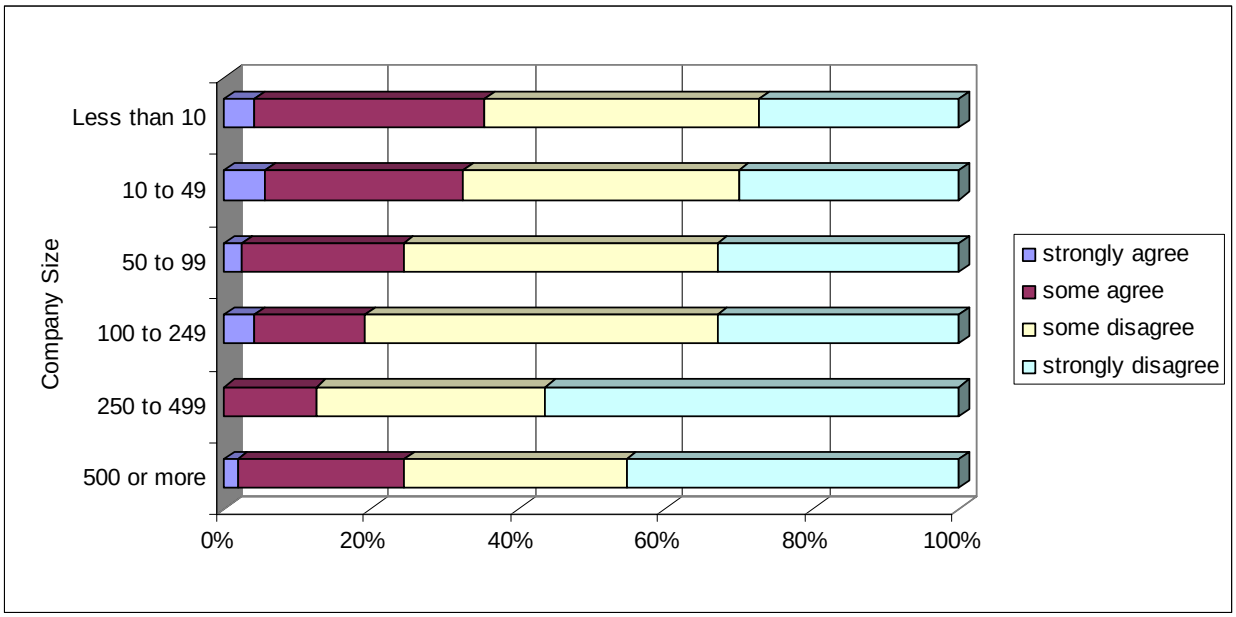


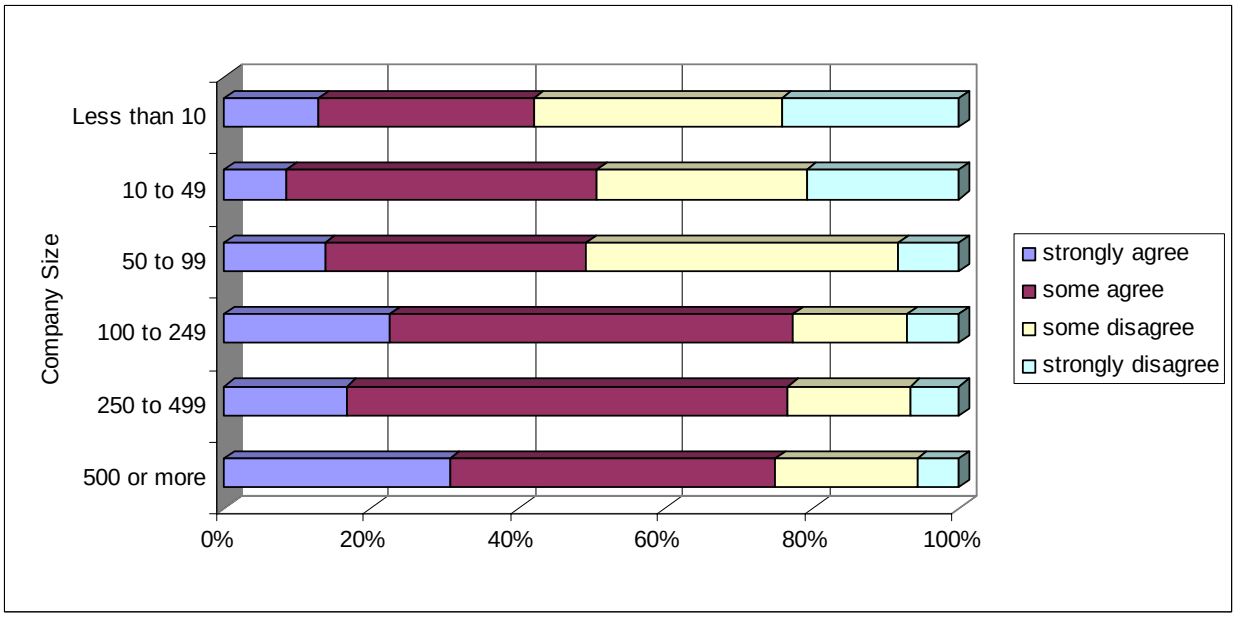
Figure VIII-15 demonstrates that while small in absolute terms, many respondents believe that people with disabilities have lower productivity or will have to take more time off from work. This is especially true for companies who have less than 50 employees.

Figure VIII-15. Company Size by People with Disabilities Have Lower Productivity



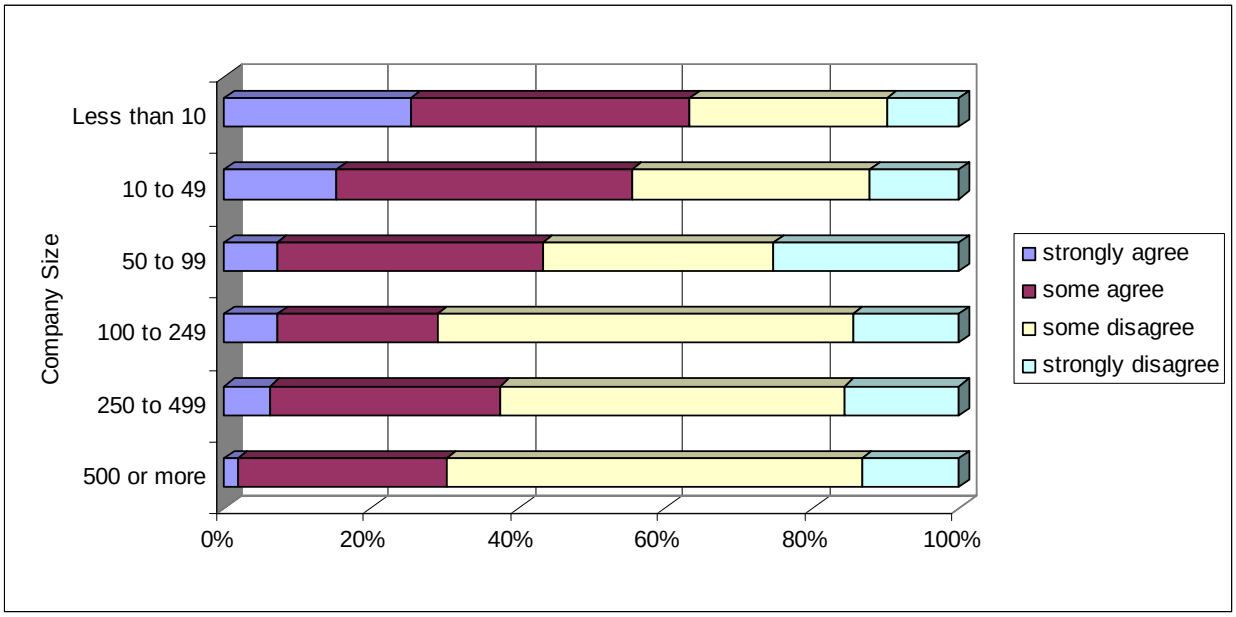
Most companies report that they do a good job matching employees to positions. Larger companies were more confident than smaller companies, but overall the majority of respondents agreed a good match is made at least 50% of the time (see Figure VIII-16).

Figure VIII-16. Company Size by Good Job of Matching Jobs and Abilities



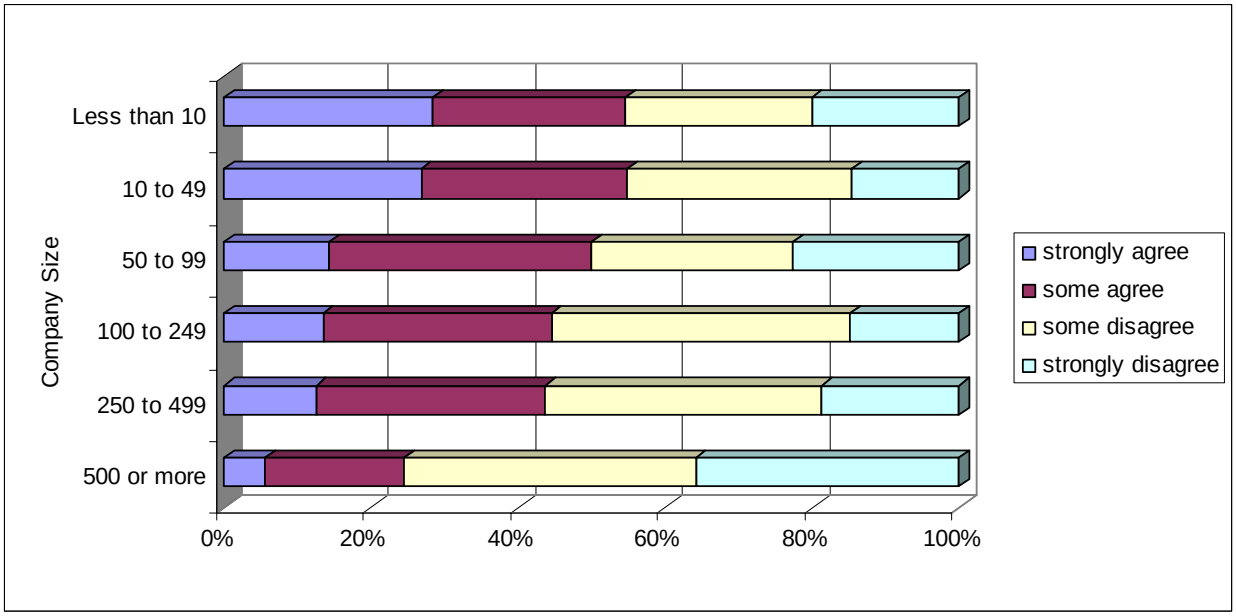
Consistent with prior findings, the majority of small companies (less than 50 employees) believe that workplace accommodations are too expensive. The question could then be posed, for individuals in companies that employed less than 10 people, and who also strongly agreed or agreed with the expense statement, would the provision of funding change the response? As shown in Figure VIII-17, of the 135 companies that employed less than 10 people and also believed accommodations were too expensive, only 37 would be willing to change the reported outcome.

Figure VIII-17. Company Size by Accommodations are Too Expensive



The majority of respondents in companies that employ fewer than 50 individuals believe that it would be difficult for a person with a disability to perform in their company. This result is compounded by earlier findings indicating that employees from small companies assume that people with disabilities would only be capable of entry level positions.

Figure VIII-18. Company Size by Difficult for a Person with a Disability to Perform in my Company



Consistently confusing is the lack of response congruence. While the vast majority of all respondents believe that the benefits of hiring a person with disabilities outweighs the costs, the majority believe that work productivity would decrease, time off would be greater, accommodations would be expensive, and law suits would increase.

Figure VIII-19. Company Size by Benefits Outweigh the Costs of Hiring People with Disabilities

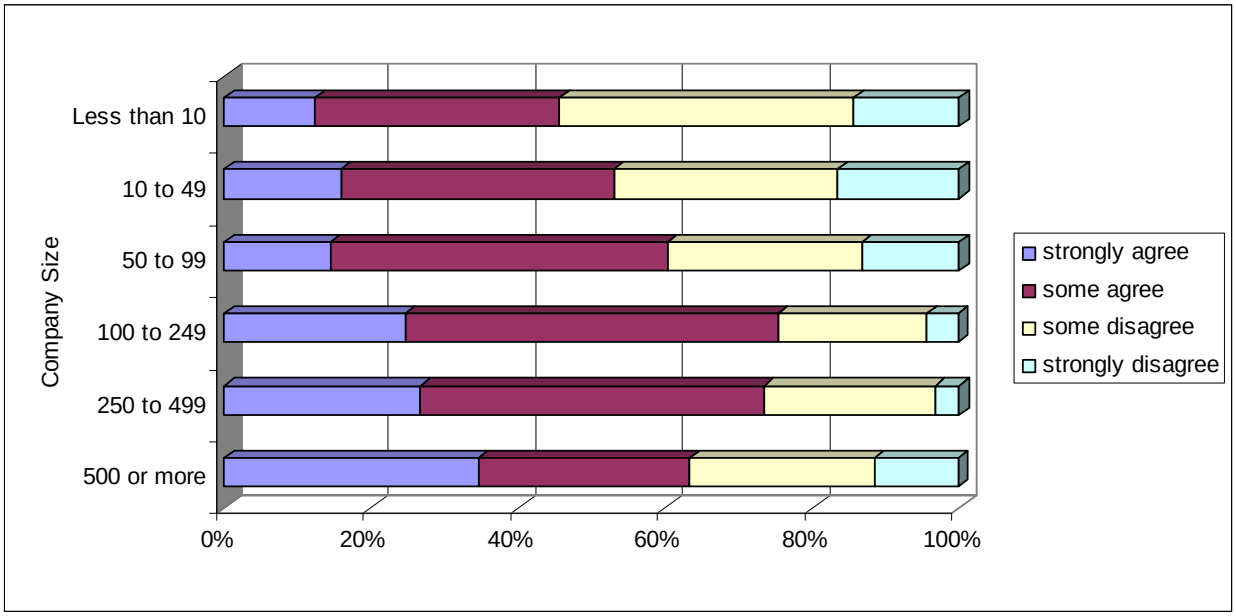
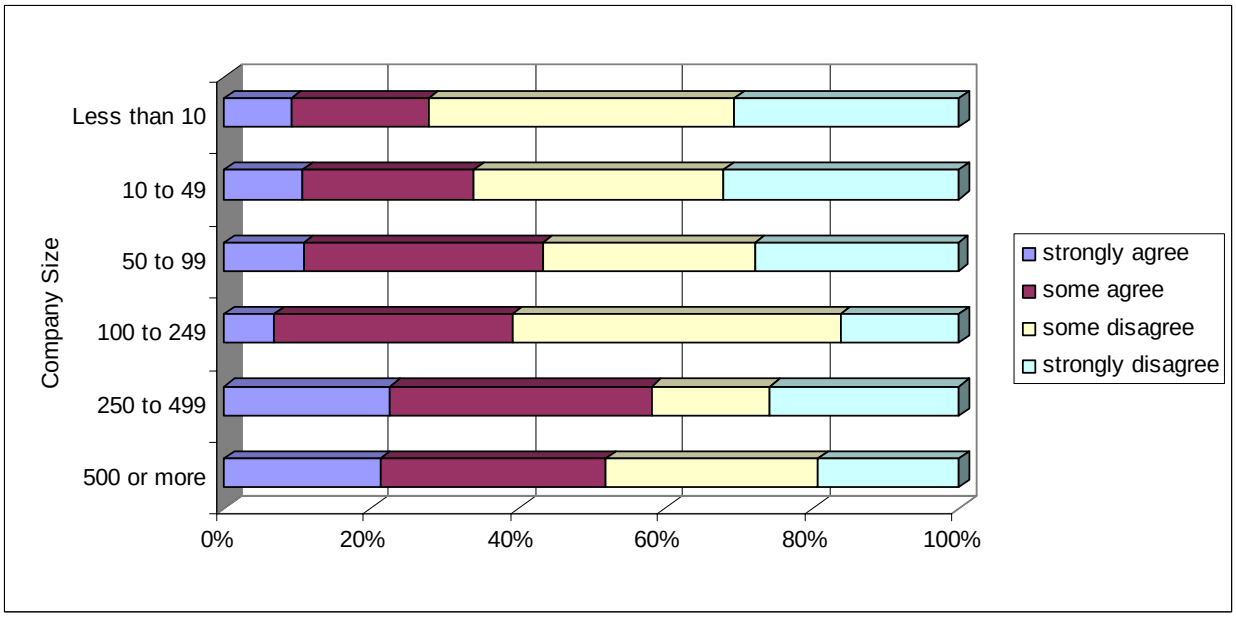


Figure VIII-20 corroborates newspaper and business reports that the workforce is aging. Compared with small companies, large companies are having difficulty finding replacement workers.

Figure VIII-20. Company Size by Difficulty Finding Replacements for the Aging Workforce



As shown by Figure VIII-21, there is fear within companies, especially small companies, that lawsuits will increase if every workplace accommodation is not provided. Further, respondents report that companies are extremely reluctant to hire individuals with disabilities (Figure VIII-22).

Figure VIII-21. Company Size by Might be Sued if Hire People with Disabilities

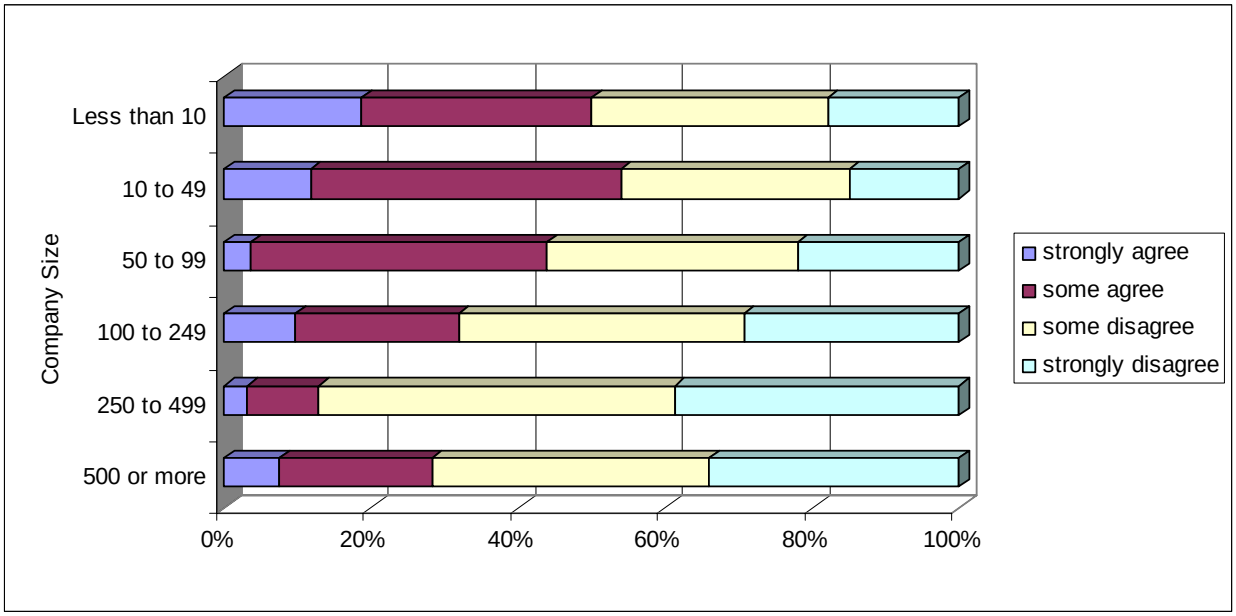
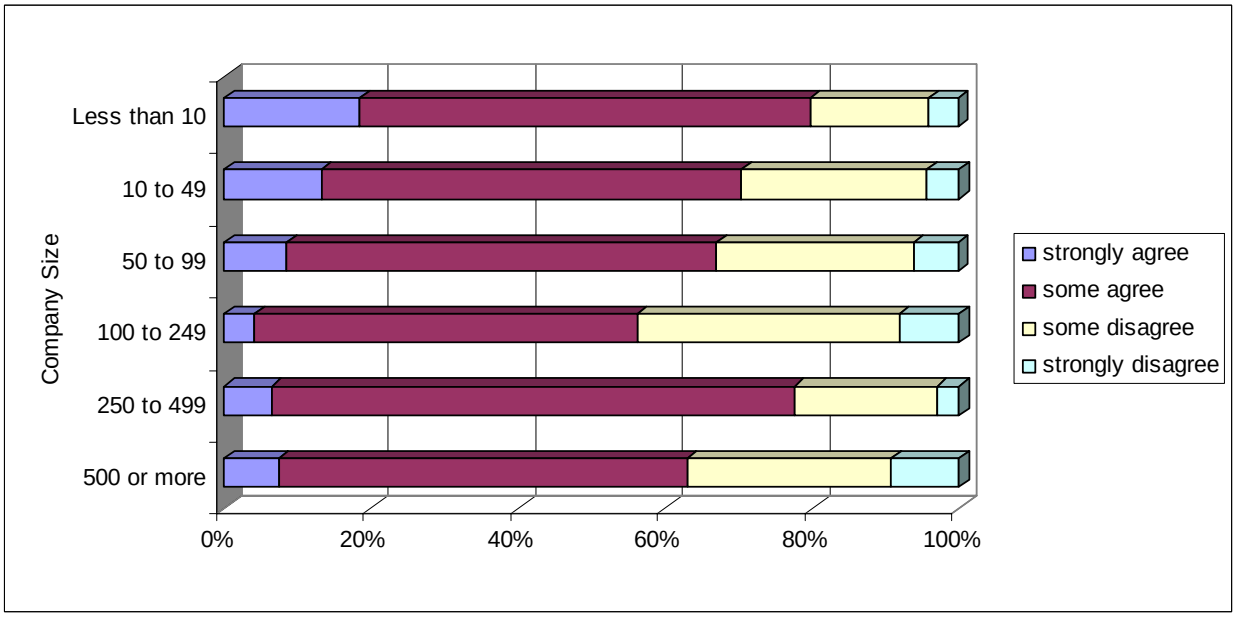


Figure VIII-22. Company Size by Reluctance to Hire People with Disabilities



The final phase of the analysis explored the relationship between business type and the provision of various accommodations. Table VIII-3 below provides a detailed overview. In general, the findings only varied slightly between and within groups. The health care, financial and education industries reported the fewest difficulties for providing workplace accommodations. The result for the provision of technology was similar across the various industries. The retail or sales industry reported the greatest difficulty with job reassignment, though the group differences were small. All companies were agreeable to some degree of schedule flexibility, though very few would find it easy to accommodate telecommuting or working from home. Most would find it difficult to provide assistance from a person such as a personal assistant.

Table VIII-3. Difficulty Associated with Making Accommodations by Business Category

	Very Easy	**Some Easy**	**Some Difficult**	**Very Difficult**
Provide modifications to the physical environment (such as ramps, adapt desk to wheelchair, etc.)				
• Manufacturing/Industry	26%	**32%**	29%	13%
• Retail or sales	28%	**34%**	22%	16%
• Hospitality	**30%**	27%	27%	17%
• Insurance	28%	20%	20%	**32%**
• Skilled trade	29%	18%	15%	**38%**
• Health care	**46%**	31%	11%	13%
• Financial	35%	**36%**	19%	10%
• Education	**38%**	**38%**	19%	6%
Provide technology to help employee function in the workplace (such as voice recognition software, a specially designed computer keyboard, etc.)				
• Manufacturing/Industry	13%	33%	**37%**	18%
• Retail or sales	13%	28%	20%	**39%**
• Hospitality	10%	**42%**	19%	29%
• Insurance	24%	12%	28%	**36%**
• Skilled trade	12%	30%	24%	**33%**
• Health care	14%	**32%**	**32%**	21%
• Financial	21%	**45%**	31%	3%
• Education	26%	**32%**	26%	17%

	Very Easy	Some Easy	Some Difficult	Very Difficult
Change employee's job tasks or provide a job reassignment				
• Manufacturing/Industry	5%	31%	**44%**	21%
• Retail or sales	8%	25%	33%	**34%**
• Hospitality	10%	32%	**39%**	19%
• Insurance	16%	20%	16%	**48%**
• Skilled trade	9%	29%	**35%**	27%
• Health care	13%	26%	**33%**	29%
• Financial	12%	39%	**40%**	9%
• Education	2%	**43%**	34%	21%
Change employee's work hours (includes job-sharing and flextime)				
• Manufacturing/Industry	16%	**41%**	27%	16%
• Retail or sales	16%	**38%**	24%	23%
• Hospitality	13%	**47%**	33%	7%
• Insurance	28%	**40%**	16%	16%
• Skilled trade	27%	**33%**	18%	21%
• Health care	15%	**44%**	26%	16%
• Financial	23%	**48%**	18%	11%
• Education	23%	**36%**	26%	15%
Allow employee to work at home and telecommute				
• Manufacturing/Industry	3%	24%	27%	**46%**
• Retail or sales	6%	15%	14%	**65%**
• Hospitality	0%	13%	29%	**58%**
• Insurance	20%	20%	24%	**36%**
• Skilled trade	15%	21%	21%	**44%**
• Health care	4%	4%	25%	**68%**
• Financial	11%	30%	25%	**34%**
• Education	9%	17%	28%	**45%**
Provide someone to assist the person with job related duties, such as a personal assistant, reader, etc.				
• Manufacturing/Industry	3%	10%	29%	**59%**
• Retail or sales	7%	21%	23%	**49%**
• Hospitality	0%	13%	19%	**68%**
• Insurance	4%	8%	32%	**56%**
• Skilled trade	9%	17%	20%	**54%**
• Health care	5%	7%	20%	**68%**
• Financial	7%	12%	28%	**53%**
• Education	2%	19%	37%	**43%**

Interestingly, respondents from the hospitality industry were most likely to hire more people with disabilities if accommodations were provided, followed by the healthcare industry and the field of skilled trade (Table VIII-4).

Table VIII-4. Type of Company by Willingness to Hire if Equipment or Accommodations Provided

	No	Yes	Maybe
• Manufacturing/Industry	6%	19%	75%
• Retail or sales	12%	21%	67%
• Hospitality	13%	42%	45%
• Insurance	13%	17%	71%
• Skilled trade	26%	31%	43%
• Health care	11%	38%	51%
• Financial	11%	21%	68%
• Education	0%	30%	70%

IX. State Agency Employment Processes

Summarized here are the findings from the evaluation of the state agency employment processes completed by the Public Consulting Group, Boston, Massachusetts. The full report is found in Appendix G.

Findings are summarized in several categories including Referral/Entrance to Process, Eligibility and Services, Process Gaps, Outcome Measurement/Success, Data Elements/Databases, Community Rehabilitation Providers, Appeals Processes, Career Advancement, Benefits Counseling, Total Length of Time Served and Agency Follow Up, System Barriers and Possible System Improvements.

This research activity was intended to identify and map the key processes of four state agencies that have a strong investment in employment. These agencies included the two Public Vocational Rehabilitation agencies [Bureau of Rehabilitation Services (BRS) and Board of Education Services for the Blind (BESB)], the Department of Mental Health and Addiction Services, and the Department of Mental Retardation.

As the state moves forward with strategic planning based on the needs of the people, this understanding of current processes will enable the group to determine whether the current system can support proposed interventions within its processes. The evaluation focused on agency work processes for assisting consumers for preparing for, accessing and obtaining consumer employment.

A. Referrals/entrance to process

In each of the agencies reviewed, consumers are referred to the agency or program at the start of the process. These referrals come from many different sources – both from inside and outside of state government and often include self-referral.

B. Eligibility and services

Each agency reviewed has unique eligibility criteria for consumers receiving services. However, there is some overlap in the populations served by the four agencies, and consumers may be receiving services from more than one of the agencies simultaneously.

The uniqueness of the eligibility criteria leads to some gaps in service delivery between the agencies. For example, BESB may serve children who are visually impaired but adult services are only available to individuals who are legally blind. BESB will refer adults with visual impairments to BRS for services. BESB staff has suggested that often these adults will not meet the prioritization criteria at BRS, and therefore will not receive vocational rehabilitation services.

C. Process gaps

DMHAS identified a communication gap in the state hospital transition process. Hospital staff reported that they do not often get to talk to the LMHA employment staff when they develop the individual's transition plan to the community. DMHAS is working to facilitate linkages between these two pieces of the system.

DMR identified a gap in providing services to adults who apply for services after high school graduation. The Department often does not have resources available to fund services for this population. DMR suggested that including funding for these adults in their annual budgetary request would allow them to provide for a continuous spectrum of services for Connecticut residents with MR issues.

D. Outcome measurement/success

Each agency reviews individuals' progress and determines individual success compared to the goals outlined in the various individual plans.

The agencies reviewed conduct varying levels of aggregate success measurement.

- BRS reviews occupations, wages, hours worked and levels of public assistance and calculates the number of cases successfully closed each year. The agency also conducts a voluntary employment satisfaction survey for adults whose vocational rehabilitation case has closed.
- DMHAS has begun collecting employment services outcome data from the Local Mental Health Authorities (LMHAs) for analysis.
- DMR utilizes a Quality Service Review Process that includes input from clients, providers, and client support networks to evaluate the effectiveness and safety of services.
- BESB reviews occupations, wages, hours worked and levels of public assistance and calculates the number of vocational rehabilitation cases successfully closed each year. The agency also completes a post transition survey five years after high school students exit the vocational rehabilitation system to assess the long-term employment stability of its consumers. The agency also conducts a voluntary employment satisfaction survey for adults whose vocational rehabilitation case has closed.

E. Data elements/databases

Each agency reviewed maintains individual consumer data in electronic format. None of these systems are connected to each other, nor is electronic data easily transferable from one agency to another. The lack of connectedness makes the process challenging when consumers move among agencies and programs.

- BESB and BRS are federally required to maintain and report a significant amount of consumer specific data, including outcome data on vocational rehabilitation services. BESB uses a Libera system and BRS uses a Wang database system.
- DMHAS maintains consumer specific data in a visual basic/SQL database. The LMHAs submit data to the state through a web-based interface on a monthly and quarterly basis.
- DMR maintains consumer data in the Connecticut Automated Mental Retardation Information System (CAMRIS) as their main system for client-specific data. However, the Department also utilizes a number of stand-alone systems to manage targeted steps in their process.

F. Community rehabilitation providers

Each agency reviewed utilized community rehabilitation providers or other private/non-profit service providers in their delivery system.

- BRS has active business relationships with 75 Community Rehabilitation Providers (CRPs). Services provided by those CRPs are statistically broken down as follows: 55% for Situational Assessment, 32% for Job Coaching, 12% for Job Placement, and 1% for other services such as Work Adjustment.
- BESB utilizes the same 75 providers as BRS, with additional out of state CRPs for their residential program.
- DMHAS contracts with 27 community-based employment providers that work with LMHAs to provide employment supports to consumers.
- DMR provides 76% of its Day and Employment support services through Community Providers.

G. Appeals processes

Each agency maintains a process through which consumers can appeal or grieve agency decisions and service provision. The level of agency oversight and the use of outside parties varies among the four agencies reviewed.

- DMHAS – A consumer may submit a grievance to the DMHAS grievance officer at any time while receiving services.
- BRS maintains multiple appeals avenues. The consumer may appeal through the BRS appeals process or may appeal to the separate state Office of Protection and Advocacy for Persons with Disabilities, or seek mediation through an impartial arbitrator.
- Like BRS, BESB consumers may appeal through the agency's internal process, through protection and advocacy, or through the use of an impartial arbitrator.
- DMR clients have a number of avenues to appeal agency decisions and or grieve service provisions. The Department's Programmatic Administrative Review (PAR) process can be utilized to appeal any aspect of a client's services. Medicaid Fair Hearings may also be used to review the Department's decisions. Specific appeals of the client's Priority Level are reviewed through a Priority Setting Administrative Hearing.

H. Career advancement

Career advancement is a key focus of both BESB and BRS. Consumers may re-enter vocational rehabilitation if they are either unhappy with their employment or are seeking further advancement.

I. Benefits counseling

Various levels of benefits counseling occurs at the agencies reviewed. The focus of the counseling also varies. For example, at BRS benefits counseling is focused on educating consumers about moving off of public benefits as they enter employment. At DMHAS the focus of benefits counseling is to move consumers onto public benefits when they enter the public system.

- At DMHAS, benefits counseling is offered to consumers at intake, to ensure that they receive the entitlements for which they are eligible. Young Adult Services consumers also receive benefits counseling when they are transitioning out of the program. At this transition, the benefits counselor works to assure the consumer that they will not be removed from entitlements when they leave Young Adult Services.

- At DMR, counseling on public benefits occurs regularly in that DMR works with consumers receiving services, and those waiting to receive services after graduation or on the DMR waiting list, to ensure a continuous flow of benefits as long as the consumer is eligible and requires the supports.
- At BRS, benefits counseling is offered by the Connect to Work Center and is available to assist individuals to assess the impact employment will have on their disability benefits.

J. Total length of time served and agency follow-up

The length of time served by each agency varies greatly depending on the mission and target population of the agency.

- BESB and DMR are lifetime service agencies. They provide services to consumers from birth through end of life and consumers may receive services throughout their lives. Vocational Rehabilitation services at BESB are limited and the average length of time a consumer receives these services is 20 months.
- BRS is specifically focused on vocational rehabilitation services. Consumers remain in the BRS system for an average of 21 months.
- At DMHAS, length of time in the system varies depending on the type of service being provided and the facility type. Stays at the state hospitals average 2 years and longer.

Each of the agencies reviewed has some ability to query their data systems to determine length of time between various process steps and the number of consumers at various points in the process. However, this information is not generally determined of significant importance to the agencies and as such is not reported and reviewed. There are some exceptions to this in BESB and BRS where federal and state standards govern the maximum length of time between certain process steps.

K. System barriers

Each of the agencies reviewed noted that transportation is a barrier to service delivery in Connecticut. Transportation impacts process as consumers are challenged with how to access services and agencies struggle to find a way to the meet the transportation need.

- DMHAS- Transportation is a barrier for those consumers in the Young Adult Services Program. Transportation for this cohort is expensive, and must be set up on an individual basis. Consumers will often get rides from caseworkers to appointments.
- DMR- Transportation is a barrier for DMR consumers as well. Many DMR consumers require supported transportation which can not be provided readily by localities and it can be taxing on the consumer's support network to provide transportation during business hours. Further, lack of transportation can significantly limit employment options for DMR consumers.
- BESB- Transportation is a major barrier for vocational rehabilitation services and continued job retention for the state's blind population. BESB will provide transportation services for a limited period of time, but individuals will have to arrange their own transportation over time, often hindering their ability to retain competitive employment.
- BRS- Transportation is a major barrier to basic mobility and employment for the state's population of individuals with disabilities. BRS works to overcome these barriers by providing vehicle modification and transportation services to its consumers.

L. Possible system improvements

The agencies reviewed provided some suggested system improvements that could be made to the existing state infrastructure.

- DMHAS suggests adding more staff to act as liaisons between agencies. Interagency staff would foster communication and collaboration between agencies.
- BESB suggests that each school district should have its own vocational rehabilitation counselors to assist children with disabilities to gain competitive employment before graduation. Likewise, a greater emphasis on benefits coordination would assist individuals receiving Medicaid to understand the benefits of employment and the range of assistance that would remain available upon being employed.
- DMR suggested adding more Case Management, Transition Planning, and Education Liaison staff in order to improve their process and develop more capabilities within the Department. Improvements in IT Systems integration and capabilities are also important to develop more coordinated systems that will allow for efficient client management and consistent data analysis.

M. Proposed next steps

The four-agency review undertaken for the MIG project provides a process overview for a limited part of the Connecticut system. There are many other Connecticut agencies that interact with and provide employment related services to people with disabilities in the state. In addition, in the case of DMHAS a great deal of services are provided by the LMHAs. Each LMHA may utilize a different process and to fully understand the system a review at the LMHA level would be necessary. For the purposes of this report PCG worked with state agency level staff to provide a general overview of LMHA services, but was not able to work directly with the LMHAs at this time.

X. Discussion

Over 1,600 individuals provided information for the Connecticut MIG needs assessment. Focus groups, key informant interviews, surveys, telephone and in-person interviews, and informal discussions served as the primary vehicles for the acquisition of knowledge relevant to the employment of people with disabilities and older adults in Connecticut. With guidance from the published literature and a diverse and committed group of Steering Committee members, the research team designed a series of data collection instruments aimed at obtaining information from various informants. Interested parties included but were not limited to:

- People with disabilities of all ages
- Active and potential employers from across the state
- Parents and advocates
- Vocational counselors, benefits specialists, transition coordinators, and other service providers
- Program directors
- Policy makers

The grant is intended to facilitate enhancements to the state Medicaid program and services, to promote linkages between Medicaid and other employment-related service agencies and to develop a comprehensive system of employment supports for people with disabilities. Accomplishing these aims required the research team to first identify potential program partners in the state who either shared the mission of employment or were poised to contribute in a meaningful fashion. Connecticut census and Department of Labor data were examined to set the context. The next essential step included the identification and quantification of systemic barriers that prevent individuals with disabilities and older adults from either becoming employed or staying employed. Concomitantly, a discussion of strengths and weaknesses of the existing service system was included to more fully understand areas for growth. In addition, the employment processes of four key state agencies were explored and mapped.

Results indicated a number of barriers in the system, impacting employers as well as current and potential employees. While not exhaustive, the list below provides an overview of the findings:

- *Societal preconceptions and lack of awareness* can result in negative attitudes and bias towards people with disabilities.

- *Low expectations and conflicting messages* about work reinforce the message that it is culturally permissible not to work.

- *Individual attitudes and beliefs*, including lack of motivation, low self esteem, or other internal challenges, must be overcome for successful employment.

- *Employment discrimination* may arise from many sources, such as prejudice due to disability, age, race or ethnicity, gender, stigma of mental illness, or having a criminal record.

- *Benefit programs' limitations and complexity* add to the fear that benefits such as an SSDI cash benefit or medical coverage may be lost if more than part time or transitory work is engaged in. Additional reticence results from concerns regarding the ability to sustain such a level of employment and fear that regaining full benefits in the future may be difficult.

- *Transportation difficulties* continue to be a problem for Connecticut residents with disabilities, as public or other forms of provided transportation are often inadequate, inaccessible, or unreliable.

- *Lack of satisfying job opportunities* frequently result in a mismatch between a person's skills and interests and jobs that are available, making meaningful and challenging employment difficult to obtain.

- *Challenges in the hiring process* are often specific to the individual's disability or circumstances, and may result from issues such as limited interviewing skills, communication difficulties, poor literacy skills, lack of computer training, history of mental illness, a criminal record, or gaps in employment.

- *Lack of job accommodations or support*, or an employer's reticence to provide assistive technology or accommodations such as flexible hours, accessible work space, or individualized job support, also creates difficulties.

- *Need for skills and training,* such as updated computer, technical, or other post-high school training, can also limit job opportunities, with barriers related to transportation, money, and accessibility making it difficult to obtain these needed skills.

- *Personal care assistance issues*, such as inadequate assistance, funding, and PA retention issues, add to employment challenges by not providing the level of support needed to function in the workplace.

- *Housing issues* are one of the largest barriers for those moving back to the community from institutional or residential living, and include accessibility, affordability, convenient location, and safety.

- *Lack of information about available employment resources* can also make it more difficult for people with disabilities to access the assistance they need to obtain and maintain employment.

- *Transitional services* that guide students into the labor market are lacking and contribute to the high rates of unemployment for young adults.

- *Employers' preconceptions and lack of awareness,* including assumptions about lost productivity, limited skill sets, the need for expensive accommodations, extra supervision, excessive time off, and extra training all play a role in creating challenges to employment.

- *Concerns about liability, job safety, and taking a risk are* rampant and often close the door of opportunity for many potential employees.

- *Creation of more financial incentives for employers,* such as tax incentives, are seen as an enticement for employers who currently do not employ individuals with a disability.

- *Lack of skilled, qualified applicants,* a common theme reported by employers, is a driving rationale for current hiring practices.

Further results demonstrated that the typical employee with disabilities in Connecticut works part-time, earns less than $8 per hour, has a desire to increase hours, and reports an intellectual disability. Individuals who reported that they no longer work because of a disability tended to be older than current workers, report that the primary disability is physical in nature, worked full-time and earned substantially more than those currently employed prior to being disabled. In general, current and past workers reported a high level of job satisfaction.

A number of system-wide strengths and weaknesses were identified that will be capitalized on as the project moves forward. Participants all agreed that the existing community-based programs or state agencies are successful in assisting people with disabilities to find employment at least some of the time. This included BRS, BESB, DMR, DOL, the Connect to Work program, and mental health providers. Often, however, it was certain components of the programs that were successful, or even some individual at the agency who is really making it work. Strengths of the existing system include job training, supported employment, and vocational services such as career and benefits counseling. Some providers spoke of their focus on the individual and their ability to provide a personalized approach. When successes are reported, it often involves creativity, developing new opportunities, being innovative, negotiating with employers, and creating person-centered employment. An additional strength was the identification and commitment of sixteen program partners in the state. These councils, workforce investment boards, nonprofit organizations, and other entities are all poised and committed to the MIG project.

Weaknesses in the system identified by participants include lack of funding, understaffing, gaps in the system, not enough interagency collaboration, and lack of public transportation. Other system barriers include no long term support for people with disabilities, lack of continuity of support for people in the system, and difficulty individualizing supports. One barrier mentioned repeatedly was the risk that people with disabilities have in losing their benefits if they make over the allowed income amount. In addition, many participants suggested there is not enough creativity and that people should be more innovative in their ideas.

The time-limited nature of most services or support contributes to the challenges which must be overcome in order to achieve successful employment. Study participants report that many of the service agencies do a great job in getting people with disabilities started, but then do not continue providing requisite services. A transition coordinator or job coach may only be available initially; however, long-term support is frequently needed in order for some people with disabilities to do their jobs. For example, in some situations an individual's job duties may change, and they may need extra training to learn new tasks or may need ongoing support to help them learn and adjust to new responsibilities. Unfortunately, this is an area that is not being adequately addressed.

The next step in the strategic planning process is the design and implementation of initiatives with the intended purpose of improving the employment of persons with disabilities. Each individual initiative will have a target audience, process measures, and intended goals. The role of the research team will be to design and implement a detailed evaluation strategy with a focus on process, impacts, and costs/benefits. Mirroring the strategic planning process, an array of stakeholders including people with disabilities, providers, employers, employees, and family members will be called upon to evaluate the various programs and projects. The proposed goal is to contact 100% of all future MIG participants using myriad methods: mail survey, telephone interview, or focus group.

Guided by the literature and results from the strategic planning process, a list of potential outcomes for measurement was crafted. The overview is not exhaustive and is expected to be modified as new initiatives are implemented.

Positive employment changes

- Increase in the number of people with disabilities age 16 and over who are employed
- Stratify number employed people with disabilities by 16 – 20 and 21 plus, in order to more closely look at increase in employment of adults and increase in transitional employment of youth
- Increase in the number of people with disabilities who are competitively employed
- Increase in the number of people with disabilities who have moved from supported to competitive employment
- Increase in the income received from employment for people with disabilities
- Increase in the number of people with disabilities who are earning more than the SGA
- Increase in the number of hours worked per week by people with disabilities
- Decrease in the number of people with disabilities who are underemployed
- Improvement in the job satisfaction for people with disabilities
- Improvement in the quality of life for working age people with disabilities

State programs

- Increase in the number of state transitional counselors and ensure coverage in all areas of state
- Ensure that ample number of job developers are available to assist state and school-based transitional counselors
- Increase in the number of people with disabilities who are in the MED program
- Increase in the number of people with disabilities who receive services from One Stop Centers
- Increase in the number of people with disabilities who receive services from Community Action Agencies
- Increase in the number of people who receive vocational counseling from state mental health agencies
- Increase in the number of people with disabilities who receive BRS benefits counseling services
- Increase in the competitive employment rate of people with disabilities who receive services from any of these programs

Federal benefit programs

- Increase in the number of people with disabilities using Social Security Work Incentives
- Decrease in the number of people with disabilities who are receiving SSDI

Related systemic concerns

- Increase in the scope of public transportation system to include all cities and towns
- Increase in the amount of safe, accessible, and affordable housing for both people with disabilities and older adults with limited income
- Increase in the scope and availability of PCA services, both at home and at work

Transitional services

- Ensure that ample transitional counseling and counselors are available for each school system
- Improve IEPs to universally include employment and career plans
- Create continuous transitional support services from high school to the working world
- Increase the availability of assistive technology and other equipment supports while in school (includes college)
- Ensure that any assistive technology and supportive equipment follows the individual once he/she graduates
- Create life skills curriculum for all Connecticut high school students
- Increase in the awareness of families regarding the employment resources and supports available

Specific concerns

Ages 16 – 21

- Increase in the number of high school students with disabilities who are competitively employed
- Increase in the number of high school students with disabilities who participate in an internship program
- Increase in the number of high school students with disabilities who volunteer

Mental illness disabilities

- Increase in the number of people with mental illness disabilities who move from transitional employment to competitive (or supported) employment
- Increase in the job tenure of people with mental illness disabilities

Intellectual disabilities/ ABI

- Increase in the number of people with intellectual or acquired brain injury disabilities who are competitively employed versus supported employment
- Correspondingly, decrease in the number of people with intellectual or acquired brain injury disabilities who are employed through a sheltered workshop or enclave

Physical disabilities

- Increase in the accessibility in all city, town, state, federal, and educational buildings
- Increase in the sidewalk accessibility along all city and town roads
- Ensure that all public transportation (state, city, town, agency, non-profit) vehicles are wheelchair accessible
- Increase in the availability of assistive technology and other equipment supports to all community living working age people with disabilities

Employers

- Increase in the number of employers who hire people with disabilities
- Increase in the number of employers who view people with disabilities as a viable source of productive employees
- Increase in the number of employers who are willing to hire people with disabilities for any job positions
- Increase awareness of employers regarding the resources and supports available to obtain accurate information regarding accommodations, employment supports available, tax credit information, etc.

Survey findings

- Resurvey MIG I survey respondents and examine changes in employment status, income, job position, job satisfaction scale, etc.
- Resurvey employers and verify any changes in attitudes (such as what positions a people with disabilities could hold), percentage of employers who say they employ people with disabilities, etc.

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XII. Appendices

Appendix A: State Specific Incentives

Appendix B: Ticket to Work Employment Networks

Appendix C: Ticket to Work Vocational Agencies

Appendix D: Connecticut's Industries and Occupations Report

Appendix E: State Partners

Appendix F: Focus Group and Key Informant Interview Instruments

Appendix G: People with Disabilities Mail Survey and Telephone Interview Instruments

Appendix H: Employer Survey Instrument

Appendix I: Public Consulting Group Report

Appendix A

State Specific Employment Incentive Activities

Information on state specific employment activities includes information on activities and programs that enhance employment opportunities for people with disabilities (including transition-to-work aged youth) who are able to work and who want to do so. Information on the Ticket to Work Program, demonstration projects, cooperative agreements, and grants is presented by state alphabetically. Work Incentive Assistance Program grants to designated Protection and Advocacy (P&A) systems totaling $6,725,000 for Fiscal Year 2005 are also listed. P & A systems help SSDI or SSI beneficiaries in acquiring information and recommendations regarding vocational rehabilitation and employment services (Social Security Administration, 2006a).

I. Selected State Practices for the Employment of People with Disabilities

Although there have been some advances related to ADA, the national rate of unemployment remains amazingly high, at about 70 percent, for people with severe disabilities (EEOC, 2005). In response to this high unemployment rate and other barriers that people with disabilities face, a number of states have made significant strides in addressing the issue of unemployment; details of some of these states' progress are included below (in alphabetical order).

Florida

Concerned about their more than 2 million constituents with disabilities and recognizing the untapped labor pool for employers, the Florida Governor's Alliance for the Employment of Citizens with Disabilities joined forces with the Milbank Foundation for Vocational Rehabilitation to explore the attitudes, policies, and practices of business employers throughout Florida. The primary research objective was to discover barriers that keep employers from recruiting and hiring people with disabilities and the resources required to generate awareness of such barriers. Businesses were selected from three different groups: those that were members of the Florida Chamber of Commerce (Members), those that were interested in becoming members of the Chamber (Prospects), and those that did not belong to either group (Suspects) (The Center for Information, 2003).

Overall findings indicate there is a lack of knowledge about disability issues and resources among employers. One-third of respondents report awareness of disability issues, half of respondents do not have hiring policies for people with disabilities, one-quarter report they have good hiring practices as they pertain to people with disabilities, and slightly more than one-third (35 %) have disability training programs (The Center for Information, 2003). Most employers report they are not familiar with agencies and programs for people with disabilities, but conveyed positive attitudes towards workers with disabilities. Small businesses reportedly had more positive attitudes towards employees with disabilities than larger organizations (The Center for Information, 2003).

Results from the study suggest that businesses belonging to the Florida Chamber of Commerce differed significantly from those that did not belong to the Chamber (The Center for Information, 2003). The Chamber group reportedly was more sensitive to the needs of people with disabilities and was more willing to hire them than the other two groups (Prospect and Suspect). In addition, the Chamber group reported a greater awareness of disability programs, more experience working with employees with disabilities, had developed formal hiring policies for people with disabilities, were more familiar with and had made accommodations for employees

with disabilities, and had more positive attitudes toward people with disabilities than people in businesses not belonging to the Chamber (The Center for Information, 2003). Both Chamber and non-Chamber member groups indicate that it is more difficult to accommodate people with behavioral disabilities than people with other kinds of disabilities (The Center for Information, 2003).

About 80 percent of the businesses sampled report that they employ 1 or more individuals with a disability, and 70 percent indicate they employ between 1 and 15 individuals with disabilities. About 40 percent of employers do not plan to hire anybody that is disabled in the near future. Nearly 13 percent of business belonging to the Chamber and only 5 percent of those not belonging to the Chamber anticipate hiring between 3 to 4 individuals with disabilities within over the next two years (The Center for Information, 2003). Approximately 80 percent of businesses in the entire sample have policies indicating their willingness to hire people with disabilities (The Center for Information, 2003).

More than 50 percent of businesses in the sample have made structural adaptations to their building or made other accommodations (i.e., more flexible work schedule) in an effort to accommodate employees with disabilities; more businesses belonging to the Chamber have made accommodations than those not belonging to the Chamber (The Center for Information, 2003). Results of attitude scales suggest a strong association between positive attitudes and size of organization. Businesses with formal policies gave evidence of more positive attitudes toward people with disabilities than companies without such policies The Center for Information, 2003).

According to the EEOC (2005), in 2004 Florida took legislative and executive action to establish the Agency for Persons with Disabilities. Florida also secured a waiver from the Social Security Administration allowing individuals with disabilities to participate in employment without endangering their eligibility for Medicaid and Social Security Income benefits (EEOC, 2005). Florida also took steps to make certain that state web sites are accessible and meet the standards that apply to the federal government under Section 508 of the Rehabilitation Act. The Florida Freedom Initiative, a demonstration project, allows some people who received Medicaid and Supplemental Security Income to make and save more income than is generally allowed without losing important benefits. Florida, like Kansas reports that some state agencies have approved their own written procedures for reasonable accommodation (EEOC, 2005). In addition, Youth Leadership Forums in Florida participated with other youth forum groups in Kansas, Maryland, Missouri, Vermont, and Washington to assist them in developing and strengthening vocational goals, leadership skills, and to benefit from the experiences of both young and older people with disabilities (EEOC, 2005).

Indiana

Indiana is one of a number of states that is developing its ability to provide Benefits Planning services for people with disabilities. The state established a two-tier fee-for-service system, known as Advanced Referral System, that includes a Benefits Information Network (BIN) to provide information to people with disabilities about benefits and work and Vocational Rehabilitation through which services are funded (Oregon State Department of Human Services, 2006).

Kansas

A number of state agencies in Kansas report that they have approved their own written procedures for reasonable accommodations for people with disabilities (EEOC, 2005). Kansas, like Missouri, makes accommodations for some people with disabilities who may not meet

ADA's definition of "disability" (i.e., those people with limitations that are temporary) (EEOC, 2005). Kansas Youth Leadership Forums in Kansas also participated with other youth forum groups in Florida, Maryland, Missouri, Vermont, and Washington to help them in developing and strengthening vocational goals, leadership skills, and to benefit from the experiences of both young and older people with disabilities (EEOC, 2005).

Maine

After a year of joint efforts by people in public, private, and educational sectors, Maine publicized their strategic plan to make the most of employment for individuals with disabilities (CHOICES CEO, 2006). As in other states, there are people with disabilities who want to live a meaningful and fulfilled life and there are employers who need experienced workers to participate in competitive employment, but have had various degrees of success in the recruitment and retention of people with disabilities (CHOICES CEO, 2006).

Positive developments in Maine's workforce reflect the fact that more students are successfully transitioning from high school to college and achieving higher level of education than before. In addition, new advances in technology are increasing diversity in job tasks that can now be carried out by people with disabilities, and the demand for skilled workers is increasing as various global markets continue to emerge, however many people with disabilities in Maine remain unemployed (CHOICES CEO, 2006).

In 2004, the Department of Health and Human Services (DHHS) received a four-year grant from the federal Centers for Medicare and Medicaid Services (CMS) to develop and implement a plan to involve people with disabilities in Maine's workforce. DHHS collaborated with the Department of Labor (DOL) and other leadership groups to gain support in conducting the research necessary. Surveys, focus groups and interviews were used to collect pertinent information from people in Maine. Eight important themes emerged from the data collection process: 1) Barriers faced by people with disabilities in Maine include: lack of jobs, training and reliable transportation to work, 2) Employers have concerns about hiring people with disabilities, but report positive, productive experiences in working with them, 3) Service providers have more success working with business employers when they approach them as business partners and use business-like plans. 4) Economic disincentives are a barrier for people with disabilities in seeking employment, 5) Long waiting lists are problematic for people with disabilities who want and need vocational services, 6) Certain disability groups (i.e., those with mental illness, youth with severe , and those with developmental disabilities) face transitional obstacles and/or barriers due to lack of funding for supported employment, 7) Practices offering hope include Workers with Disabilities option of MaineCare, which permits people with disabilities to earn more without losing their health insurance, 8) Challenges include lack of resources among businesses and minimal opportunities to build on positive business practices (CHOICES CEO, 2006).

Maine's strategic plan builds on limited but positive successes and envisions employment changes for people with disabilities who want to participate in the workforce. It also identifies necessary actions that should be taken in order to develop Maine's workforce and improve the lives of people in Maine who have disabilities.

Maryland

Maryland recently appointed a Coordinator for Special Outreach and Employment Programs to help state agencies target applicant pools for positions in the state that are inclusive of individuals with disabilities (EEOC, 2005). Like Vermont, Maryland tracks information

associated with the provision of reasonable accommodations that could be used to assess the efficacy of their procedures related to reasonable accommodations.

Maryland and Vermont have been involved in a pilot project to have certain employees with disabilities serve as “disability program navigators” at state One Stop Career Centers that have been developed in conjunction with the Workforce Investment Act with the objective of enabling people with disabilities to be able to use services with more ease (EEOC, 2005).
In an effort to protect the rights of people with disabilities during employment, the Maryland Aviation Administration routinely discusses how to promote career development for people with disabilities during bi-annual supervisory ADA training sessions, (EEOC, 2005).
Maryland Youth Leadership Forums also participated with other youth forum groups in Florida, Kansas, Missouri, Vermont, and Washington to help them in developing and strengthening vocational goals, leadership skills, and to benefit from the experiences of both young and older people with disabilities (EEOC, 2005).

Massachusetts
The MassHealth Employment and Disability Survey (MHEDS) was funded by a Medicaid Infrastructure Grant and conducted by the state of Massachusetts in an effort to monitor and evaluate the competitive employment of working age adults who have disabilities and who participate in MassHealth programs (Center for Health Policy and Research, 2005).

The MHEDS was developed by a research team at the Center for Health Policy and Research (CHPR) with participation from consumers, providers, and state agencies. The survey was administered to 3000 MassHealth members participating in three programs for adults of working age (19-64): CommonHealth Working, CommonHealth Non-Working, and MassHealth Standard Programs. Findings associated with disability and employment indicate that: 1) Working age MassHealth members with disabilities face numerous health difficulties, 2) Mental, physical, and chronic illnesses are disabling conditions that MassHealth members experience, 3) The estimated employment rate for working age MassHealth members with disabilities was 17 percent, 4) Working members report fewer disabilities and better overall health (Center for Health Policy and Research, 2005).

Findings related to working members’ employment experiences include: 1) Most workers have low annual earnings and do not work full time, 2) Most workers are satisfied with their employment and report job tenure of greater than one year, 30 Less than 15 percent of workers report receiving employer-sponsored health insurance, 4) MassHealth workers are confronted with multiple barriers to full time participation in the workforce including lack of education, transportation difficulties, limited or unmet service needs, lack of information regarding incentive programs, and apprehension regarding loss of health insurance benefits with increased in employment hours and earnings (Center for Health Policy and Research, 2005).

Findings associated with unemployed members include the following: 1) Unemployed adults with disabilities who have worked in the past, want to work in the future, 2) Unemployed members reported limited participation in work-related activities such as vocational rehabilitation, volunteer work, education or training), 3) More than three-fourths (89%) of unemployed members report that their disability prevents them from working and 70 percent report their overall health as fair or poor, 4) Unemployed MassHealth members experience many potential employment obstacles including poor health, limited education, transportation problems, low work expectations, lack of understanding about work incentive programs, and anxiety related to loss of benefits (i.e., SSDI/SSI cash benefits, Medicare or Medicaid).

Results indicate that continued research efforts are necessary in order to better understand the role of health care services and supports for people with disabilities in the MassHealth system. The Center for Health Policy and Research in Massachusetts anticipates conducting a survey under a new Medicaid Infrastructure and Comprehensive Employment Opportunities Grant (MMIG-CEO) to continue research in this important area.

Missouri

Similar to the state of Kansas, Missouri, makes accommodations for some people with disabilities who may not meet ADA's definition of "disability" (i.e., those people with limitations that are temporary) (EEOC, 2005). Missouri Youth Leadership Forums also participated with other youth forum groups in Florida, Kansas, Maryland, Vermont, and Washington to help them in developing and strengthening vocational goals, leadership skills, and to benefit from the experiences of both young and older people with disabilities (EEOC, 2005).

New Mexico

New Mexico recently created an Executive Task force on Disability Employment to create policy approaches to enhance the recruitment and hiring of experienced people with disabilities for state government positions (EEOC, 2005).

New York

Two large-scale studies were conducted in New York to explore employers' attitudes towards employing people with severe disabilities (Levy, Jessop, Rimmerman, & Levy, 1995). One study involved Fortune 500 corporations and the other involved employers with businesses in the state of New York. Results suggest that both groups of employers were positive regarding the employment of people with disabilities, however executives from large national organizations were significantly more positive about working with people with disabilities than those in smaller companies in New York even when holding constant the differences in demographics between the two groups studied (Levy et al., 1995).

In the same study, prior positive contact with people with disabilities clearly impacted attitudes of employers (Levy et al., 1995). More specifically, the effect of positive contact on attitudes was stronger among subgroups of employers doing business in New York companies as compared to the national sample of organizations; this finding supports the existing literature (Levy et al., 1995). Replicating this study in other states may be helpful in learning which types of companies are more receptive to employing people with disabilities. Research also indicates the importance of prior contact with people with disabilities and may impact job development efforts especially among employers in smaller companies (Levy et al., 1995).

Oregon

The state of Oregon recently completed a strategic plan through the Oregon Competitive Employment Project entitled, A Blueprint for Change. The project purposes to address a service system that is sometimes confusing and flawed and represents the results of community forums, key informant interviews, workgroup sessions, contractors, consultants, and Leadership Council meetings (Oregon State Department of Human Services, 2006).

Results of nine community forums indicate that areas presenting barriers to the competitive employment of people with disabilities include lack of education, transportation difficulties, services and supports, and the need for employment services for people with certain disabilities (i.e., psychiatric disabilities). There is a need for pilot and demonstration projects to address the

areas just mentioned. In addition, training and technical priorities are suggested as well as employment resource mapping, better administrative processes, waiver revisions and policy initiatives (Oregon State Department of Human Services, 2006). The need for increased collaboration among transitional service systems was also underscored.

Data from Key Informant Interviews indicate needs in several different domains. One recurrent area of need includes employee supports and work incentives. Suggestions included the necessity of examining possibilities for increasing the availability of benefits planning, providing supported employment opportunities and supports to people with psychiatric disabilities, peer mentoring, advocacy, the use of person-centered methodologies, consideration of cultural diversity and competency, and providing an accessible and responsive workforce to people with disabilities (Oregon State Department of Human Services, 2006).

Employer supports and work incentives emerged as another important theme. Suggestions include the development and implementation of an educational and marketing campaign to reduce employer concerns about hiring people with disabilities, identification and development of information and resources to support employers in hiring and retaining employees with disabilities (Oregon State Department of Human Services, 2006).

Clearly, transportation emerged as an important need that has to be addressed. Suggestions included expanding the availability and accessibility of transportation in order to enable people with disabilities to get to work and be able to continue working. In addition transition services are needed for youth and support services for families with young people who have disabilities. Creating available and affordable housing was also listed as an important need for people with disabilities (Oregon State Department of Human Services, 2006).

Implementation of Oregon's Blueprint is the responsibility of the community (i.e., individuals, community groups, organizations, and agencies), the Leadership Council, Project Director and staff, Office of Vocational rehabilitation Services, Department of Human Services, and other partners and supporters including the Employment Department, the Department of Community Colleges and Workforce Services, the Department of Transportation, and the Workers' Compensation Division (Oregon State Department of Human Services, 2006). Strategies employed to sustain change include maintaining a Leadership Council that is committed and responsible, utilizing workgroups and committees in the process of refining, redeveloping and/or implementing necessary strategies, implementing change through policies and statutory change, and disseminating information about the Project's activities, successes and challenges

Utah

Utah has a training program for its ADA coordinators so they will know the procedure for submitting proposed denials to the Division of Risk Management for legal evaluation (EEOC, 2005). Like Washington, Utah also has some centralized funds that may be used by any agency that is able to show that a certain accommodation would be to expensive for an agency to get hold of on its own (EEOC, 2005).

In utilizing a Medicaid Infrastructure grant, Utah is one of a number of states that is developing its ability to provide Benefits Planning services for people with disabilities through the coordination of current Benefits Planning services and the development of quality standards (Oregon State Department of Human Services, 2006). Like Indiana, Utah coordinates its services through the state Vocational Rehabilitation agency. A fee-for-service model is currently in place to pay Benefit Planners through Vocational Rehabilitation, however the Benefits

Planners usually offer services at no extra charge for services they currently provide (Oregon State Department of Human Services, 2006).

Vermont

Vermont has specifically targeted people with disabilities for outreach and recruitment and has also developed programs that provide specific training and/or hire people with disabilities for employment in the state(EEOC, 2005). In addition, Vermont provides a "must interview" to all individuals with disabilities who meet minimum requirements for any state employment position (EEOC, 2005).

Vermont developed a Reasonable Accommodation Committee that handles denials that are submitted for assessment (EEOC, 2005). State personnel report that they also keep track of information associated with the provision of reasonable accommodations that could be used to assess the efficacy of their procedures related to reasonable accommodations. Like Kansas, a number of state agencies in Vermont have also developed their own written procedures for reasonable accommodation (EEOC, 2005).

Like Maryland, Vermont has been involved in a pilot project to have certain employees with disabilities serve as "disability program navigators" at state One Stop Career Centers that have been developed in conjunction with the Workforce Investment Act with the objective of enabling people with disabilities to be able to use services with more ease (EEOC, 2005).

Vermont Youth Leadership Forums also participated with other youth forum groups in Florida, Kansas, Maryland, Missouri, and Washington to help them in developing and strengthening vocational goals, leadership skills, and to benefit from the experiences of both young and older people with disabilities (EEOC, 2005).

Vermont is one of a number of states that is developing its ability to provide Benefits Planning services for people with disabilities. Benefit Planners offer three essential services: benefits screening, advisement, and management (Oregon State Department of Human Services, 2006). Results of one project demonstrate the efficacy of benefits planning in reducing healthcare costs, increasing staff effectiveness, and increasing collaboration between agencies and partners (Oregon State Department of Human Services, 2006). Consumer benefits from the same project were positive and include: 45% higher average yearly earnings, 5% increase in employer-based healthcare coverage, and 10% reduction in Medicaid disbursement (Oregon State Department of Human Services, 2006). Vermont recognizes the importance of Benefit Planners and has provided additional funds to support a system of 12 Benefit Planners, 2 Lead Planners, and a Director for 30,902 SSDI and SSI beneficiaries (Oregon State Department of Human Services, 2006).

In utilizing Social Security Work Incentives and at 0.07%, Vermont has the greatest utilization of plans for Achieving Self-Support (PASSs) per capita; in comparison, Oregon has 0.01% use of PASSs per capita (Oregon State Department of Human Services, 2006).

Washington

Like Vermont, Washington has targeted people with disabilities for outreach and developed programs that provide specific training and/or hire people with disabilities for employment in the state (EOC, 2005). Washington has also developed programs that provide specific training and/or hire people with disabilities for employment in the state.

Washington expects state agencies with 50 or more employees to create reasonable accommodations procedures that are appraised by the state's Affirmative Action Committee.

The state of Washington has made it mandatory that all denials of accommodation be signed by the person who is in charge of the employing agency.

Like Utah, Washington has some centralized funds that may be used by any agency that is able to show that a certain accommodation would be to expensive for an agency to get hold of on its own (EEOC, 2005). Washington Youth Leadership Forums also participated with other youth forum groups in Florida, Kansas, Maryland, Missouri, and Vermont to help them in developing and strengthening vocational goals, leadership skills, and to benefit from the experiences of both young and older people with disabilities (EEOC, 2005).

Washington is one of a number of states that is developing its ability to provide Benefits Planning services for people with disabilities and currently have 30 certified Benefits Specialists throughout the state; the development of many of these positions was made possible through the state's Medicaid Infrastructure Grant (Oregon State Department of Human Services, 2006).

Funding from agencies and leadership commitment add strength to Washington's system and have worked hard eliminate benefits as an employment barrier (Oregon State Department of Human Services, 2006). Vocational Rehabilitation staff receive additional training in order to better inform their clients and to make referrals when necessary; in doing so they are making strides in dealing with the myths related to benefits and employment (Oregon State Department of Human Services, 2006). Due to slight differences in each Benefits Planning program throughout the state, coordination has become one of the biggest challenges; to address this problem, Benefits Planners meet semiannually to enhance collaboration and communication (Oregon State Department of Human Services, 2006).

II. State Specific Employment Incentive Activities

Alabama

Mid Alabama Chapter of the Alabama Coalition of Citizens with Disabilities

- Project is in collaboration with the Alabama Department of Rehabilitation Services
- Successful in reaching individuals in the state and implementing the project's objectives
- Success is due to the development of partnering relationships between the Independent Living Center, United Cerebral Palsy of Greater Birmingham, Inc. and Alabama Department of Rehabilitation Services

Alabama Department of Rehabilitation Services

- Project works closely with the Mid-Alabama Chapter of the Alabama Coalition of Citizens with Disabilities
- Successful in accomplishing its goals by providing an essential service to SSDI/SSI beneficiaries
- Project also works collaboratively with the Pass Cadre and local Social Security offices
- Beneficiaries with disabilities are informed of the work incentives available to them for employment planning

University of Alabama: $107, 243

Alaska
University of Alaska Anchorage

- Project addresses major barriers to employment affecting individuals with severe disabilities
    - The lack of beneficiary understanding and use of work incentive programs
    - The absence of Statewide access to benefits assistance and planning services

Disability Law Center of Alaska: $100,000

Arizona
Arizona Bridge to Independent Living (ABIL)
- Project is a collaborative partnership of four Independent Living Centers to provide statewide benefits planning, assistance, and outreach to the 156,855 Arizona residents who receive SSI and/or SSDI benefits

Disability Rights Center, Inc.: $100,000

Arkansas
Sources for Independent Living, Inc.
- Project addresses the goals and objectives in the areas of benefits planning and assistance, advocacy and protection, and outreach services for the youth and adults with disabilities
    - Staff members provide accurate information regarding work incentives in an effort to help beneficiaries make informed choices about returning to work

Disability Rights Center, Inc.: $100,000

California
Center for Independence for the Disabled
- Project provides BPAO services to beneficiaries to assist them in understanding their options and the available work incentives so that they may make informed decisions regarding employment

Center for Independent Living
- Project provides outreach and educational activities to beneficiaries through dissemination of accurate information regarding work incentive programs
- Also provides direct assistance to persons with disabilities (or family members in case of minors) in maneuvering the myriad of work incentive programs

Community Resources for independence, Inc.
- Project assists beneficiaries in understanding available work incentives and helps persons with disabilities make an informed decision regarding employment without fear of losing supports essential to their survival

Dayle McIntosh Center for the Disabled
- Project disseminates information regarding work incentives programs and related issues to improve beneficiaries' understanding of options and incentives so that they may make more informed decisions regarding employment

Disability Resources Agency for Independent Living

- Project works towards improving beneficiaries' understanding of options and incentives and helps them make more informed decisions regarding employment

Disabled Resources Center, Inc.

- Project continues to increase benefits planning, advocacy and outreach services to beneficiaries
    - To transition work aged youth
    - Populations with different languages and cultural considerations

Familia Unida Living with Multiple Sclerosis

- Project provides a unique program of services to multicultural and multilingual individuals who have been affected by MS
- Project focuses on providing BPAO services to hard to reach populations with information regarding work incentives planning and assistance

Goodwill Industries of Southern California

- Project provides a broad array of Benefits Planning, Assistance and Outreach (BPAO) services to all SSDI beneficiaries and SSI recipients with disabilities living within the City of Los Angeles

Independent Living Resource Center

- Project provides a system of benefits assistance personnel throughout their catchment area to provide comprehensive support, information and outreach, planning, assistance, and follow-through for those beneficiaries with disabilities who want to make informed choices about work

- Project provides work incentives, peer support, independent life skills and self advocacy training for successful life change

Independent Living Resource of Contra Costa County

- Project works at improving a beneficiary's understanding of options and incentives so that the beneficiary may make informed decisions regarding employment

Legal Services of Northern California

- Project assists SSDI beneficiaries and SSI recipients to make informed choices about returning to work by providing accurate information regarding Social Security work incentives and the impact of earnings on recipients' disability benefits

Project Independence

- Project provides a broad array of BPAO services to beneficiaries within San Diego County, in addition to working with SSA and community partners

TODEC Legal Center Perris

- Project provides extensive benefits planning, assistance and outreach to SSDI and SSI disability beneficiaries through collaboration with local, public, and private agencies

Protection and Advocacy, Inc.: $439,035

Colorado
UCP of Colorado

- This project's benefits planning, assistance, and outreach efforts focus on the goal of informed choice for the individuals with disabilities who want to enter or reenter the workforce

Center for Legal Advocacy: $100,000

Connecticut
Connecticut Department of Social Services

- Project provides Statewide Services with the intent to successfully increase employment for individuals with disabilities
    - By educating and informing all stakeholders, this community-based resource center hopes to maximize the economic self-sufficiency of this population

Office of P&A for Persons with Disabilities: $100,000

Delaware
United Cerebral Palsy of Delaware, Inc.

- Project provides Statewide benefits planning to all individuals who request assistance

Community Legal Aid Society, Inc.: $100,000

District of Columbia
Davis Memorial Goodwill Industries

- Project provides Statewide benefits planning to all individuals who request assistance

University Legal Service: $100,000

Florida
Abilities Inc. of Florida

- Project provides beneficiary planning, assistance, and outreach to beneficiaries with disabilities

Brevard Achievement Center, Inc.

- Projects' goal is to promote the use of Federal, State, and local work incentives programs
  - Dissemination of accurate information to SSI and SSDI beneficiaries with disabilities about work incentives programs will enable them to make informed choices about employment

- Project provides services to beneficiaries with disabilities on benefits planning, assistance and outreach

Center for Independent Living in Central Florida, Inc.

- Project empowers beneficiaries with disabilities to make informed choices about work through the Benefits Planning, Assistance, and Outreach Program

Easter Seal Society of North Florida, Inc.

- Project provides benefits planning, assistance, and outreach to SSI and SSDI beneficiaries with disabilities
  - Works in cooperation with four Regional Workforce Development Boards and four SSA offices that serve the project area
  - Coordinates with SSA field offices, One-Stop Centers and partner agencies, including local school districts, vocational rehabilitation, and community training and employment agencies to provide outreach, benefits planning, resource and referral, and direct assistance to SSI and SSDI beneficiaries with disabilities who want to work

Goodwill Industries of Central Florida

- Project conducts outreach to beneficiaries with disabilities about Federal, State, and local work incentive programs
- Project advises individual about continuing health care coverage
  - This will enable beneficiaries to make informed choices about the prospect of transitioning to, or returning to work

Goodwill Industries of North Florida, Inc.

- Project provides information to beneficiaries with disabilities about benefits planning and assistance services regarding Ticket-to-Work issues, increasing beneficiary understanding of available work incentives, services, and resources thereby empowering beneficiaries to make informed choices about work

Gulfstream Goodwill Industries, Inc.

- Project has a comprehensive outreach and recruitment program to assist SSA beneficiaries in their return to work efforts

Independent Living Resource Center of Northeast Florida

- Project is conducting extensive outreach on SSA's work incentive programs to assist individuals with disabilities make informed choices about employment

Advocacy Center for Person with Disabilities, Inc.: $245,288

Georgia
Division of Rehabilitation Services

- Project provides SSI and SSDI beneficiaries with benefits planning, assistance, and outreach services to increase their understanding and coordination of available benefits that allow them to make informed decisions on return to work options

Shepard Center, Inc.

- Project helps the adolescent and working-age with disabilities "chart a successful course to economic self-sufficiency"

Walton Options for Independent Living, Inc.

- Project provides benefits planning, assistance and outreach to current SSI and SSDI recipients
    - It works with the University of Georgia and other secondary education programs to facilitate a continuing educational program
    - It creates a mechanism that will continue this educational process in partnering agencies in future years

Georgia Advocacy Office: $130,301

Hawaii
Diversabilities

- Project goals are to reach as many SSI and SSDI recipients as possible, to inform consumers of the benefits available to them for employment planning, and to assist these beneficiaries in making sound decisions

Hawaii Disability Rights Center: $100,000

Idaho
Idaho Division of Vocational Rehabilitation

- Project works toward increasing the number of clients who return to work and decreasing the number who are dependent on public assistance.

Comprehensive Advocacy, Inc.: $100,000

Illinois
City of Chicago, Mayor's Office for the People with Disabilities

- Project assists Chicago SSI and SSDI beneficiaries with disabilities in obtaining accurate and pertinent information on various City, State, and Federal work incentive programs by providing benefits planning, assistance and outreach to facilitate their to employment

Department of Human Services/Office of Mental Health

- Project provides information regarding State and Federal benefits and SSA work incentive programs through their benefits planning and outreach services

Department of Human Services/Office of Rehabilitation

- Project offers benefits, planning, and assistance services to individuals receiving SSI and SSDI
    - In collaboration with the Office of Rehabilitation Services customers are informed of the availability of BPAO services for SSA beneficiaries (via orientations prior to application for services)

Equip for Equality, Inc.: $167,305

Indiana
Center for Mental Health

- Project provides benefits planning, assistance and outreach to SSA beneficiaries with disabilities and their key stakeholders in the north part of Indiana

Trustees of Indiana University

- Project provides SSDI and SSI beneficiaries and recipients with benefits planning, assistance and outreach to increase the number of beneficiaries
  And recipients who return to work and achieve self-sufficiency

Indiana Protection and Advocacy Services: $100,000

Iowa
Black Hawk Center for Independent Living

- Project provides accurate information to beneficiaries with disabilities regarding work incentives
    - Statewide coverage is facilitated by partnerships with the Division of Vocational Rehabilitation, Iowa Workforce Development Center, Bridges to Employment and the Impact (Iowans Making Plans About Careers Together) benefits planners

Iowa Protection and Advocacy: $100,000

Kansas
Center for Accessible Living, Inc.

- Project provides work incentives planning and assistance in the western area of Kentucky to beneficiaries with disabilities to improve their understanding of options for work

Disability Rights Center of Kansas: $100,000

Kentucky
Independence Place, Inc.

- Project provides benefits planning assistance and outreach to beneficiaries in the eastern counties of Kentucky

Department of Public Advocacy, P&A Advocacy Division: $115,761

Louisiana
Louisiana State University / Health Sciences Center

- The Louisiana Benefits Planning, Assistance, and Outreach Project provides work incentives planning and assistance to beneficiaries with disabilities and their families to enable them to make informed choices about work
    - This is being achieved by the development of a partnership with the BPAO Project that is operated by the Office of the Governor, Louisiana Benefits to Work
    - This partnership ensures that direct services are provided to beneficiaries with disabilities including transition age youth in a statewide seamless manner

Office of the Governor

- Projects' goal is to increase Louisiana's beneficiaries' awareness of, access to, and to participate in the Benefits Planning, Assistance and Outreach (BPAO) services
    - This is being achieved by the development of a partnership with the BPAO Project that is operated by the Louisiana State University Human Development Center
    - This partnership ensures that direct services are provided to beneficiaries with disabilities including transition age youth in a statewide seamless manner

Advocacy Center: $100,000

Louisiana
Maine Medical Center

- Project teaches beneficiaries about work incentives, provides benefits planning, and facilitate their return to work efforts through career preparation and job placement

Disability Rights Center of Maine: $100,000

Maryland
Independence Now, Inc.

- Project provides services in Western, Southern, and Eastern Maryland successfully since October1998

Maryland Center for Independent Living

- MCIL provides benefits planning, assistance, and outreach, including information on the availability of protection and advocacy services, to all Central Maryland SSI and SSDI beneficiaries with disabilities (and their families) who are potentially eligible to participate in State or Federal work incentive programs

Maryland Disability Law Center: $100,000

Massachusetts
Massachusetts Rehabilitation Commission

- Project provides a broad array of BPAO services to beneficiaries with disabilities about work incentives and related benefits program

Massachusetts Project with Industry, Inc.

- Project provides extensive outreach to large numbers of beneficiaries, including youth and minorities
- Project provides benefits planning and assistance services aimed at helping beneficiaries to make informed choices about employment

Disability Law Center, Inc.: $104,768

Michigan
Goodwill Industries of Greater Detroit

- Project helps individuals navigate a world of work incentives in order to reach self-sufficiency
    - Targeted populations are transitioning youth and other groups considered traditionally underserved

The ARC Michigan

- This BPAO organization strives to reach minority populations, the chronically underemployed, and people with disabilities limiting their ability to comprehend benefits analysis

United Cerebral Palsy of Detroit

- They directly counsel clients to provide the necessary supports in the return-to-work effort of individuals with disabilities

United Cerebral Palsy Association of Michigan

- Project increases its clients' knowledge of available benefits, supports, and work incentives
    - Their goal is to assist beneficiaries in understanding the impact of earned income and also to inform them of the Ticket to Work program

Michigan Protection and Advocacy Service, Inc.: $163,605

Minnesota
Riverfront Activity Center, Inc.

- Project provides benefits planning and assistance to those who decide to pursue a work goal

Minnesota Department of Economic Security

- Project ensures that SSA beneficiaries with disabilities have access to accurate information about the impact of work on benefits, so they can make informed choices about work

Legal Aid Society of Minneapolis: $100,000

Mississippi
Mississippi Department of Rehabilitation Services

- Project works toward its goal of increasing direct planning and assistant services to individuals with disabilities to enhance their ability to make informed choices in transitioning from benefits to work
    - The Mississippi Department of Rehabilitation Services' and Mississippi Partners for Informed Choice works collaboratively with several entities in an effort to reach approximately 200,000 SSDI and SSI beneficiaries with disabilities

Mississippi Protection and Advocacy System, Inc.: $100,000

Missouri
Missouri Division of Vocational Rehabilitation

- Projects provide seamless services to beneficiaries with disabilities throughout the State
    - This project is a cooperative effort between the Missouri Division of Vocational Rehabilitation and the Missouri Statewide Independent Living Council, and 20 Centers for Independent Living

Paraquad, Inc.

- Project provides services to locate and serve low-income, individuals with disabilities to educate them on the programs and services available to assist them in gaining self-sufficiency and provide work programs
- Project provides access to case management and independent living services

Missouri Protection and Advocacy Services, Inc.: $100,000

Montana
Montana State University, Billings

- Project provides BPAO services Statewide and hopefully will increase the number of individuals with disabilities realizing financial self-sufficiency and provide work incentive programs in order to enable their clients to make informed choices about employment

Montana Advocacy Program: $100,000

Nebraska
Easter Seals Society of Nebraska, Inc.

- Project provides Statewide benefits planning, assistance services and outreach by employing state-of-the-art customer services strategies

Nebraska Advocacy Services, Inc.: $100,000

Nevada
Southern Nevada Center for Independent Living

- Project informs beneficiaries of existing work incentive programs and new programs being implemented under recent legislation
- Project helps beneficiaries to use this knowledge to make better work decisions

Nevada Disability Advocacy and Law Center: $100,000

New Hampshire
Granite State Independent Living Foundation

- Project enables people with disabilities to fully participate in all aspects of community life – including competitive employment
- Project provides opportunities for clients to determine what supports are most useful and appropriate in their return to work effort

Disabilities Rights Center, Inc.: $100,000

New Jersey
Epilepsy Foundation of New Jersey

- Project assists beneficiaries in making informed decisions about working by providing accurate, comprehensive, and culturally sensitive information about the impact of earned income on Federal and State benefits

United Cerebral Palsy Association of New Jersey

- Project assists beneficiaries in making informed decisions about working by providing accurate, comprehensive, and culturally sensitive information about the impact of earned income on Federal and State benefits
    - They work with the Epilepsy Foundation to achieve the same objectives

New Jersey Protection and Advocacy, Inc.: $100,000

New Mexico

New Mexico State Department of Education
Division of Vocational Rehabilitation

- Project WIN has consumer Information Centers providing Statewide benefits planning, assistance, and outreach to facilitate greater choice and direction in career planning for beneficiaries with disabilities

Protection and Advocacy System: $100,000

New York

Abilities Inc., of the National Center to the Disability Services

- This organization has a four-tiered implementation strategy that includes island-wide outreach and information dissemination

Barrier Free Living, Inc.

- Project provides benefits advisement services to all SSA beneficiaries with disabilities in the region with special emphasis on back-to work age youth

Independent Living, Inc.

- Project implemented a collaborative approach to benefit planning and assistance
    - Disseminating accurate information about work incentives programs and issues related to such programs

Neighborhood Legal Services, Inc.

- Project does extensive outreach, providing beneficiaries and provider agencies with user-friendly, accurate information about how work will impact benefits, and how work incentives can be used by beneficiaries

Research Foundation for Mental Hygiene, Inc.

- Brooklyn Works provides benefit advisement service and outreach to disabled SSI/SSDI individuals

Resource Center for Independent Living

- Project provides statewide coverage in giving community based benefits planning, assistance, and outreach to SSDI and SSI beneficiaries with disabilities

New York State Commission on
Quality of Care for the Mentally Disabled: $319,006

North Carolina

Life Plan Trust, Inc.

- MEANS-LPT will target SSI and SSDI beneficiaries in 18 Counties in North Carolina, and will be working in collaboration with the North Carolina Division of Vocational Rehabilitation (NCDVR) and Making Employment a New Success-United Cerebral Palsy (MEANS-UCP)

North Carolina Department of Health and Human Services

- Project provides access to benefits planning, assistance, and outreach to SSI/DI recipients ages 14 and older
    - This project will specifically target youth in transition, ages 14-21; Native Americans including Cherokee and Lumbee recipients; a large emerging Spanish speaking population, and North Carolina's severely underserved citizens with Developmental Disabilities

Tri-County Industries, Inc.

- Project conducts outreach and provides help with benefits planning to all beneficiaries with disabilities
    - TCI Options Access strives to make BPAO services available to SSI youth age 14 and above who may be ready to transition from school to work

United Cerebral Palsy of North Carolina

- Project provides benefits planning to all individuals requesting the assistance
    - The project manager will coordinate outreach activities as well as provide benefits counseling.

Governor's Advocacy Council for Person with Disabilities: $146,570

North Dakota

Rehab Services, Inc.

- Project provides consumers the tools necessary for using work incentives and supports in an effort to assist these individuals explore their options regarding employment

Protection and Advocacy Project: $100,000

Ohio

Center of Vocational Alternatives for Mental Health

- This collaboration with the local community's benefits advisors of these agencies are trained by COVA's Benefits Specialists on benefits planning, assistance, and outreach services, and work together to serve consumers

Legal Aid Society of Greater Cincinnati

- The Legal Aid Society of Greater Cincinnati (LSGC) creates the Work Incentives Resource Center (WIRC) to offer a comprehensive range of benefits planning, assistance, and outreach services to SSDI/SSII beneficiaries with disabilities, their families, and support workers
- LSGC provides intensive post-employment benefits planning and work incentive education and outreach to beneficiaries

Legal Aid of Western Ohio

- The Work Incentives Resource Project ensures that every SSA beneficiary with a disability in the targeted area receives, at minimum, basic information about work incentive programs and the assistance available
- Legal Aid of Western Ohio provides to certain beneficiaries more detailed work incentive education and outreach, pre-employment benefits planning, and intensive post-employment benefits planning and assistance.

Linking Employment, Abilities and Potential

- The project informs and educates SSDI and SSI beneficiaries about their various benefits including the new Social Security Work Incentives, the Ticket to Work, Medicare, Medicaid, Food Stamps, and other benefits available to them, which will enhance their ability to participate in the competitive work force

Ohio Legal Rights Service: $177,910

Oklahoma

University of Oklahoma College of
Continuing Education

- Project provides persons with disabilities options for employment and self-sufficiency through the provision of benefits planning and assistance services

Oklahoma Disability Law Center, Inc.: $100,000

Oregon

Oregon Advocacy Center

- "OAC" provides statewide coverage in the attempt to help beneficiaries realize economic self-sufficiency
- They ensure individuals receive accurate information about the availability of Federal, State, and local work incentive programs

Oregon Advocacy Center: $100,000

Pennsylvania

Association for Habilitation and Employment of the Developmentally Disabled

- Using a regional network of professional, trained Work Incentive Coordinators (WIC), AHEDD will collaborate with SSA, Department of Public Welfare, State Vocational Rehabilitation and Workforce Investment Centers (i.e. Career Links), State Protection and Advocacy, and other community-based agencies to promote and facilitate benefits planning and counseling for beneficiaries (target range ages 14-55)

Goodwill Industries of Central Pennsylvania

- Pennsylvania/Social Security Administration Benefits Counseling and Assistance Project provides benefits planning, assistance and outreach services to eligible SSI/DI

Pennsylvania Protection and Advocacy

- Project will enable consumers to make informed choices about their options for training and work, thus lessening their reliance on public benefits

Pennsylvania Protection and Advocacy, Inc.: $203,256

Puerto Rico
Movimiento Para el Alcance de Vida Independiente

- The project disseminates accurate information concerning work incentives programs and services to beneficiaries with disabilities
    - This helps to enable the recipients to make informed choices and to increase their chances of returning to work and achieving self-sufficiency

Office of the Ombudsman for Persons with Disabilities: $100,000

Rhode Island
Department of Human Services – Office of Rehabilitation Services

- This project provides Statewide access to knowledgeable and coordinated resources to enable beneficiaries to make informed decisions regarding work and its impact on the quality of their lives

Rhode Island Disability Law Center, Inc.: $100,000

South Carolina
South Carolina Vocational Rehabilitation Department

- Project provides updated and accurate information about work incentive programs and related issues to SSA beneficiaries with disabilities to improve beneficiaries' understanding of work options so they can make more informed employment choices and successfully transition from beneficiary to worker

Protection and Advocacy for People with Disabilities, Inc.: $100,000

South Dakota
Black Hills Special Services COOP

- This project provides benefits analysis hoping to steer individuals toward financial self-sufficiency
- "BHSS" helps beneficiaries navigate work incentive and supportive service programs throughout their State

South Dakota Advocacy Service: $100,000

Tennessee
Center for Independent Living of Middle Tennessee

- Project provides outreach and direct services to beneficiaries with disabilities, hopefully ensuring a substantial increase in the number of eligible SSI and SSDI beneficiaries who return to or begin work and achieve self-sufficiency

Statewide Independent Living Council of Tennessee

- This project works with the Center for Independent Living of Middle Tennessee in an effort to provide outreach and direct services to individuals with disabilities
- The project collaborates with four additional centers for independent living in the State to establish a comprehensive statewide system promoting the employability and self-sufficiency of persons with disabilities

Tennessee Protection and Advocacy, Inc.: $117,012

Texas

ARCIL, Inc.

- Project provides comprehensive, coordinated and Statewide benefits planning, assistance, and outreach services for SSI and SSDI beneficiaries with disabilities

Crockett Resource Center for Independent Living

- The project disseminates accurate information to SSI and SSDI beneficiaries with disabilities living in East Texas, about Federal, State, and local work incentive programs

Houston Center for Independent Living

- This project conducts outreach and provides benefits planning and assistance services to SSDI and SSI beneficiaries in Texas who desire to work or return to work, but encounter obstacles in obtaining employment

Imagine Enterprises

- This BPAO project is implementing SSA's overall employment strategy for beneficiaries with disabilities within a 77-county area, providing benefits planning and assistance and conducting outreach about Federal, State, and local work incentives programs and related issues

United Cerebral Palsy of Tarrant County

- This project provides individualized benefits management services, partnering with One-Stop Centers in assisting SSDI and SSI beneficiaries with disabilities

Valley Association for Independent Living

- The South Texas Benefits Planning Services disseminates accurate information to all SSI and SSDI beneficiaries with disabilities (and their families) in the target area about Federal, State and local work incentives programs, enabling them to make informed choices about work

Volar Center for Independent Living

- This project notifies beneficiaries of the availability of community-based services, conducts targeted outreach by leveraging existing resources, and uses existing communication channels to provide individual benefits counseling, assistance, and follow-up

Advocacy, Inc.: $237,941

Utah

Utah State Office of Rehabilitation

- This project hopes to increase the number of beneficiaries who achieve employment goals and become self-sufficient
    - Their target is to move toward an employment rate for people with disabilities equal to that for the general population

Disability Law Center: $100,000

Vermont

Vermont Center for Independent Living

- Project offers Statewide access to the information which people need to make choices about work and benefits
- Project provides technical assistance and peer-support to help eligible individuals prepare for and achieve sustainable employment

Vermont Protection and Advocacy: $100,000

Virginia

Access Independence

- Project provides benefits planning, assistance and outreach strategies for both rural and urban areas and access to community-based services and funding
- Project provides a cross-disability, consumer-directed perspective that promotes choice and self-advocacy

Blue Ridge Independent Living Center

- Project provides benefits planning, assistance, and outreach services to beneficiaries in middle and southern Virginia
    - They will work in collaborations with the other SSA funded CILs to provide seamless BPAO services

Independence Center, Inc.

- Project provides benefits planning, assistance and outreach strategies for both rural and urban areas and access to community-based services and funding in the Tidewater area of Virginia
- They will also provide a cross-disability, consumer-directed perspective that promotes choice and self-advocacy

Junction Center for Independent Living, Inc.

- Project provides benefits planning, assistance, and outreach services to southwest Virginia
- Also provides peer counseling, independent living skills training, and information and referral services

Virginia Association of Community Rehabilitation Programs

- Project provides for the needs of individuals with disabilities and employment service provider organizations to advance innovative, quality service delivery in employment and employment supports

Department for Rights of Virginians with Disabilities: $100,000

Washington

Employment Security Department

- Project provides a network of specialists for individual benefits planning and assistance
    - Through a central call center and community-based organizations, they inform and counsel beneficiaries regarding the services, resources, and incentives available for the return-to-work effort

Positive Solutions

- Positive Solutions empowers beneficiaries to make educated choices regarding work, thereby enhancing lives through self-advocacy and self-determination
    - Services offered include client-focused workshops, one-on-one benefits counseling sessions, and employment provider in-services

Washington protection and Advocacy system: $100,000

West Virginia

Division of Rehabilitation Services

- Project provides community-based benefits planning and assistance services with the goal of increasing the number of beneficiaries who return to work

West Virginia Advocates, Inc.: $100,000

Wisconsin

Employment Resources, Inc.

- Project provides a broad range of BPAO services to beneficiaries and assists them in making informed employment decisions

Independence First

- Project provides benefits assessments and planning to all SSDI/SSI beneficiaries in 4-county service area and conducts outreach to SSDI/SSI beneficiaries and their families

Riverfront Activity Center, Inc.

- Project provides benefits planning and assistance to those beneficiaries who decide to pursue a work goal

Wisconsin Coalition for Advocacy: $100,000

Wyoming

Wyoming Centrum for Assistive Technology (WyCAT) at Casper College

- WyCAT project provides extensive outreach and direct benefits counseling to SSA beneficiaries with return to work issues

Protection and Advocacy System, Inc.: $100,000

Appendix B

Ticket to Work Incentive and Work Improvement Act of 1999/ Ticket to Work Program

The Ticket to Work and Self-Sufficiency Program is the focus of the Ticket to Work and Work Incentives Improvement Act of 1999. This program provides Social Security beneficiaries with disabilities increased choices for receiving services related to employment. Under this program, the Social Security Administration (SSA) issues Tickets to eligible beneficiaries who, in turn, may assign those Tickets to an Employment Network (EN) of their choice to receive employment services, vocational rehabilitation services or other support services necessary to achieve a vocational goal.

In September 2004, the SSA completed a 3-year phase of the Ticket program, and reported mailing Tickets to more than 10 million beneficiaries. Tickets continued to be mailed to newly entitled SSA beneficiaries. The following provides information on the Ticket to Work Incentive and Work Improvement Act of 1999 (Public Law 106-170) and the Ticket to Work Program and was last updated January 23, 2006 (Social Security Administration, 2006c).

Ticket Tracker			
State	**Tickets Issued**	**Employment Networks Awards Cumulative**	**Ticket Assignments to Employment Networks**
AK	17,735	4	8
AL	263,876	9	138
AR	168,338	16	129
AS	1,258	0	0
AZ	206,815	26	267
CA	1,075,989	122	1,539
CO	122,132	15	49
CT	110,738	16	38
DC	24,677	12	88
DE	33,142	5	17
FL	698,164	89	649
FM	0	0	0
GA	347,930	25	271
GU	1,379	0	0

HI	32,893	6	33
IA	102,164	27	54
ID	44,263	5	11
IL	453,649	67	398
IN	231,782	30	44
KS	86,058	20	84
KY	295,937	16	57
LA	224,222	19	55
MA	278,483	46	163
MD	152,866	21	147
ME	67,740	10	49
MH	1	0	0
MI	424,218	63	230
MN	139,969	38	133
MO	258,694	38	212
MP	567	0	0
MS	190,297	6	162
MT	33,824	11	7
NC	368,472	32	67
ND	18,177	8	10
NE	48,773	7	23
NH	45,425	5	17
NJ	261,063	30	99
NM	80,632	10	36
NV	70,976	15	121
NY	834,131	128	610
OH	430,637	40	238
OK	163,596	6	27
OR	130,992	25	89
PA	509,899	64	267
PR	164,400	7	125
PW	0	0	0

RI	46,068	4	28
SC	221,175	13	100
SD	24,164	3	6
TN	307,911	20	476
TX	652,539	68	673
UT	45,561	8	12
VA	270,199	33	146
VI	2,032	2	12
VT	26,708	1	6
WA	203,103	32	207
WI	193,114	26	237
WV	139,085	15	69
WY	14,080	1	7
National	NA	19	NA
Totals	**11,362,712**	**1,384**	**8,740**

Appendix C

Ticket to Work Program Statistics for State Vocational Rehabilitation Agencies

Ticket to Work Program statistics for state vocational rehabilitation agencies was last updated January 23, 2006 (Social Security Administration, 2006b). Individual state details follow.

State Ticket Tracker			
State	**Tickets Issued**	**State Vocational Rehabilitation Agencies**	**Ticket Assignments to State Vocational Rehabilitation Agencies**
AK	17,735	1	151
AL	263,876	1	2,297
AR	168,338	2	738
AS	1,258	NA	0
AZ	206,815	1	1,002
CA	1,075,989	1	9,192
CO	122,132	1	654
CT	110,738	2	1,236
DC	24,677	1	150
DE	33,142	2	780
FL	698,164	2	7,603
FM	0	NA	0
GA	347,930	1	2,800
GU	1,379	1	0
HI	32,893	1	72
IA	102,164	2	1,225
ID	44,263	2	657
IL	453,649	1	8,327
IN	231,782	1	3,076
KS	86,058	1	1,115

LA	224,222	1	2,781
MA	278,483	2	1,337
MD	152,866	1	1,650
ME	67,740	2	537
MH	1	NA	0
MI	424,218	2	6,466
MN	139,969	2	1,506
MO	258,694	2	3,239
MP	567	1	0
MS	190,297	1	1,268
MT	33,824	1	353
NC	368,472	2	1,350
ND	18,177	1	30
NE	48,773	2	531
NH	45,425	1	72
NJ	261,063	2	683
NM	80,632	2	203
NV	70,976	1	659
NY	834,131	2	11,198
OH	430,637	1	3,677
OK	163,596	1	2,130
OR	130,992	2	682
PA	509,899	1	3,763
PR	164,400	1	15
PW	0	NA	0
RI	46,068	1	91
SC	221,175	2	2,839
SD	24,164	2	736
TN	307,911	1	3,185
TX	652,539	2	3,012

VA	270,199	2	3,600
VI	2,032	1	3
VT	26,708	2	1,479
WA	203,103	2	1,709
WI	193,114	1	4,869
WV	139,085	1	429
WY	14,080	1	38

Appendix D

Connecticut's Industries and Occupations Report

CONNECTICUT'S INDUSTRIES & OCCUPATIONS

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CONNECTICUT DEPARTMENT OF LABOR

A Partner In CTWORKS

CONNECTICUT'S OUTLOOK

- "SOFT REVOLUTION" - knowledge replacing physical resources as main driver of economic growth
- 75% of top 100 fastest growing jobs will be derived from fields requiring basic/advanced knowledge of math, science, or engineering
- Growth expected to be highest in Management and Professional fields, with approximately 78,000 new positions created during the 10-year period accounting for more than 55% of Connecticut's job growth
- Burgeoning High Tech Industries:
  - Fuel Cell Development
  - Medical Device Industry
  - Nanotechnology

LMI Economy Workforce Careers
Office of Research

GOOD and BAD NEWS ABOUT CONNECTICUT'S ECONOMY

CAUSE FOR JOY

- Business & Professional Services, and Financial Activities main job generators in 2005 - industries employing high percent of management, professional, and technical workers
- Southwest Connecticut attracting financial services companies from New York City
- The Groton Naval Sub Base stays

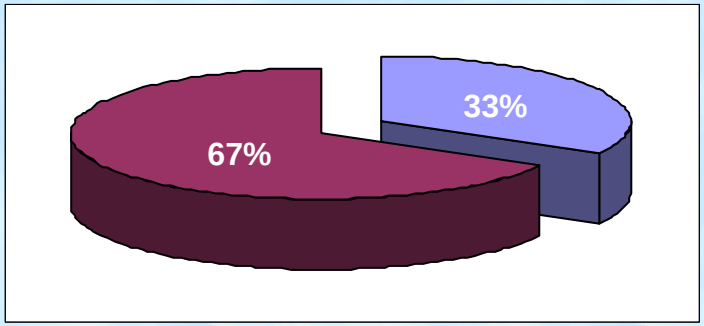
CAUSE FOR WORRY

- Energy costs have complex effect on economy: business expenses, costs of goods, services, and employment
- Federal payouts due to hurricane damage and war add to federal deficit
- Electric Boat expected to reduce workforce by 2,400 in 2006

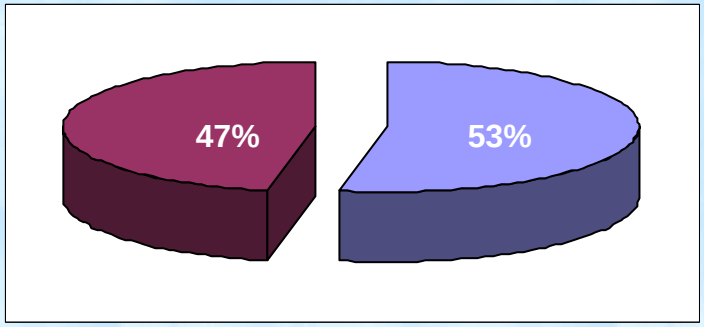
LMI Economy ★ Workforce ★ Careers
Office of Research

EDUCATION and the WORKFORCE

In 2002, jobs requiring postsecondary training, college or more represented about one-third of Connecticut's workforce.



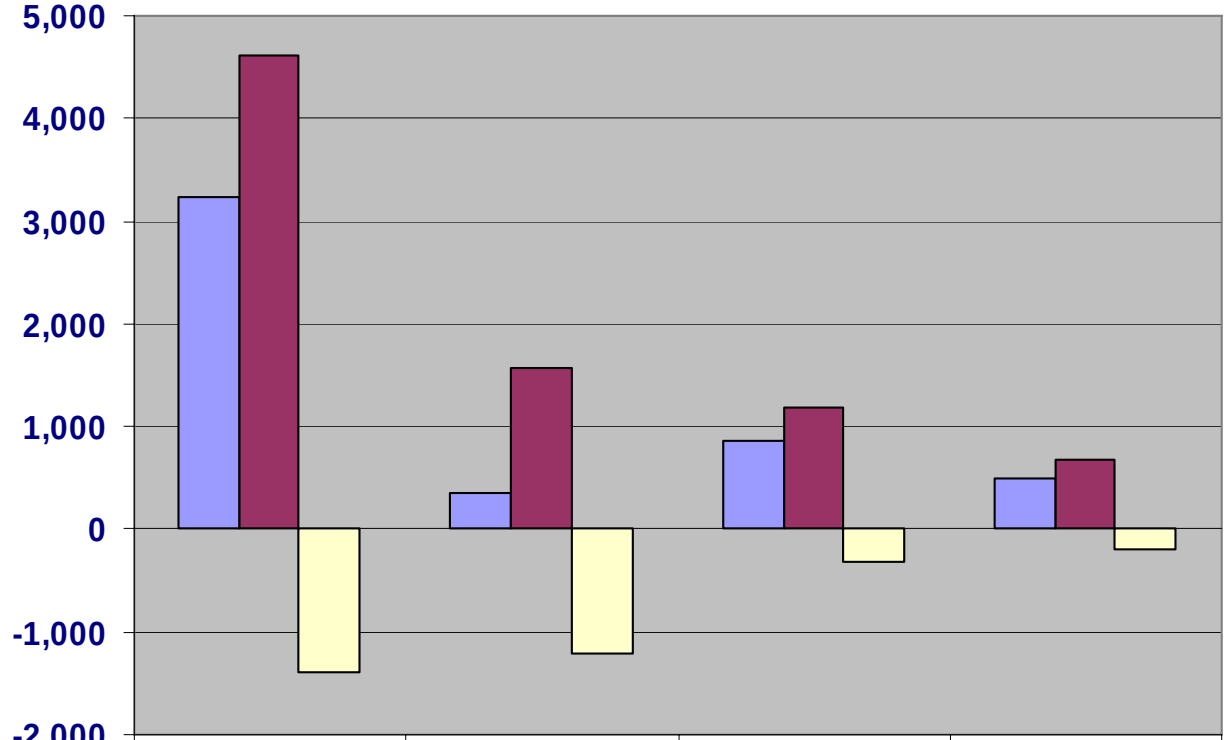
In 2012, jobs requiring postsecondary training, college, or more will make up more than half of net change in new jobs (growth).



	Employment		Percent
Occupations Requiring	2002	2012	Change
Bachelor's Degree or Higher	414,020	471,730	13.9%
Associate Degree	72,350	83,450	15.3%
Intense Postsecondary/Vocational Training	82,440	89,170	8.2%
Total Jobs Requiring Postsecondary	568,810	644,350	13.3%

LMI Economy ★ Workforce ★ Careers
Office of Research

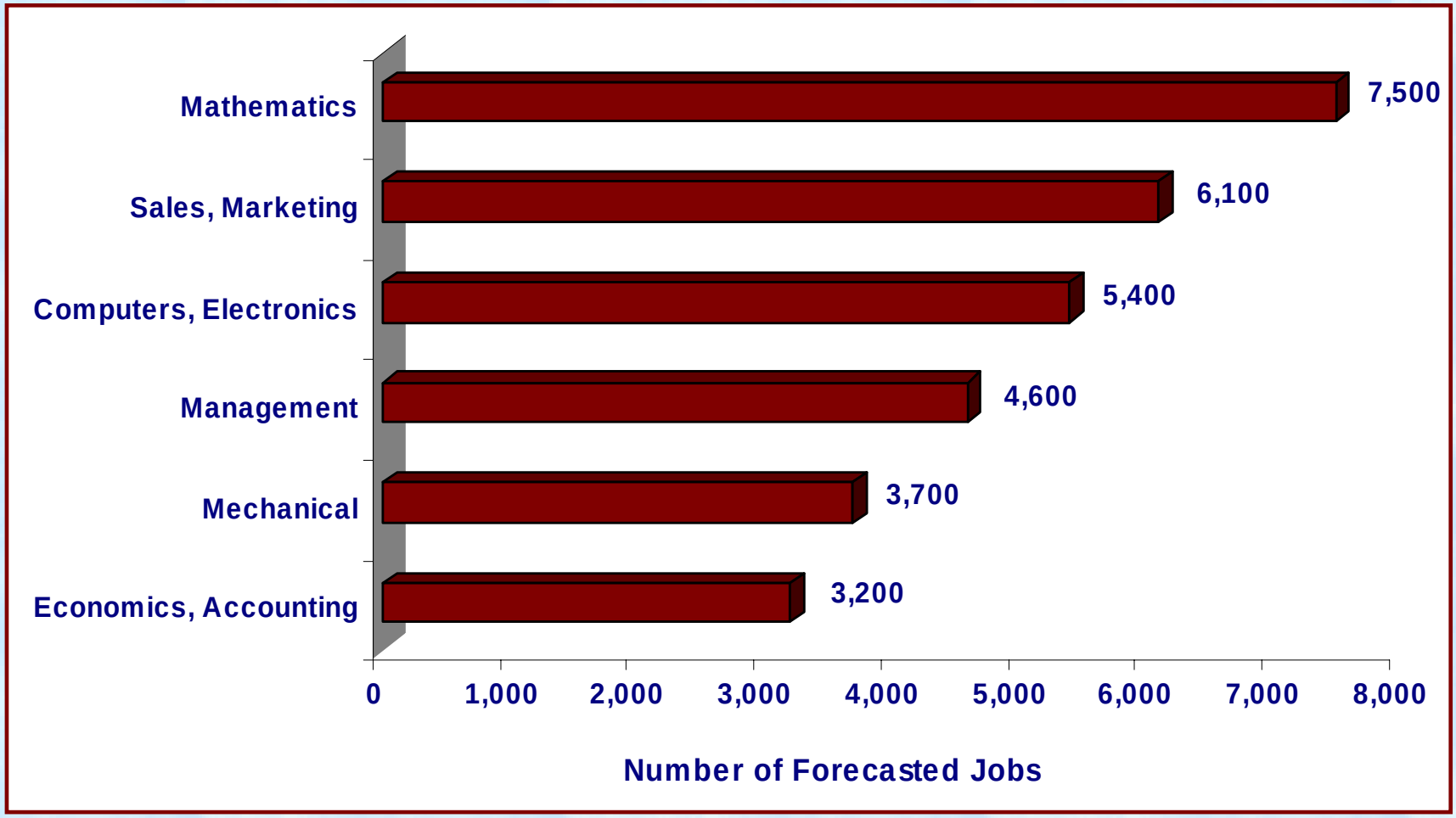
DEGREES CONFIRMED vs. FORECASTED DEMAND



	Health Professions	Computer, Information Sciences	Registered Nurse	Engineering
2003-2004 Degrees Confirmed	3,231	354	866	487
2002 - 2012 Annual Demand	4,618	1,567	1,181	676
Deficit	-1,387	-1,213	-315	-189

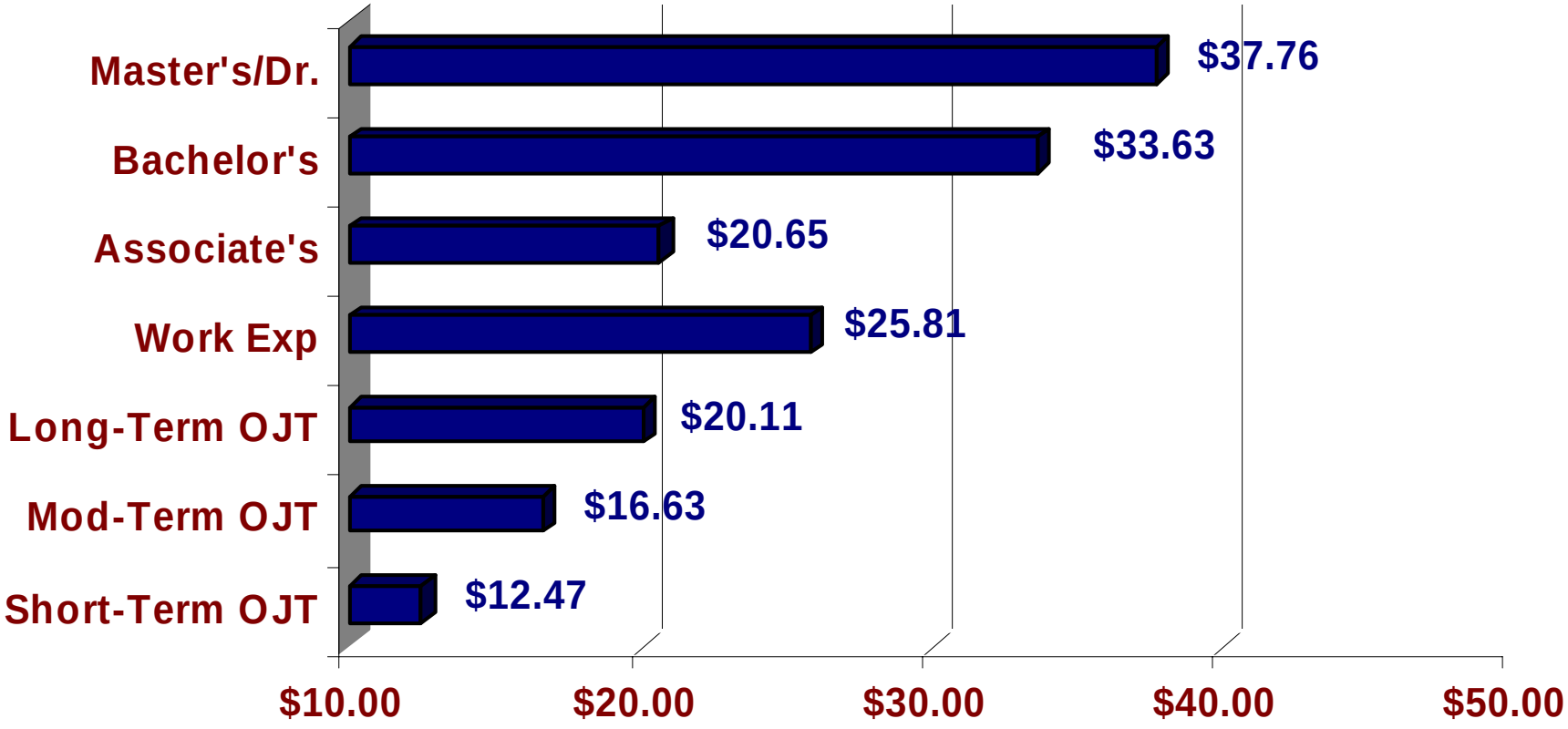
LMI Economy ★ Workforce ★ Careers
Office of Research

JOBS REQUIRING AT LEAST ONE of THESE BASES OF KNOWLEDGE, 2002 - 2012



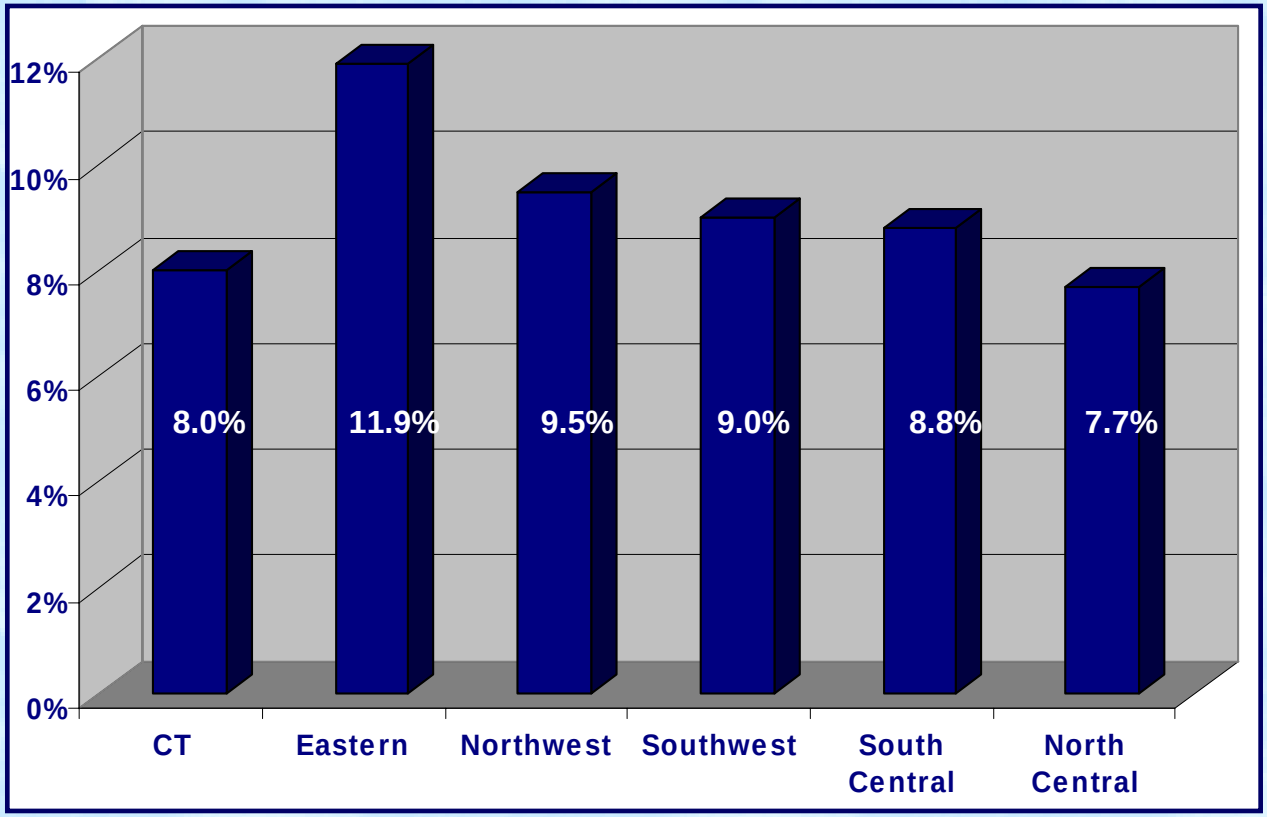
LMI Economy ★ Workforce ★ Careers
Office of Research

WAGES of WORKERS by TRAINING REQUIREMENT



LMI Economy ★ Workforce ★ Careers
Office of Research

EMPLOYMENT GROWTH by REGION



	2002 Employment	2012 Employment
Connecticut	1,755,950	1,897,260
Eastern	190,610	213,200
Northwest	235,580	258,040
Southwest	379,140	413,210
South Central	355,030	386,320
North Central	548,500	590,690

LMI Economy ★ Workforce ★ Careers
Office of Research

TOP OCCUPATIONS by GROWTH RATE
2002 - 2012

	10 Year Growth Rate	Annual Job Openings	2005 Avg Salary
Personal Financial Advisors	48.5%	153	$ 74,477
Home Health Aides	48.5%	356	$ 24,529
Medical Assistants	46.4%	303	$ 30,375
Network System/Comm Analysts	40.4%	143	$ 66,491
Physician Assistants	38.1%	43	$ 79,654
Mental Health, Sub Abuse Workers	35.3%	93	$ 43,328
Database Administrators	34.9%	90	$ 72,294
Securities, Financial Services Agents	33.2%	303	$ 111,134
Social/Human Services Assistants	31.9%	384	$ 37,074

LMI Economy ★ Workforce ★ Careers
Office of Research

TOP OCCUPATIONS by ANNUAL GROWTH (New Jobs) 2002 - 2012

	Annual Growth	Annual Job Openings	2005 Avg Salary
Registered Nurses	524	1,181	$ 60,063
Retail Salespersons	440	2,314	$ 22,064
Customer Service Reps	375	820	$ 33,380
Accountants and Auditors	258	637	$ 62,209
Teachers Assistants	254	682	$ 23,352
Computer Systems Analysts	250	358	$ 70,984
Social /Human Services Assts	248	384	$ 37,074
Nursing Aides, Orderlies	224	537	$ 26,768
Food Preparation Workers	218	709	$ 20,365

LMI Economy ★ Workforce ★ Careers
Office of Research

CONNECTICUT'S OLDER WORKFORCE

SOME INTERESTING PROJECTIONS:

- In 2010, Connecticut will have the seventh-oldest population, with a median age of 39.6
- By 2010 those over 45 will make up forty percent of the state's labor force
- Within 20 years, 18% of Connecticut's population will be 65 or older (Florida)
- Median Worker Ages:
  - Manufacturing Industry 37.4
  - Machinist 58
  - Aerospace Engineer 54
  - Teacher/Administrator 51 (44% of Math/Physics over age 50)
  - Nurse 46

LMI Economy Workforce Careers
Office of Research

CONNECTICUT'S OLDER WORKFORCE

What is happening?

- Connecticut is entering a period of skilled worker shortage
- Lack of growth in prime age (35 to 49 year old) workers means older workers will become a key source of labor

What does it mean to you?

- Workforce planning will become a strategic factor for Connecticut's employers and industries
- Older workers have to be viewed as an irreplaceable resource

The most successful employers will be those able to attract and retain the skilled and valuable resource that the older worker represents.

LMI Economy ★ Workforce ★ Careers
Office of Research

Need More Information?

If you have any questions on Connecticut's workforce, please feel free to visit us at:

www.ctdol.state.ct.us/lmi

(860) 263-6275

Appendix E

I. Councils

II. Workforce Investment Boards

III. Other Entities

IV. Nonprofit Organizations

I. Councils

Name:

African American Affairs Commission

Mailing and E-mail Address:

AAAC
210 Capitol Avenue, Room 509
Hartford, CT 06106

Contact Information:

Vanessa Burns
860-240-0258

Web Address:

www.cga.state.ct.us/aaac

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

The Commission meets once a month.

Its role is to do legislative advocacy and referrals focusing on education, economic development, and health.

Name:

Aging, Commission on

Mailing and E-mail Address:

Commission on Aging
State Capitol (Room 509)
Hartford, CT 06106
860-240-5200

Contact Information:

Julia Evans Starr
Julia.Evans.Starr@cga.ct.us

Web Address:

www.cga.ct.gov\coa

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Commission meets once a month.

The Commission is an independent state agency solely devoted to enhancing the lives of our state's older adults and preparing for their secure future. In carrying out its mission, the Commission leads public/private-sector efforts to promote and improve public policy on issues including health care, long-term care, transportation, financial security, housing, employment, legal assistance and many others.

The Commission recently endorsed a priority to redefine retirement years (RRY). This priority area covers workforce issues as well as civic engagement. The RRY subcommittee has held an exploratory meeting with the Department of Labor, CETC (Connecticut Employment and Training Commission), and the OWC (Office of Workforce Competitiveness). The Commission is in the midst of reviewing several reports and developing a strategic plan. There are plans to convene a focus group with representatives from the business industry to highlight best practices in retaining and hiring workers who happen to be older.

Name:

Agricultural Development, Governor's Council for

Mailing and E-mail Address:

Connecticut Department of Agriculture
165 Capitol Avenue
Hartford, CT 06106
860-713-2509 (phone)
860-713-2514 (fax)

Contact Information:

Melanie Attwater-Young
Legislative Liaison
Melanie.Attwater-Young@po.state.ct.us

Web Address:

NA

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

The Council is required to meet quarterly, but has not met in several years. The Department of Agriculture has submitted a proposal to reduce the size of the council to 15 people and have it meet twice a year.

There is nothing about employment or related issues in the statute that created this council.

Name:

Apprenticeship Council, Connecticut State

Mailing and E-mail Address:

State of Connecticut
Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109

Contact Information:

Jack Guerrera
Apprenticeship Program Manager
860-263-6087
jack.guerrera@ct.gov

Web Address:

www.ct.apprenticeship@po.state.ct.us

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

The Apprenticeship Council meets on the third Thursday of the odd months at 1:30 p.m. Additional meetings may be held at the call of the Chair.

The purpose of this effort is to enroll people into apprenticeship programs, mostly in the construction and manufacturing trades. People get on-the-job training with companies, but must attend vocational school as well in order to become licensed.

There has not been a focus on people with disabilities, although statistically there must be people going through this program who have disabling conditions. Recommend that their collection of demographics reflect not only gender and race, but disability as well.

Name:

Barbers, Hairdressers, and Cosmeticians, Connecticut Examining Board for

Mailing and E-mail Address:

State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#12APP
P.O. Box 340308
Hartford, CT 06134-0308

Contact Information:

Frank Manna
860-509-8375
frank.manna@po.state.ct.us

Web Address:

www.dph.state.ct.us

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

The Department of Public Health provides accommodations for completing licensing examinations to people with disabilities. To assess whether an individual qualifies for an accommodation, the Department utilizes the disability definition from the Americans with Disabilities Act. These standards ensure that people with disabilities receive appropriate accommodations while also ensuring that no candidate receives an unjustified or unfair advantage over other candidates.

Name:

Community Economic Development Fund, Board of Directors

Mailing and E-mail Address:

Community Economic Development Fund
430 New Park Avenue, 2nd Floor
West Hartford, CT 06110
860-249-3800

Contact Information:

Donna Wertenbach
860-249-3800 x 308

Web Address:

NA

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

Board meets quarterly.

This is a private nonprofit organization with some State funding. Its mission is to provide economic development to needy communities through two major programs:

1) Small-business lending and technical assistance; and
2) Work with community groups in targeted neighborhoods.

The program has provided business startup loans to many people, including some with hearing or visual disabilities.

Name:

Community Mental Health Strategy Board

Mailing and E-mail Address:

Department of Mental Health and Addiction Services
410 Capitol Avenue
Hartford, CT 06106

Contact Information:

Pat Rehmer
Deputy Commissioner
860-418-6676
pat.rehmer@po.state.ct.us

Web Address:

www.dmhas.state.ct.us/cmhsb.htm

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Community Mental Health Strategy Board meets approximately every two months.

Created by the Governor and the General Assembly through Public Act 01-8 to increase funding for community-based services for people of all ages (children and adults) with a history of mental illness. Its activities do not specifically address employment, but there is a strong housing component.

The Board has three goals:

1) Expand access to effective and quality-driven behavioral healthcare and improve services across a full continuum of care.

2) Integrate prevention and early intervention into the behavioral health system – making it and essential part of the continuum of care.

3) Provide services based on recovery and rehabilitation.

Name:

Connecticut Council for Persons with Disabilities

Mailing and E-mail Address:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Contact Information:

Cathy Ludlum
Council Chair
860-649-7110
cathyludlum@cox.net

Marilyn Fox
860-424-5871
marilyn.fox@po.state.ct.us

Web Address:

NA

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☑ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

The Connecticut Council for Persons with Disabilities consists of 17 members, primarily people with disabilities, agency personnel, and advocates. The Council meets approximately six times a year in the odd months.

The Council was created in Sec. 17b-606(b) of the Connecticut General Statutes to advise the Commissioner of the Department of Social Services (the lead agency for services to people with disabilities) about programs and policies affecting its constituents. At times, the Council has had active subcommittees which identified and tackled issues of importance to people with disabilities. Currently, the Council is reactive, mainly addressing areas put forward by DSS or which come up as a result of legislation.

Name:

Connecticut Health and Educational Facilities, Board Of Directors

Mailing and E-mail Address:

Board of Directors
Connecticut Health and Educational Facilities
10 Columbus Boulevard, 7th Floor
Hartford, CT 06106

Contact Information:

Jennifer Smyth
860-520-4002 x 308
jsmyth@chefa.com

Web Address:

www.chefa.com

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

Board meets monthly.

CHEFA is a private, nonprofit organization which acts as a conduit for funding of childcare facilities, prep schools, higher education, health care facilities, and nursing education.

Name:

Connecticut Innovations Incorporated, Board of Directors

Mailing and E-mail Address:

Connecticut Innovations Incorporated
200 Corporate Place
Rocky Hill, CT 06067

Contact Information:

Bonnie Greenwell
860-563-5851 x344

Web Address:

www.ctinnovations.com

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

Board meets quarterly.

Connecticut Innovations is a quasi-public authority promoting the development of a technology-based economy. The organization works with many technology companies (some small or startup businesses) by providing technical assistance and support.

Name:

Connecticut Public Transportation Commission

Mailing and E-mail Address:

Bureau of Rehabilitation Services
25 Sigourney Street 11th Floor
Hartford, CT 06106

Contact Information:

Dennis King
CPTC Liaison
860-594-2820
dennis.king@po.state.ct.us

Web Address:

http://www.ct.gov/dss/site/default.asp

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

Mission: Provide assessment, advice and recommendations to BRS and others regarding coordination and effectiveness of programs and strategies that promote community-based competitive employment for persons with disabilities.

Clearly transportation is a critical element linking individuals to the employment world. Projects and Recommendations for 2005 include: Funding for Job Access Transportation Services; Policies on the Safe Deployment of Bus Ramps; Accessible Taxicab Vehicles; Driver Training Program for Wheelchair Procedures; and Matching Grant Program for Dial-a-Ride Services.

Name:

Culture and Tourism, State Commission on
(Formerly the State Commission on the Arts, Tourism, Culture, History, and Film)

Mailing and E-mail Address:

State Commission on Culture and Tourism
One Financial Plaza
755 Main Street
Hartford, CT 06106

Contact Information:

Rhonda Olisky
860-256-2727

Web Address:

www.cultureandtourism.org

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

Commission meets approximately six times per year.

The organization promotes culture and tourism for state residents and tourists in four areas: arts, tourism, film, and history.

Name:

Deaf and Hearing Impaired, State Commission on the

Mailing and E-mail Address:

67 Prospect Avenue, 3rd Floor
Hartford, CT 06105

Contact Information:

Harry Vrenna
860-231-8756
Counselor
harold.vrenna@po.state.ct.us

Stacie J. Mawson
Executive Director
860-231-8756
Stacie.mawson@po.state.ct.us

Web Address:

http://www.state.ct.us/cdhi/

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

The CDHI advisory board consists of twenty-one members, three of whom are ex-officio, seven representatives of other state agencies and eleven members appointed by the governor to represent the deaf and hard of hearing population.

Mission: advocate, strengthen and implement state policies and their relationship to the public, industry, health care, and educational opportunities. Provide interpreting services for deaf and hard of hearing persons interacting with the public in a variety of legal, medical, mental health, employment, educational, community participation and personal situations. Services are available to the other federal, state, local, and private agencies/organizations as well as emergency services. Noted in the interview that the 3 difficulties to employment are:

1) English language barrier;
2) Insurance issues (those who do not fill out in time lose out); and,
3) Mechanical or technical functions pertaining to specific jobs.

Name:

Developmental Disabilities, State Council on

Mailing and E-mail Address:

460 Capital Avenue
Hartford, CT 06106-1308

Contact Information:

Edward T. Preneta
Director
860-418-6157
ed.preneta@po.state.ct.us

Web Address:

http://www.ct.gov/ctcdd/site/default.asp

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

The Council meets 6 or 7 times a year.

The Council on Developmental Disabilities is a Governor-appointed body of people with disabilities, family members and professionals who work together to promote the full inclusion of people with disabilities in community life. First established by Governor Thomas Meskill in 1971, the Council is currently authorized and funded by the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000. The Council receives a fixed amount of federal funds each year and maintains an office with 3 staff members. The Council engages in advocacy, capacity building and systems change activities on behalf of people with developmental disabilities, their families and their communities. The Council speaks out on issues; educates communities, policymakers and service providers; and funds initiatives designed to create opportunities for inclusion in community life, reduce dependence on government services and restore citizen control over programs.

In 2005, the Council awarded numerous grants totaling $528,473.

Name:

Education and Services for the Blind, Board of Directors

Mailing and E-mail Address:

Board of Education and Services for the Blind
184 Windsor Avenue
Windsor, CT 06095
860-602-4008

Contact Information:

Alan Sylvestre
Chairman of the Board
860-263-6743

Brian Sigmund
Executive Director
860-602-4008

Web Address:

www.besb@po.state.ct.us

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Board of Directors meets four times a year.

BESB serves people who are blind through three programs:

1) K-12 and Adult Education
2) Technology to Promote Independence
3) Vocational Services

Employment is fundamental to BESB's mission, and their goal is for everyone to have an employment plan

Name:

Family Support Council

Mailing and E-mail Address:

460 Capitol Avenue
Hartford, CT 06106

A.J. Pappanikou Center
263 Farmington Avenue
Farmington, CT 06030-6222

Contact Information:

Terry L. Cote
Agency Representative
860-418-6017

Susan Zimmerman
Coordinator
860-679-1513

Web Address:

http://www.familysupport-ct.org/

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

The Council meets monthly and each Region in the state has a council.

The Connecticut Family Support Council was created by state legislation. Council membership must be composed of two-thirds family and one-third representatives from agencies that serve children with disabilities. Family members are appointed to the Council by the Governor and legislative leaders in the House and Senate of the Connecticut General Assembly. The Council carries out the goals of the Connecticut's family support legislation through the statewide organization and through a regional network of family support councils. The Connecticut Family Support Council believes that all children have the right to grow up in loving families. It is the goal of the Council to ensure that the State of Connecticut provides adequate family supports.

Name:

Governor's Committee on the Employment of People with Disabilities (GCEPD)

Mailing and E-mail Address:

ATT/SBC Company
4th Floor
555 Long Wharf Drive
New Haven, CT 06511

Contact Information:

Sam McKnight, Jr.
Chairperson
Director - Network Operations
203-553-6300
sam.mcknight@att.com

Bridget Kemmling
Equal Opportunity Officer
CT Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109
860-263-6774
bridget.kemmling@ct.gov

Web Address:

http://www.ctdol.state.ct.us/gendocs/GCEPD06.ppt

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☑ Appointed, Commissioner	☐ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

Committee meets six times a year, usually in the even months.

The role of GCEPD is to provide information to employers so they will feel more comfortable in hiring people with disabilities. The organization sponsors the Business Leadership Network (www.ctdol.state.ct.us/ctbln/default.html) and the Youth Leadership Forum (www.ctdol.state.ct.us/ylf/default.htm). In the coming year they will be undertaking a marketing campaign with Rotary Clubs and similar groups to promote the committee and publicize what it offers.

Name:

Higher Education, Board of Governors of

Mailing and E-mail Address:

61 Woodland Street
3rd Floor
Hartford, CT 06105

Contact Information:

Lisa Negro
Executive Assistant
860-947-1801
Lnegro@ctdhe.org

Valerie Lewis
Commissioner
860-947-1801

Web Address:

http://www.ctdhe.org/

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

The mission is to promote a postsecondary system of distinctive strengths which, through overall coordination and focused investment, assures state citizens access to high quality educational opportunities, responsiveness to individual and State needs, and efficiency and effectiveness in the use of resources.

The Board of Governors for Higher Education is the statewide coordinating and planning authority for Connecticut's public and independent colleges and universities. Created in 1983 by the Governor and General Assembly, the Board of Governors is charged by statute to: 1) maintain standards of quality, 2) assure the fullest possible use of available resources, 3) promote responsiveness to economic, societal and student needs, 4) apply higher education's resources to the problems of society, 5) offer learning and training opportunities keyed to the state's development, 6) protect academic freedom, and 7) ensure educational opportunity.

Name:

Housing Matters, Citizens Advisory Council

Mailing and E-mail Address:

104 Beacon Street
Hartford, CT 06105

Contact Information:

Raphael Podolsky
Attorney
Chairperson
860-278-5688 x 13

Web Address:

NA

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

The group meets quarterly.

Their role is to give advice to the housing courts and oversee how they operate.

Name:

Human Rights and Opportunities, Commission on

Mailing and E-mail Address:

CHRO
21 Grand Street
Hartford, CT 06106

Contact Information:

R. Hamisi Ingram
Executive Director
860-541-3400

John Lobon
Chairperson

Web Address:

http://www.state.ct.us/chro/

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

Monthly meetings, 2nd Thursday.

The mission of the Connecticut Commission on Human Rights and Opportunities (CHRO) is to eliminate discrimination through civil and human rights law enforcement, and to establish equal opportunity and justice for all persons within the state through advocacy and education.

It is the statutory responsibility of the Commission to:
Enforce human rights laws to end illegal discrimination in employment, housing, public accommodations and credit transactions.

Monitor compliance with state contract compliance laws (4a-60, 4a-60a and 32-9e) and with laws requiring affirmative action in state government.

Establish equal opportunity and justice for all persons in Connecticut through education and Commission outreach activities.

Name:

Interagency Birth-to-Three Coordinating Council, State

Mailing and E-mail Address:

State ICC
Department of Mental Retardation
460 Capitol Avenue
Hartford, CT 06106-1308
860-418-6134

Contact Information:

Eileen McMurrer
eileen_mcmurrer@po.state.ct.us

Web Address:

www.birth23.org

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

Council meets six times a year, usually in the even months.

This program administers contracts for services to assist families of infants and toddlers who have disabilities or are likely to have disabilities. Possibility of employment impact on family members and contractors which provide these services.

Name:

Latino and Puerto Rican Affairs Commission

Mailing and E-mail Address:

18-20 Trinity St.
Hartford, CT 06106

Contact Information:

Fernando Betancourt
Executive Director
860-240-8330

Ramon L. Arroyo
Chairperson

Web Address:

http://www.cga.ct.gov/lprac/

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

The Latino and Puerto Rican Affairs Commission was created by the Legislature of the State of Connecticut through Public Act No. 94-152, taking effect February 1, 1995. LPRAC coordinates and provides access to resources by developing policy for the advancement of the Latino and Puerto Rican community and making recommendations to the Governor and the Legislature. Key areas of interest include: Democracy Issues (Election Day Registration), Economic Development (Nurse Licensing Reciprocity Program), Latino Legal Immigrants Rights and Benefits, Education Issues (Dual-Language Education), Health Disparity Issues (HIV/Aids, Asthma, Lead Poisoning, Tobacco Cessation, Diabetes and Mental Health), Access to Health Care, Medicare and Prescription Drugs, Judicial Issues (Court and Hospital Interpreters, Juvenile Justice System) and Housing Issues (Affordable Housing and Rental Assistance Programs, Homeownership)

Name:

Long-Term Care Advisory Council

Mailing and E-mail Address:

Connecticut Commission on Aging
210 Capitol Avenue, #509
Hartford, CT 06106

Contact Information:

Julia Evans Starr
Executive Director
860-240-5200
Julia.Evans.Starr@cga.ct.us

Web Address:

http://www.cga.ct.gov/coa/LTCAdCouncil.htm

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

The Long-Term Care Advisory Council typically meets on the first Monday of the month. Members are appointed by various members of legislative leadership.

According to the authorizing statutes, Sec. 17b-338, the Long-Term Care Advisory Council advises and makes recommendations to the State of Connecticut's Long-Term Care Planning Committee. Under the auspices of the Commission on Aging, the Council works closely with the Planning Committee to develop a road map for long-term care policy in Connecticut, which includes services to elders as well as people with disabilities of any age. Beyond that charge, the Advisory Council proposes and promotes legislation, and is creating with its partners a user-friendly long-term care services and supports website.

Name:

Mental Health and Addiction Services, Board of

Mailing and E-mail Address:

410 Capitol Avenue
Hartford, CT 06134

Contact Information:

Ruth Howell
860-418-6821

Web Address:

http://www.dmhas.state.ct.us/

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

There are five mental health regions in Connecticut and each region has a Regional Mental Health Board. In addition, each region is divided into catchment areas which are represented by corresponding Catchment Area Councils (CACs). These advisory councils and boards were established to ensure that citizens from every town in Connecticut will be actively involved in determining and monitoring the kind of mental health services that will be provided by the Connecticut Department of Mental Health and Addiction Services.

Numerous functioning bodies: State Advisory Board, Regional Health Boards, Catchment Area Councils, and Regional Action.

Vocational and employment services are an integral part of their evaluation.

Name:

Mental Retardation, Council on

Mailing and E-mail Address:

460 Capitol Avenue
Hartford, CT 06106

Contact Information:

Beth McArthur
860-418-6132

Stuart Brown
Chair

Ivette DeJesus
Executive Secretary to the Commissioner
860-418-6010
ivette.dejesus@po.state.ct.us

Web Address:

www.dmr.state.ct.us

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

Council meets monthly.

The role of the council is to consider and advise on such matters as its members, the board of trustees of the training school and the Commissioner of Mental Retardation may request. The council shall consult with the Commissioner of Mental Retardation on the administration of the state program for people with mental retardation. The council shall recommend to the governor and to the General Assembly such legislation as will in its judgment improve the care and training of mentally retarded individuals.

Not a very involved group (per interview with DMR).

Name:

Protection and Advocacy for Persons with Disabilities, Board of

Mailing and E-mail Address:

60B Weston Street
Hartford, CT 06120-1551

Contact Information:

James McGaughey
Executive Director
860-297-4300
james.mcgaughey@po.state.ct.us

Barbara Roy
860-297-4307
barbara.roy@po.state.ct.us

Web Address:

http://www.ct.gov/opapd/site/default.asp

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

Two functioning Advisory Councils.

The mission of the Office of Protection and Advocacy is to advance the cause of equal rights for persons with disabilities and their families by:

- increasing the ability of individuals, groups and systems to safeguard rights;
- exposing instances and patterns of discrimination and abuse;
- seeking individual and systemic remediation when rights are violated;
- increasing public awareness of unjust situations and of means to address them; and
- empowering people with disabilities and their families to advocate effectively

This group may be helpful on a case-by-case basis.

Name:

Rehabilitation Council, State (for individuals who are blind)

Mailing and E-mail Address:

Board of Education and Services for the Blind
184 Windsor Avenue
Windsor, CT 06095

Contact Information:

Brian Sigman
860-602-4008

Web Address:

http://www.besb.state.ct.us/

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

The State Rehabilitation Council, composed of individuals appointed by the Governor, works in partnership with and provides advice to the Vocational Rehabilitation Division (VR or Voc Rehab) of the Board of Education and Services for the Blind (BESB) in Connecticut. The BESB serves Connecticut's blind adults through ongoing educational, vocational and living skills programs in order to empower them to achieve employment success and to enhance their self-sufficiency. It is the purpose of the Council to advise the Governor and BESB's VR Division pertaining to the provision of Vocational Rehabilitation Services to individuals with disabilities so that such individuals may prepare for and engage in employment.

Specific functions of the Council are: 1) review, analyze and advise BESB's Voc Rehab Division regarding its performance; 2) develop and review Voc Rehab Division goals and priorities, evaluate the VR program's effectiveness, conduct statewide needs assessments every three years; 3) assist in the development of the State Plan for service provision; 4) determine the level of consumer satisfaction; 5) make recommendations annually to the Governor for continuous improvement of rehabilitation services in the state; 6) coordinate with the State Independent Living Council and other councils and advisory groups to form beneficial partnerships; 7) perform other appropriate and compatible functions.

Name:

Rehabilitation Council, State

Mailing and E-mail Address:

Bureau of Rehabilitation Services
25 Sigourney Street – 11th Floor
Hartford, CT 06106

Contact Information:
Evelyn Oliver Knight
860-424-4871
800-537-2549 (toll-free)

Web Address:

http://www.brs.state.ct.us/programs_pg4.htm

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

The State Rehabilitation Council meets every other month at locations around Connecticut. Meetings of the Council are open to the public.

The Council, whose members are appointed by the Governor, provides input and guidance on the Vocational Rehabilitation Program, which is administered by the Bureau of Rehabilitation Services of the Department of Social Services. Council members also advocate for the Vocational Rehabilitation Program on the state and federal levels.

The Mission of the Council is to provide assessment, advice and recommendations to the Bureau of Rehabilitation Services (BRS) and others regarding coordination and effectiveness of programs and strategies which promote community-based competitive employment for persons with disabilities.

Name:

Small Business Advisory Council

Mailing and E-mail Address:

Department of Economic & Community Development
505 Hudson Street
Hartford, CT 06106

Contact Information:

Tim Coppage
Deputy Commissioner
860-270-8000

Joe Harpie
Member
860-258-7832

Web Address:

http://www.ct.gov/ecd/cwp/view.asp?A=1097&Q=251058

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

Meet monthly. Have three sub-committees devoted to Promotion, Image, and Technical Support.

"To act as a voice for the small business community in bringing their concerns, issues and interests to the Governor's office, the State Legislature and Regulatory bodies as per Executive Order No.7; to ensure that small business has appropriate access to services available through state agencies and organizations; to evaluate the performance of state and public agencies and organizations serving the needs of small business; to coordinate with the state's economic development efforts the general promotion of the growth of small business."

Name:

Women, Permanent Commission on the Status of

Mailing and E-mail Address:

18-20 Trinity Street
Hartford, CT 06106

Contact Information:

Leslie Gabel-Brett
860-240-8300
Leslie.gabel-brett@cga.ct.gov

Web Address:

http://www.cga.ct.gov/PCSW/

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

Since 1973, the PCSW has provided valuable research and analysis to the Legislature and state leaders regarding such issues as sex discrimination in education, employment and credit, the health and safety of pregnant workers, child day care, women in nontraditional employment, sexual harassment, child support enforcement, equal education, women and healthcare, the economic status of women, and welfare policy.

A large part of the Commission's job is taking complaints from individuals who believe they have been discriminated against on the basis of sex in employment, public accommodations, credit, education and other areas. Although the Commission is not an enforcement agency, its staff provides information and referral regarding legal rights and assistance in filing formal complaints with the Commission on Human Rights and Opportunities.

Women at Work: The Permanent Commission on the Status of Women is working to achieve pay equity, opportunities for women entrepreneurs, entry of women into nontraditional occupations, elimination of sexual harassment, and pension reform.

II. Workforce Investment Boards

Name:

Capital Workforce Partners

Mailing and E-mail Address:

1 Union Place
Hartford, CT 06103
860-522-1111
860-722-2486 (fax)

Contact Information:

Pam Nabors
860-522-1111 x 336
pnabors@capitalworkforce.org

Thomas L. Phillips
Executive Director

Web Address:

www.capitalworkforce.org/

Review:

☑ Appointed, Governor	☑ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

Capital Workforce Partners is the largest Workforce Investment Board in Connecticut. It serves 37 municipalities in the North Central region, and has the largest area of poverty. CWP oversees 6 One Stop Career Centers which provide employment and training services to residents and employers.

CWP's Board of Directors includes representatives from business, education, labor, and public groups. The full Board meets three times per year, while the Executive Committee meets monthly. There is also a Disability Advisory Committee as part of the One Stop Career Center effort, which meets quarterly to look at making One-Stops more physically and programmatically accessible. This committee includes the Bureau of Rehabilitation Services (BRS) and the Board of Education and Services for the Blind (BESB.). CWP has a Memorandum of Understanding with these two agencies which outlines the coordination of basic levels of service. In addition, CWP collaborates with a national Governors Association Grant on Youth in Transition, to do strategic planning for special education students who are graduating or aging out of the educational system.

Name:

Eastern Connecticut Workforce Investment Board

Mailing and E-mail Address:

108 New Park Avenue
Franklin, CT 06254
860-859-4100
860-859-4111 (fax)

Contact Information:

Sheila Taurianen
860-859-4100 x 814
taurianens@ewib.org

John Beauregard
Executive Director

Web Address:

www.ewib.org

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Eastern Connecticut Workforce Investment Board is governed by statute and by a 35-member Board of Directors appointed by elected officials from the region. The Board meets on the fourth Tuesday of the odd months, with the exception of July.

EWIB works with local, state, and federal legislators, chief elected officials, and businesses to ensure that the constantly changing needs of Eastern Connecticut's employers and jobseekers are met in a manner that keeps Eastern Connecticut at the forefront of industry and technology. The vision of the organization is to “facilitate the collaborative development of a technologically advanced, fully employed workforce that promotes sustained economic growth while contributing to a standard of living that can be enjoyed by all residents of Eastern Connecticut.”

EWIB oversees four CTWorks-East Career Centers and one additional Center for dislocated Electric Boat workers throughout Eastern Connecticut. Staff from the Bureau of Rehabilitation Services are co-located in several of these offices to assist people with disabilities with the job seeking process.

Name:

Northwest Regional Workforce Investment Board, Inc.

Mailing and E-mail Address:

249 Thomaston Avenue
Waterbury, CT 06702
203-574-6971
203-573-8951 (fax)

Contact Information:

Rachael Barrett
Grant Writer
203-574-6971 x428
rbarrett.ctwbs@po.state.ct.us

Catherine Awwad
Executive Director

Web Address:

www.nrwib.org/

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

The Northwest Regional Workforce Investment Board is governed by a large Board of Directors. Most Board members are appointed by local mayors; others are mandated in legislation. The Board of Directors meets quarterly, while the Executive Committee meets monthly. There is also a Finance Committee and a Personnel Committee.

The organization provides employment training and job placement for adult, young adult, and dislocated workers to reengage them in the work environment. In partnership with The Workplace (the Workforce Investment Board in Fairfield County) and the Bureau of Rehabilitation Services, the organization implements Projects with Industry. There is a focus on working with businesses to help people find successful employment.

Specific priorities are described in the annual plan, which is currently being revised.

Name:

The Workforce Alliance.

Mailing and E-mail Address:

560 Ella T. Grasso Boulevard
New Haven, CT 06519
203-624-1493
203-562-1106 (fax)

Contact Information:

Kymbel Branch x247
kbranch.cmis@po.state.ct.us

William P. Villano
Executive Director

Web Address:

www.workforcealliance.biz

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

As mandated by the Workforce Investment Act, Workforce Alliance is governed by a Board of Directors consisting of representatives from specific stakeholder groups, including business, education, and training professionals. The chief elected officials of the 30-town region approve the agency's budget, and recommend board members, who are appointed by a subcommittee of the Board.

Workforce Alliance is a policy and oversight organization responsible for creating a comprehensive, community-wide response to the challenges of building a highly skilled workforce. This is accomplished by assisting individuals of low incomes, the Welfare-to-Work population, ex-offenders, dislocated workers, and others to find employment. Activities include ensuring that people have adequate training, particularly when companies close or there are layoffs and people may need to develop new skills. Job developers help place people in jobs. Workforce Alliance is set apart by its strong focus on policy.

Regarding services to people with disabilities, Workforce Alliance works in partnership with provider agencies, including BRS, to ensure that people have the support they need to be successful in their work.

Name:

The WorkPlace, Inc.

Mailing and E-mail Address:

350 Fairfield Avenue
Bridgeport, CT 06604
203-576-7030
203-335-9703 (fax)

Contact Information:

Ana Nelson
Project Implementation Manager for Projects with Industry
203-610-8566
anelson@workplace.org

Joseph M. Carbone
Executive Director

Web Address:

www.workplace.org

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The WorkPlace, Inc. serves 20 communities in southwestern Connecticut. It has partnered with the Northwest Regional Workforce Investment Board (NRWIB - serving 41 cities and towns), the State Bureau of Rehabilitation Services (BRS), and the Board of Education Services for the Blind (BESB) to create Partners with Industry (PWI). PWI provides additional employment services targeted to people with disabilities as a part of the CTWorks One Stop System, thus making services more accessible. The partnership between the State vocational rehabilitation system and PWI has increased opportunities for customized employment services for people with disabilities. Having both VR agencies, the One Stop staff, and PWI staff all co-located in one facility, results in better outcomes for the job-seeker with disabilities. PWI resources allow greater specialization and productivity while fostering interagency cooperation.

III. Other Entities

Name:

Connecticut Employment and Training Commission

Mailing and E-mail Address:

c/o Office For Workforce Competitiveness
Putnam Park
100 Great Meadow Rd, Suite 401
Wethersfield, CT 06109
860-258-4301
860-258-4312 (fax)

Contact Information:

Alice Carrier
860-258-4307
alice.carrier@po.state.ct.us

Lorna Joseph
860-258-4310
lorna.joseph@ct.gov

Web Address:

NA

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

Staffed by the Office For Workforce Competitiveness, the Connecticut Employment and Training Commission carries out the duties and responsibilities of a state job training coordinating council and a state human resource investment council. As such they develop a state plan for the coordination of all employment and training programs. The plan makes policy recommendations to the Governor to enhance the coordination and collaboration of all employment and training programs.

Name:

Disability Focus Group

Mailing and E-mail Address:

State Department of Education
25 Industrial Park Road
Middletown, CT 06457

Contact Information:

Valerie Marino
Education Consultant
860-807-2130
valerie.marino@ct.gov

Web Address:

NA

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

Approximately 20 people serve on the Disability Focus Group, which meets quarterly at the State Department of Education

The Disability Focus Group was established in 1992. It is an interagency group that meets to inform the decisions and procedures implemented by the Bureau of Early Childhood, Career and Adult Education with regard to adults with disabilities. As a result of their work, the Bureau of Early Childhood, Career and Adult Education, developed and supports the implementation of a Technical Assistance Model so that Connecticut Adult Education personnel can better identify and meet the needs of adult learners with disabilities.

Name:

Governor's Coalition for Youth with Disabilities (GCYD)

Mailing and E-mail Address:

Goodwin College
745 Burnside Avenue
East Hartford, CT 06108

Contact Information:

Todd Andrews
Chairperson
Director of Institutional Advancement
860-291-9934
tandrews@goodwin.edu

Web Address:

www.gcyd.org

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

Seventeen people serve on the Board of Directors, which meets once a month.

The mission of the organization is to recognize accomplished high school students with disabilities by awarding scholarships so that they can continue their education. Since 1994, GCYD has awarded $400,000 in scholarships to approximately 100 students. Scholarships are awarded regionally, and 15-20 are awarded each year. The organization has no paid staff and exists solely to carry out this one objective.

Name:

Mashantucket Pequot Tribal Vocational Rehabilitation Program

Mailing and E-mail Address:

1 Matt's Path, P.O. Box 3310
Mashantucket, CT 06338-3310

Contact Information:

Valerie J. Ellien, Ph.D., C.R.C.
Director, Vocational Rehabilitation Program
Tribal Health Services
860-396-2105
866-399-1122 (toll-free)
860-396-2282 (fax)
vellien@mptn-nsn.gov

Web Address:

www.tribalvr.org/

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Mashantucket Vocational Rehabilitation Program provides services that help qualified American Indians with disabilities get and keep employment. The Mashantucket Vocational Rehabilitation Research Program involves American Indians from four different Tribes to identify health and disability needs among their Tribal members to ensure that those with disabilities are made aware of the program and receive needed disability services. The MPTN-VR Service program's goal is to help those Native Americans with disabilities get and keep good jobs. What is unique about the MPTN Tribal VR program is that they can serve people with mild learning disabilities as well as those with quadriplegia, psychiatric, and substance abuse disorders.

Interesting: According to National Council on Disability Statistics, 22% of the Native American population is disabled.

Name:

Mental Health Transformation Grant

Mailing and E-mail Address:

Department of Mental Health and Addiction Services
410 Capitol Avenue
Hartford, CT 06106

Contact Information:

Pat Rehmer
Deputy Commissioner
860-418-6676
pat.rehmer@po.state.ct.us

Web Address:

www.dmhas.state.ct.us/transformation.htm

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Mental Health Transformation Grant is governed by an Oversight Committee consisting of the relevant Commissioners, family members, service participants, provider agencies, and advocacy groups. The committee meets quarterly.

This effort is working to transform mental health services for the entire state of Connecticut. Its priorities are the Six Goals outlined in the New Freedom Commission Report. In addition, however, Connecticut has added the goal of workforce development, both for people in recovery from mental illness and for additional support staff.

Name:

Office For Workforce Competitiveness

Mailing and E-mail Address:

Putnam Park
100 Great Meadow Road, Suite 401
Wethersfield, CT 06109
860-258-4301
860-258-4312 (fax)

Contact Information:

Alice Carrier
860-258-4307
alice.carrier@po.state.ct.us

Lorna Joseph
860-258-4310
lorna.joseph@ct.gov

Web Address:

NA

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Office For Workforce Competitiveness is the Governor's principal workforce development advisor, and the liaison between the Governor and any local, state, or federal entities involved in workforce development. It is responsible for coordinating the workforce development activities of all state agencies. In addition, OWC is the lead state agency for the development of employment and training strategies to support Connecticut's position in the *knowledge economy* (high level math and literacy skills necessary to qualify for emerging new jobs).

The Office For Workforce Competitiveness also staffs the Connecticut Employment and Training Commission.

Name:

Office of Legislative Management

Mailing and E-mail Address:

Office of Legislative Management
300 Capitol Avenue, Room 5100
Hartford, CT 06106
860-240-0100
860-240-0122 (fax)

Contact Information:

D'Ann Mazzocca
Executive Director

Jim Tracy
Personal Administrator

Web Address:

http://www.cga.ct.gov/olm/default.asp

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☐ Maybe	☑ No

Comments:

The Office of Legislative Management provides administrative and operational support for the Connecticut General Assembly. It ensures the daily functioning of the Legislature for the benefit of the legislators, their staff, and the general public.

The office, while implementing the policies of the Joint Committee on Legislative Management, provides administrative and financial services, administers compensation and human resources services, and oversees the management and maintenance of all buildings and grounds under the supervision and control of the Legislature.

Name:

US Department of Veterans Affairs -Vocational Rehabilitation & Employment (VR&E) Division

Mailing and E-mail Address:

PO Box 310909
Newington, CT 06131-0909
c/o Alan Despins

Contact Information:

Alan Despins
Disabled Veterans Outreach Program Specialist - Department of Labor
Central Point of Contact/Liaison between the VR&E Program and DOL
860-594-6617
alan.despins@po.state.ct.us

Terry Brennan, Director
Connecticut Department of Labor (DOL)
860-263-6514
terence.brennan@ct.gov

Web Address:

Department of Labor: www.ctdol.state.ct.us/veterans/default.htm
Department of Veterans Affairs VR&E Division: www.vba.va.gov/bln/vre/index.htm

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

This federal program provides training and/or employment services to service connected disabled veterans. Eligibility for the Chapter 31 Vocational Rehabilitation & Employment Program consists of having at least a 10% rated disability with a serious employment handicap, or being rated at 30%. Eligible veterans qualify for one of five programming tracks according to their employment needs, severity of disability, how much training or retraining is necessary, and whether returning to a previous field of employment is feasible.

Federally, the Chapter 31 VR&E Program has a Memorandum of Understanding between the US Department of Veterans Affairs' Vocational Rehabilitation and Employment Division (VR&E), the US Department of Veterans Employment and Training Services (VETS) and the US Department of Labor (DOL) that defines the working relationship that exists between our agencies. In Connecticut, the program is administered jointly through the Department of Veterans Affairs VR&E staff consisting of a Director, 3 Vocational Counselors and an Employment Coordinator. The State of Connecticut Department of Labor maintains 1 full time Disabled Veterans Outreach Program Specialist who acts as the Central Point of Contact. The

Continued

Connecticut Department of Labor also maintains a staff of 6 Local Veterans Employment Representatives (LVER) and 6 Disabled Veterans Outreach Program Specialists (DVOP's) who provide services to all disabled and non-disabled veterans throughout the state. Both VR&E Services and DOL Services are provided throughout the state.

IV. Nonprofit Organizations

Name:

AARP Connecticut

Mailing and E-mail Address:

21 Oak Street, Suite 104
Hartford, CT 06106

Contact Information:

Brenda Kelley
State Director
860-548-3161
bkelley@aarp.org

Web Address:

www.aarp.org

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

Executive Committee meets at least quarterly. Advocacy Leadership Committee meets monthly.

Priorities are:

1) Economic Security and Work
2) Health and Supportive Services
3) Livable Communities

On its web site, AARP has 'featured employers' who have expressed an openness to hiring older workers. This is an interesting idea, and possibly something the MIG could replicate. Also, the Senior Community Service Employment Program (SCSEP) program, run by DSS in Connecticut, but by AARP in other states, encourages the employment of seniors with low incomes by placing them with a company and subsidizing their work for the first year. AARP places a strong emphasis on the need to partner with businesses, and is exploring the possibilities of phased retirement. The conversation was lengthy, animated, and indicated a strong interest in working together.

Name:

Americans with Disabilities Act Coalition of Connecticut (ADACC)

Mailing and E-mail Address:

c/o State Office of Protection and Advocacy
60-B Weston Street
Hartford, CT 06120
860-297-4383 (voice)
860-566-8714 (fax)
adacoalition@sbcglobal.net

Contact Information:

Lisa Caron
Project Director

Web Address:

www.adacc.net

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

The Board of Directors meets approximately six times per year.

Established in 1992, ADACC has two primary goals:

1) To provide technical assistance around the ADA
2) To do trainings about the ADA throughout the state

The majority of people who contact ADACC are people with disabilities. Employers do not specifically seek out ADACC, but the organization frequently provides trainings to business people regarding reasonable accommodation and ADA law in the workplace. There is also an active relationship with federal, state, and local government around employment issues.

Name:

The Connecticut Parent Advocacy Center, Inc.

Mailing and E-mail Address:

Main Office:
338 Main Street, Niantic CT 06357
860-739-3089 V/TDD
800-445-CPAC

Satellite Office:
Fair Haven Community Health Center
374 Grand Avenue
New Haven, CT 06513
203-776-3211 (Spanish speaking staff available)

Contact Information:

Nancy Prescott
Executive Director

Web Address:

http://www.cpacinc.org/

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

The CT Parent Advocacy Center, Inc. (CPAC) is a statewide nonprofit organization that offers information and support to families of children with any disability or chronic illness, from birth through age 21. The Center is committed to the idea that parents can be the most effective advocates for their children, given the confidence that knowledge and understanding of special education law and its procedures can bring.

Through outreach efforts and referrals from schools, social service agencies and other parents, the number of families that the Connecticut Parent Advocacy Center serves has grown dramatically over the past 20 years.

Name:

Connecticut State Independent Living Council, Inc.

Mailing Address:

151 New Park Avenue, Suites 132 &134
Hartford, CT 06106
Phone/fax: 860-523-0126

Contact Information:

Tom Connors, Ph.D.
President
203-488-0391
tomconnors3@comcast.net

Debbie Melaragno
Administrative Assistant
debmel@optonline.net

Susan Binkowski
Interim Executive Director
Susan.Binkowski@yahoo.com

Web Address:

Web site currently being developed

Review:

☑ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☐ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:
The Connecticut State Independent Living Council is a 501(c)3 corporation governed by a Board of Directors. The Board meets in the odd months in various locations around the state. There are also subcommittees which focus on particular issues.

The SILC is charged by Congress to create a State plan for the provision of independent living services. This plan is created every three years in cooperation with the Bureau of Rehabilitation Services and the Board of Education and Services for the blind. The plan focuses on creating initiatives which address underserved populations.

The goals of the SILC are to expand independent living service provision in Connecticut, and to increase the promotion of the independent living philosophy.

Name:

Corporation for Supportive Housing

Mailing and E-mail Address:

129 Church Street
Suite 608
New Haven, CT 06510

Contact Information:

Fran Martin
203-789-0826 x 102
francesca.martin@csh.org

Web Address:

www.csh.org

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☑ Relevant	☐ Maybe	☐ No

Comments:

National Board of Directors meets 3-4 times per year. Local Advisory Council meets 4 times per year, and consists of 6-9 people who represent funders, state agencies, and employment interests.

CSH is a national nonprofit which provides technical assistance, consultation, and some forms of lending for permanent supportive housing and systems change.

The focus is affordable housing for individuals and families facing eviction or housing difficulties due to disability, usually addiction, psychiatric disability, or HIV/AIDS.

Name:

Special Education Resource Center

Mailing and E-mail Address:

SERC
25 Industrial Park Rd
Middletown, CT 06457-1520
860-632-1485

Contact Information:

Marianne Kirner
Director, CT CSPD Coordinator, Co-Director State Improvement Grant
860-632-1485 x 265

Web Address:

http://www.ctserc.org/

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☐ Relevant, very	☐ Relevant	☑ Maybe	☐ No

Comments:

SERC has been in operation since 1969 through funding from the Connecticut State Department of Education. SERC's commitment is to serve as a centralized resource for professionals, families, and community members regarding education and early intervention/prevention for all of Connecticut's children and youth and their families, particularly children with special needs, at-risk learners, and diverse learners. SERC strives for the highest possible level of excellence in its provision of professional development and other technical assistance initiatives, family education and support, and information and materials dissemination.
It is the responsibility of Connecticut's early intervention and education system to ensure that individuals:

- develop a motivation for life-long learning;
- attain basic skills essential for acquiring knowledge and solving problems;
- acquire knowledge leading to realization of individual potential;
- develop social competency and life skills;
- attain an understanding of and contribute to society's values.

Name:

Women's Institute for Housing and Economic Development

Mailing and E-mail Address:

Women's Institute for Housing and Economic Development
110 Bartholomew Avenue
Suite 4030
Hartford, CT 06106

Contact Information:

Betsy Crum
Connecticut Director
860-951-9000
bcrum@wihed.org

Web Address:

www.wihed.org

Review:

☐ Appointed, Governor	☐ Appointed, Legislature	☐ Appointed, Commissioner	☑ Other
☑ Relevant, very	☐ Relevant	☐ Maybe	☐ No

Comments:

Board of Directors meets monthly.
Mission: "to build affordable housing that fosters economic security for low-income women and families." The organization provides housing, supports, and training to individuals and families in many situations: homeless, with HIV/AIDS, domestic violence, as well as people with disabilities.

Priorities are:

1) Housing – developed directly or through consulting (most housing includes supports)
2) Training for tenants – focus is on economic literacy and wealth creation

Strong interest in partnering, particularly around benefits issues that keep people from becoming employed. Their training for tenants includes a module on benefits for people with low incomes, but not yet disability benefits.

Appendix F

Focus Group and Key Informant Interview Instruments

People with Disabilities Focus Group

[NAME OF ORGANIZATION] has entered into a strategic partnership through a grant with Connecticut's Medicaid Infrastructure Grant Steering Committee. This Steering Committee, made up of organizations representing Connecticut's public, private and educational sectors, seeks to improve the employment infrastructure within the State.

The purpose of the grant is to design an inclusive workplace for the future that will accommodate a diverse workforce including people with disabilities. The partnership offers the [ORGANIZATION] an opportunity to play an important role in this large systems change grant from the very beginning. Your input is very important to us in this process.

1. We are interested in learning about the transition from school to work, so we are starting with some questions about your school experiences. Think back about your experiences when you were in school – include high school, college, vocational school or anything else. Please describe the role your school played in preparing you for employment. [probe: were there specific people who helped, e.g., a guidance counselor?]

2. Please describe the role your parents played in preparing you for employment. [For example, did they encourage you to get a job or help you find a job?]

3. What do your family and friends think about you working? [Probe: do they feel you should be working more, working less, or not working at all? Has anyone ever advised you not to work?]

4. What prevents people with disabilities or special needs from getting the jobs that they want? [Probe: need for accommodations]

5. If you have had a job(s), or if you have looked for a job, how did you go about finding it/them? [Probe: what services, people or equipment assisted you in the search for your job?]

6. Which community-based programs or agencies helped you in your search for employment? [give examples of DMR, BRS if needed.]

7. Think about the existing service system that focuses on helping people with disabilities or special needs find and maintain employment.

    7a. What are its strengths?

    7b. What are its weaknesses?

    7c. What would you like to see more of?

8. If you had help from an agency or a community provider to look for a job, how did they learn about your interests and strengths? [Probe: To what extent were your interests and strengths matched to the jobs they recommended?]

9. If you work now or have worked, how much of your talents and skills do/did you use in your current or most recent job?

10. If you are working, what opportunities for advancement are there for you at your current company?

11. Please describe the supports or job accommodations you have used at work. [probe: what types of Assistive Technology, if any, have you used to perform your job?]

12. Please describe any experiences you have had with personal assistants or home health aides at a job.

13. If you could have had one additional thing in your life that would have better prepared you for employment, what would it have been? Is it too late to have it?

Ask the next set of questions if you have time. Select the questions most relevant to the group:

We have XX minutes left in our time today. I would like to ask the group just a few more questions that will be helpful to the project.

14. Outside your job, how do you participate in your community? [Probe – club member, recreation, church, volunteering]

15. If you feel that you would like to participate more in your community, what kind of supports would you need to do so?

16. Thinking back again to when you were in school, were you able to participate in extra-curricular activities as much as you wanted to? Please tell us more about that. [For Focus Group leader: we are trying to get at the system's capacity to include them and barriers they faced, not so much a list of activities: probe for positive and negative]

17. In school, were you able to participate in regular education classes as much as you wanted to?

18. What benefits are/were critical for you in choosing a job? (examples, health insurance, retirement, paid time off)

19. What difficulties have you/might you experience traveling to and from work?

Finish with this question:

20. Is there anything else you would like to add?

Provider Focus Group Questions

[NAME OF ORGANIZATION] has entered into a strategic partnership through a grant with Connecticut's Medicaid Infrastructure Grant Steering Committee. This Steering Committee, made up of organizations representing Connecticut's public, private and educational sectors, seeks to improve the employment infrastructure within the State.

The purpose of the grant is to design an inclusive workplace for the future that will accommodate a diverse workforce including people with disabilities. The partnership offers the [ORGANIZATION] an opportunity to play an important role in this large systems change grant from the very beginning. Your input is very important to us in this process.

1. What are the greatest barriers to people with disabilities who are looking for employment?

2. What do you see as the advantages to employers of hiring people with disabilities?

3. What are the greatest barriers to employers hiring people with disabilities?

4. Please describe your experiences working with potential employers of people with disabilities.

5. Which types of companies are the most accommodating to people with disabilities? (probe to consider size, industry, profit status, geographic location and other factors)

6. Think about the existing service system that focuses on helping people with disabilities find and maintain employment.

    6a. What are its strengths?

    6b. What are its weaknesses?

    6c. What would you like to see more of?

7. What are the most important programs or policies for the State of CT to implement?

8. Aside from your own organization, which other community-based programs or state agencies specifically related to employees with disabilities have you found useful?

9. What does the K-12 educational system do well to prepare people with disabilities for employment?

10. What does the K-12 educational system need to improve in order to prepare people with disabilities for employment?

11. How do you or your agency identify your clients' employment interests and strengths?

12. To what extent are people's employment interests and strengths matched to their job?

13. How important is Assistive Technology for your clients in terms of finding and keeping a job?

14. Describe the most creative situation, in helping someone achieve their employment goals that you have ever been involved with.

15. How do attitudes of people with disabilities impact their success at finding and maintaining employment? (probe for negative and positive attitudes)

Finish with this question:

16. Is there anything else you would like to add?

Employer Focus Group

[NAME OF ORGANIZATION] has entered into a strategic partnership through a grant with Connecticut's Medicaid Infrastructure Grant Steering Committee. This Steering Committee, made up of organizations representing Connecticut's public, private and educational sectors, seeks to improve the employment infrastructure within the State.

The purpose of the grant is to design an inclusive workplace for the future that will accommodate a diverse workforce including people with disabilities. The partnership offers the [ORGANIZATION] an opportunity to play an important role in this large systems change grant from the very beginning. Your input is very important to us in this process.

1. How do you generally recruit new employees?

2. How is your company going to adjust to the aging/retiring workforce?

3. What has been your experience hiring and managing employees with disabilities?

4. Please describe any activities aimed at increasing the diversity of your workforce by specifically recruiting employees with disabilities [PROBE: what types of plans would have to be made to increase the number of people with disabilities employed there?]

5. When you think about having employees with disabilities, what positions do you think they could hold? [PROBE: management/executive, professional, technical, secretarial, retail/sales, entry level or unskilled].

6. What are the greatest barriers to employers hiring people with disabilities? [PROBE ABOUT COST OF ACCOMMADATIONS]

7. What issues are you concerned about in hiring people with disabilities? [PROBE: do you worry about liability?]

8. Which community-based programs or state agencies specifically related to employees with disabilities have you found helpful? [PROBE, if never used any: Where would you seek information, assistance and/or supports in order to make accommodations for an employee with disabilities?]

9. Think about the existing service system that focuses on helping people with disabilities find and maintain employment.

   9a. What are its strengths?

   9b. What are its weaknesses?

   9c. What would you like to see more of?

10. What accommodations has your company made in the past to enable any employees with disabilities to work there? [PROBES: specify any **Assistive Technologies** used. What additional costs has your company incurred? Are these accommodations different from what you have provided to employees without disabilities?]

11. What kinds of problems did you experience in discussing, negotiating or providing accommodations for employees with disabilities?

12. If you had sufficient resources for additional training for your employees on hiring and working with people with disabilities, what kind of training would you like?

Finish with this question:

13. Is there anything else you would like to add?

People with Disabilities: Key Informant Interview

This interview is being conducted as part of a grant with Connecticut's Medicaid Infrastructure Grant Steering Committee. This Steering Committee, made up of organizations representing Connecticut's public, private and educational sectors, seeks to improve the employment infrastructure within the State.

The purpose of the grant is to design an inclusive workplace for the future that will accommodate a diverse workforce including people with disabilities. This interview is your opportunity to play an important role in this large systems change grant from the very beginning. Your input is very important to us in this process.

1. Think back about your experiences when you were in school – include high school, college, vocational school or anything else. Please describe the role your school played in preparing you for employment. [probe: were there specific people who helped, e.g., a guidance counselor?]

2. Please describe the role your parents played in preparing you for employment. [For example, did they encourage you to get a job or help you find a job?]

3. What do your family and friends think about you working? [Probe: do they feel you should be working more, working less, or not working at all? Has anyone ever advised you not to work?]

4. What prevents people with disabilities or special needs from getting the jobs that they want? [Probe: need for accommodations]

5. If you have had a job(s), or if you have looked for a job, how did you go about finding it/them? [Probe: what services, people or equipment assisted you in the search for your job?]

6. Which community-based programs or agencies helped you in your search for employment? [give examples of DMR, BRS if needed.]

7. Think about the existing service system that focuses on helping people with disabilities or special needs find and maintain employment.

   7a. What are its strengths?

   7b. What are its weaknesses?

   7c. What would you like to see more of?

8. If you had help from an agency or a community provider to look for a job, how did they learn about your interests and strengths? [Probe: To what extent were your interests and strengths matched to the jobs they recommended?]

9. What are your employment or career goals, what are you striving for?

10. What additional training or education do you need to achieve your goals?

11. If you work now or have worked, how much of your talents and skills do/did you use in your current or most recent job?

12. If you are working, what opportunities for advancement are there for you at your current company?

13. Please describe the supports or job accommodations you have used at work. [probe: what types of Assistive Technology, if any, have you used to perform your job? How did you get information on technology (what's available, how to use)? Who pays/paid for your technology?]

14. Do you require personal support, i.e., home health aides, personal assistants, etc.?

    14a. Approximately how many hours per week do they work with you, altogether? [if they can't answer, ask in a typical day]

    14b. Would you need personal assistants or aides help you to get ready for work?

    14c. Would you need them to transport you to and from work?

    14d. Would they need to stay with you for part or all of your work day?

    14e. Do you have a backup plan if a personal assistant is very late or absent?

    14f. If you hire your own personal assistants, please describe the hiring process that has been most effective for you.

15. Have you ever been self-employed? [probe: If not, have you ever considered it? If yes but didn't do it, why not?]

    15a. What made you choose this path instead of working for someone else?

    15b. What were the advantages for you of self-employment?

    15c. What were the drawbacks?

    15d. Have you had any formal business training?

    15e. What support did you need to keep the business running?

    15f. Did you have access to this support?

16. If you could have had one additional thing in your life that would have better prepared you for employment, what would it have been? Is it too late to have it?

Ask the last questions if you have time. Select the questions most relevant to the person being interviewed:

We have XX minutes left in our time today. I would like to ask the group just a few more questions that will be helpful to the project.

17. Outside your job, how do you participate in your community? [Probe – club member, recreation, church, volunteering]

18. If you feel that you would like to participate more in your community, what kind of supports would you need to do so?

19. Thinking back again to when you were in school, were you able to participate in extra-curricular activities as much as you wanted to? Please tell us more about that. [For interviewer: we are trying to get at the system's capacity to include them and barriers they faced, not so much a list of activities: probe for positive and negative]

20. In school, were you able to participate in regular education classes as much as you wanted to?

21. What benefits are/were critical for you in choosing a job? (examples, health insurance, retirement, paid time off)

22. What difficulties have you/might you experience traveling to and from work?

Finish with this question:

23. Is there anything else you would like to add?

Provider Key Informant Interview Questions

This interview is being conducted as part of a grant with Connecticut's Medicaid Infrastructure Grant Steering Committee. This Steering Committee, made up of organizations representing Connecticut's public, private and educational sectors, seeks to improve the employment infrastructure within the State.

The purpose of the grant is to design an inclusive workplace for the future that will accommodate a diverse workforce including people with disabilities. This interview is your opportunity to play an important role in this large systems change grant from the very beginning. Your input is very important to us in this process.

1. What are the greatest barriers to people with disabilities who are looking for employment?

2. What do you see as the advantages to employers of hiring people with disabilities?

3. What are the greatest barriers to employers hiring people with disabilities?

4. Please describe your experiences working with potential employers of people with disabilities.

5. Which types of companies are the most accommodating to people with disabilities? (probe to consider size, industry, profit status, geographic location and other factors)

6. Think about the existing service system that focuses on helping people with disabilities find and maintain employment.

   6a. What are its strengths?

   6b. What are its weaknesses?

   6c. What would you like to see more of?

7. What are the most important programs or policies for the State of CT to implement?

8. Aside from your own organization, which other community-based programs or state agencies specifically related to employees with disabilities have you found useful?

9. What does the K-12 educational system do well to prepare people with disabilities for employment?

10. What does the K-12 educational system need to improve in order to prepare people with disabilities for employment?

11. How do you or your agency identify your clients' employment interests and strengths?

12. To what extent are people's employment interests and strengths matched to their job?

13. How important is Assistive Technology for your clients in terms of finding and keeping a job?

14. Describe the most creative situation, in helping someone achieve their employment goals that you have ever been involved with.

15. How do people with disabilities' attitudes impact their success at finding and maintaining employment? (probe for negative and positive attitudes)

Finish with this question:

16. Is there anything else you would like to add?

Employer Key Informant Interview

This interview is being conducted as part of a grant with Connecticut's Medicaid Infrastructure Grant Steering Committee. This Steering Committee, made up of organizations representing Connecticut's public, private and educational sectors, seeks to improve the employment infrastructure within the State.

The purpose of the grant is to design an inclusive workplace for the future that will accommodate a diverse workforce including people with disabilities. This interview is your opportunity to play an important role in this large systems change grant from the very beginning. Your input is very important to us in this process.

1. How do you generally recruit new employees?

2. How is your company going to adjust to the aging/retiring workforce?

3. Would you say your company is in a "growth industry"?

4. What has been your experience hiring and managing employees with disabilities?

5. Please describe any activities aimed at increasing the diversity of your workforce by specifically recruiting employees with disabilities.

6. When you think about having employees with disabilities, what positions do you think they could hold? [PROBE: management/executive, professional, technical, secretarial, retail/sales, entry level or unskilled].

7. What are the greatest barriers to employers hiring people with disabilities?

8. What issues are you concerned about in hiring people with disabilities? [PROBE: do you worry about liability?]

9. Which community-based programs or state agencies specifically related to employees with disabilities have you found helpful? [PROBE, if never used any: Where would you seek information, assistance and/or supports in order to make accommodations for an employee with disabilities?]

10. Think about the existing service system that focuses on helping people with disabilities find and maintain employment.

    10a. What are its strengths?

    10b. What are its weaknesses?

    10c. What would you like to see more of?

11. What accommodations has your company made in the past to enable any employees with disabilities to work there? [PROBES: use of Assistive Technology. What additional costs has your company incurred? Are these accommodations different from what you have provided to employees <u>without</u> disabilities?]

12. What kinds of problems did you experience in discussing, negotiating or providing accommodations for employees with disabilities?

13. If you had sufficient resources for additional training for your employees on hiring and working with people with disabilities, what kind of training would you like?

14. Is there anything else you would like to add?

Appendix G

People with Disabilities Mail Survey and Telephone / In-person Interview Instruments

Mail Survey Instruments:

Employment Booklet: Currently working G-2

Employment Booklet: Worked in past G-6

Employment Booklet: Never worked G-11

Personal Assistance Services / Demographics Booklet G-14

Telephone and In-person Instruments:

Employment Interview: Currently working G-22

Employment Interview: Worked in past G-32

Employment Interview: Never worked G-41

Personal Assistance Services / Demographics Interview G-48

Additional In-person Instrument:

Preferences for self-direction for personal assistance: Vignettes G-64

Fill out this Blue form if you are currently working.

If you have worked in the past, please fill out the Green form.
If you have never worked, please fill out the Yellow form.

All responses are confidential.
Please check only one box per question, unless asked to do otherwise.

1. People are considered to be working if they are earning any amount of money for any amount of work performed. This includes working for an employer or being self-employed and working for yourself. Are you currently working according to this definition?

   ☐ Yes, I am currently working for pay → **Fill out this Blue form, Currently working**

   ☐ No, I am not currently working for pay, but I have worked for pay in the past → **Stop here, and Go to the Green form, Not currently working**

   ☐ No, I have never worked for pay → **Stop here, and Go to the Yellow form, Never worked**

2. What is your current job or position? If you work at more than one job, tell us about the one where you earn the most money.

   _____

3. How long have you worked for your current employer? (If currently self-employed, How long have you been self-employed?)

   ☐ Less than 1 year
   ☐ 1 year to less than 2 years
   ☐ 2 years to up to 5 years
   ☐ 5 years or more

4. What is your average hourly wage before taxes for your primary job?

   ☐ Less than $8.00 an hour
   ☐ $8 – 9.99 an hour
   ☐ $10 – 14.99 an hour
   ☐ $15 – 19.99 an hour
   ☐ $20 or more an hour
   ☐ Other: $_____per_____

5. What best describes your current job? Please check only one.

   ☐ Competitive employment – A job with competitive wages in the community which you applied for on your own and is not set aside for persons with a disability. Or, you are self employed.

   ☐ Subsidized employment – A job with competitive wages in the community which can only be given to a person with a disability

   ☐ Supported employment with some support – A job coach or other individualized support staff sometimes or periodically assists you to get, work at, or keep your job

   ☐ Supported employment with continuous support – A job coach or other individualized support staff assists you all or most of the time to get, work at, or keep your job

   ☐ Group supported employment or vocational program

   ☐ Clubhouse or therapeutic work

   ☐ Transitional employment – A job in the community where you are placed by an agency and receive short term support

   ☐ Other (write in) _____

6. How many hours do you typically work each week? _____ hours a week

7. How much do you like your current job?
☐ A lot ☐ Some ☐ A little ☐ Not at all

8. How much of your talents and abilities does your current job require you to use?
☐ A lot ☐ Some ☐ A little ☐ Not at all

9. During the next 12 months, how likely is it that you will get a new job or leave your job for whatever reason?
☐ Very likely ☐ Not too likely
☐ Somewhat likely ☐ Not at all likely

10. Thinking about your current job, please tell us if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement by checking the box. Please check only one box for each statement.

	Strongly agree	**Somewhat agree**	**Somewhat disagree**	**Strongly disagree**
How I Feel On This Job				
I look forward to coming to work.	☐	☐	☐	☐
I feel physically worn out at the end of the day.	☐	☐	☐	☐
Working makes me feel like I am needed.	☐	☐	☐	☐
My job keeps me busy.	☐	☐	☐	☐
I am satisfied with my schedule.	☐	☐	☐	☐
I would like to work more hours.	☐	☐	☐	☐
Pay and Benefits				
I am happy with the amount this job pays.	☐	☐	☐	☐
This job provides the medical coverage I need.	☐	☐	☐	☐
The vacation time or other benefits on this job are good.	☐	☐	☐	☐
Advancement and Job Security				
I have a fairly good chance for promotion in this job.	☐	☐	☐	☐
I feel that there is a good chance of my losing this job in the next year.	☐	☐	☐	☐
I would need more training or education in order to get a better paying job.	☐	☐	☐	☐
Supervisor				
My supervisor is fair.	☐	☐	☐	☐
My supervisor is difficult to get along with.	☐	☐	☐	☐
Co-workers				
I have a co-worker I consider a friend.	☐	☐	☐	☐
I spend time with a co-worker after work or on weekends.	☐	☐	☐	☐
I have at least one co-worker who helps me when I am at work.	☐	☐	☐	☐

11. Some people use assistive devices to help them at work. How important for you is each of the following assistive devices in helping you to either get or to keep a job? Please check only one box for each statement.

	Very Important	**Moderately Important**	**Somewhat Important**	**Not Important OR Not Needed**
Computer access aides (touch screens, modified or keyless entry, voice to text software, etc.)	☐	☐	☐	☐
Communication aides (communication boards, voice activated telephone, etc.)	☐	☐	☐	☐
Hearing and listening aides	☐	☐	☐	☐
Devices for the blind and visually impaired	☐	☐	☐	☐
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	☐	☐	☐	☐
Mobility aides (electric wheelchair, stair lift, etc.)	☐	☐	☐	☐
Transportation aides (lift van, lift bus, adaptive driving controls, etc.)	☐	☐	☐	☐

12. Other assistance or supports can also be helpful in getting or keeping a job. How important for you is each of the following supports in helping you to either get or to keep a job? Please check only one box for each statement.

	Very Important	**Moderately Important**	**Somewhat Important**	**Not Important OR Not Needed**
Help at home from a paid personal assistant or helper	☐	☐	☐	☐
Help at work from a paid personal assistant or helper	☐	☐	☐	☐
Support from family and friends	☐	☐	☐	☐
Vocational rehabilitation services	☐	☐	☐	☐
Job coach or support staff	☐	☐	☐	☐
Support from other professionals such as a personal manager or case manager	☐	☐	☐	☐
Supportive employer	☐	☐	☐	☐
Supportive co-workers	☐	☐	☐	☐
Control over pace or scheduling of your work activities	☐	☐	☐	☐
Other work accommodations based on disability or personal needs, such as extra training	☐	☐	☐	☐
Paid time off or paid vacation time	☐	☐	☐	☐
Affordable health insurance	☐	☐	☐	☐
Affordable mental health benefits	☐	☐	☐	☐
Any other support? _____	☐	☐	☐	☐

13. For your current job, did you need any changes or modifications because of a physical, mental health, or intellectual disability? This includes any assistive devices, extra training, scheduling changes, or anything else you needed because of a disability.

☐ No

☐ Yes → Are there any changes or modifications that you still need at this job?

_____

14. Have you ever turned down a raise, increase in hours, or job offer because it might affect your Social Security, disability, medical, or other benefits?

☐ No

☐ Yes

15. What does having a job mean to you?

_____

_____

16. Do you want a different job?

☐ No

☐ Yes → What help, training, or assistive devices do you need to get a different job?

_____

17. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Please check either no or yes for each one.

	No	Yes
Physical disability that makes it difficult for you to walk, move, or get around?	☐	☐
Intellectual disability, such as autism, mental retardation, or a learning disability?	☐	☐
Mental illness disability, such as schizophrenia, bipolar, or personality disorder?	☐	☐
Hearing disability, such as deafness?	☐	☐
Vision disability, such as blindness?	☐	☐

18. What is your primary disability?

_____

19. How old were you when your primary disability started? _____

20. Did you work before you became disabled?

☐ No

☐ Yes → What kind of work did you do before you became disabled? If you worked at more than one job, please tell us about the one you where you earned the most money.

_____

Please go to Part II of the survey, the white packet.

Fill out this green form only if you have worked in the past, but are not currently working.

If you are currently working, please fill out the Blue form.
If you have never worked, please fill out the Yellow form.

All responses are confidential.
Please check only one box per question, unless asked to do otherwise.

1. People are considered to be working if they are earning any amount of money for any amount of work performed. This includes working for an employer or being self-employed and working for yourself. Have you ever worked for pay according to this definition?

   ☐ Yes, I have worked for pay in the past, but I am not currently working for pay. → **Fill out this Green form, Not currently Working but worked in past**

   ☐ Yes, I am currently working for pay. → **Stop here, and Go to the Blue form, Currently working**

   ☐ No, I have never worked for pay. → **Stop here, and Go to the Yellow form, Never worked**

2. When did you stop working?
   ☐ Less than 1 year ago
   ☐ 1 to 5 years ago
   ☐ More than 5 years ago

3. What was your last job or position?

   _____

4. How long did you work for your last employer? (If you were self-employed, How long were you self-employed?)

   ☐ Less than 1 year
   ☐ 1 year to less than 2 years
   ☐ 2 years to up to 5 years
   ☐ 5 years or more

5. What best describes your last job? Please check only one.

   ☐ Competitive employment – A job with competitive wages in the community which you applied for on your own and was not set aside for persons with a disability. Or, you were self-employed.
   ☐ Subsidized employment – A job with competitive wages in the community which can only be given to a person with a disability
   ☐ Supported employment with some support – A job coach or other individualized support staff sometimes or periodically assisted you to get, work at, or keep your job
   ☐ Supported employment with continuous support – A job coach or other individualized support staff assisted you all or most of the time to get, work at, or keep your job
   ☐ Group supported employment or vocational program
   ☐ Clubhouse or therapeutic work
   ☐ Transitional employment – A job in the community where you were placed by an agency and received short term support
   ☐ Other (write in) _____

6 How many hours did you typically work each week at your last job? _____ hours a week

7 What was your average hourly wage before taxes at your last job?

- ☐ Less than $8.00 an hour
- ☐ $8 – 9.99 an hour
- ☐ $10 – 14.99 an hour
- ☐ $15 – 19.99 an hour
- ☐ $20 or more an hour
- ☐ Other: $_____per_____

8 How much did you like your last job?

- ☐ A lot
- ☐ A little
- ☐ Some
- ☐ Not at all

9 How much of your talents and abilities did your last job require you to use?

- ☐ A lot
- ☐ A little
- ☐ Some
- ☐ Not at all

10. Would you like to have a job?

- ☐ No
- ☐ Yes

11. During the next 12 months, how likely is it that you will get a job?

- ☐ Very likely
- ☐ Not too likely
- ☐ Somewhat likely
- ☐ Not at all likely

12. What are some of the challenges you will have to overcome in order to work or have a job?

_____

_____

13. Are you actively looking for a job or job hunting at this time?

- ☐ No
- ☐ Yes → What help, training, or assistive devices do you need to get a new job?

_____

14. In the past two years, how many times have you changed jobs or left jobs for whatever reason?

_____ job changes in the past 2 years

15. Have you ever turned down a raise, increase in hours, or job offer because it might affect your Social Security, disability, or other benefits?

- ☐ No
- ☐ Yes

16. Thinking about your last job, please tell us if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement by checking the box. Please check only one box for each statement.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
How I Felt On My Last Job				
I looked forward to coming to work.	☐	☐	☐	☐
I felt physically worn out at the end of the day.	☐	☐	☐	☐
Working made me feel like I was needed.	☐	☐	☐	☐
My job kept me busy.	☐	☐	☐	☐
I was satisfied with my schedule.	☐	☐	☐	☐
I wanted to work more hours.	☐	☐	☐	☐
I wanted a different job.	☐	☐	☐	☐
Pay and Benefits				
I was happy with the amount that job paid.	☐	☐	☐	☐
That job provided the medical coverage I needed.	☐	☐	☐	☐
The vacation time or other benefits on that job were good.	☐	☐	☐	☐
Advancement and Job Security				
I had a fairly good chance for promotion in that job.	☐	☐	☐	☐
I would need more training or education in order to get a better paying job.	☐	☐	☐	☐
Supervisor				
My supervisor was fair.	☐	☐	☐	☐
My supervisor was difficult to get along with.	☐	☐	☐	☐
Co-workers				
I had a co-worker I considered a friend.	☐	☐	☐	☐
I spent time with a co-worker after work or on weekends.	☐	☐	☐	☐
I had at least one co-worker who helped me when I was at work.	☐	☐	☐	☐

17. What would having a job mean to you?

_____

_____

_____

18. What job would you like to have?

_____

19. Some people use assistive devices to help them at work. How important for you is each of the following assistive devices in helping you either to get or to keep a job? Please check only one box for each statement.

	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed
Computer access aides (touch screens, modified or keyless entry, voice to text software, etc.)	☐	☐	☐	☐
Communication aides (communication boards, voice activated telephone, etc.)	☐	☐	☐	☐
Hearing and listening aides	☐	☐	☐	☐
Devices for the blind and visually impaired	☐	☐	☐	☐
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	☐	☐	☐	☐
Mobility aides (electric wheelchair, stair lift, etc.)	☐	☐	☐	☐
Transportation aides (lift van, lift bus, adaptive driving controls, etc.)	☐	☐	☐	☐

20. Other assistance or supports can also be helpful in getting or keeping a job. How important for you is each of the following supports in helping you to either get or to keep a job? Please check only one box for each statement.

	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed
Help at home from a paid personal assistant or helper	☐	☐	☐	☐
Help at work from a paid personal assistant or helper	☐	☐	☐	☐
Support from family and friends	☐	☐	☐	☐
Vocational rehabilitation services	☐	☐	☐	☐
Job coach or support staff	☐	☐	☐	☐
Support from other professionals such as a personal manager or case manager	☐	☐	☐	☐
Supportive employer	☐	☐	☐	☐
Supportive co-workers	☐	☐	☐	☐
Control over pace or scheduling of your work activities	☐	☐	☐	☐
Other work accommodations based on disability or personal needs, such as extra training	☐	☐	☐	☐
Paid time off or paid vacation time	☐	☐	☐	☐
Affordable health insurance	☐	☐	☐	☐
Affordable mental health benefits	☐	☐	☐	☐
Any other support? _____	☐	☐	☐	☐

21. For your last job, did you need any changes or modifications because of a physical, mental health, or intellectual disability? This would include any assistive devices, extra training, scheduling changes, or anything else you needed because of a disability.

☐ No
☐ Yes → What changes or modifications did you need but did not get at your last job?

_____

22. Are you currently in any of the following vocational or activity programs? Check all that apply.

☐ Day activity program
☐ Vocational program
☐ Volunteer position without pay
☐ Going to school, full or part time
☐ Clubhouse or therapeutic work program
☐ Sheltered workshop
☐ Group supported employment
☐ Individually supported employment
☐ Transitional employment
☐ Something else (describe): _____

23. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Please check either no or yes for each one.

	No	Yes
Physical disability that makes it difficult for you to walk, move, or get around?	☐	☐
Intellectual disability, such as autism, mental retardation, or a learning disability?	☐	☐
Mental illness disability, such as schizophrenia, bipolar, or personality disorder?	☐	☐
Hearing disability, such as deafness?	☐	☐
Vision disability, such as blindness?	☐	☐

24. What is your primary disability? _____

25. How old were you when your primary disability started? _____

26. Did you work before you became disabled?

☐ No
☐ Yes → What kind of work did you do before you became disabled? If you worked at more than one job, please tell us about the one you where you earned the most money.

_____

Please go to Part II of the survey, the white packet.

Fill out this Yellow form if you have never worked.

If you have worked in the past, please fill out the Green form.
If you are currently working, please fill out the Blue form.

All responses are confidential.
Please check only one box per question, unless instructed to do otherwise.

1. People are considered to be working if they are earning any amount of money for any amount of work performed. This includes working for an employer or being self-employed and working for yourself. Have you ever worked for pay according to this definition?

   ☐ No, I have never worked for pay. → **Fill out this Yellow form, Never worked**

   ☐ Yes, I have worked for pay in the past, but I am not currently working for pay. → **Stop here, and Go to the Green form, Not currently working**

   ☐ Yes, I am currently working for pay. → **Stop here, and Go to the Blue form, Currently working**

2. Are you currently in any of the following vocational or activity programs? Check all that apply.
   ☐ Day activity program
   ☐ Vocational program
   ☐ Volunteer position without pay
   ☐ Going to school, either full or part time
   ☐ Clubhouse or therapeutic work program
   ☐ Sheltered workshop
   ☐ Group supported employment
   ☐ Individually supported employment – Using a job coach or other individualized support staff to assist you to get, work at, or keep a job
   ☐ Transitional employment – A job in the community where you are placed by an agency and receive short term support
   ☐ Something else (describe): _____

3. Would you like to have a job?
   ☐ No
   ☐ Yes → What job would you like to have?

   _____

4. During the next 12 months, how likely is it that you will get a job?
   ☐ Very likely ☐ Not too likely
   ☐ Somewhat likely ☐ Not at all likely

5. What are some of the challenges you would have to overcome in order to work or have a job?

   _____

   _____

6. Are you actively looking for a job or job hunting at this time?

☐ No
☐ Yes → What help, training, or assistive devices do you need to get a job?

_____

7. What would having a job mean to you?

_____

_____

8. Have you ever turned down a job offer, increase in hours, or raise because it might affect your Social Security, disability, or other benefits?

☐ No
☐ Yes

9. Assistance or supports can be helpful in getting or keeping a job. How important for you would each of the following supports be in helping you to either get or to keep a job? Please check only one box for each statement.

	Very Important	**Moderately Important**	**Somewhat Important**	**Not Important OR Not Needed**
Help at home from a paid personal assistant or helper	☐	☐	☐	☐
Help at work from a paid personal assistant or helper	☐	☐	☐	☐
Support from family and friends	☐	☐	☐	☐
Vocational rehabilitation services	☐	☐	☐	☐
Job coach or support staff	☐	☐	☐	☐
Support from other professionals such as a personal manager or case manager	☐	☐	☐	☐
Supportive employer	☐	☐	☐	☐
Supportive co-workers	☐	☐	☐	☐
Control over pace or scheduling of your work activities	☐	☐	☐	☐
Other work accommodations based on disability or personal needs, such as extra training	☐	☐	☐	☐
Paid time off or paid vacation time	☐	☐	☐	☐
Affordable health insurance	☐	☐	☐	☐
Affordable mental health benefits	☐	☐	☐	☐
Any other support? _____	☐	☐	☐	☐

10. Some people use assistive devices to help them at work. How important for you would each of the following assistive devices be in helping you to either get or keep a job? Please check only one box for each statement.

	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed
Computer access aides (touch screens, modified or keyless entry, voice to text software, etc.)	☐	☐	☐	☐
Communication aides (communication boards, voice activated telephone, etc.)	☐	☐	☐	☐
Hearing and listening aides	☐	☐	☐	☐
Devices for the blind and visually impaired	☐	☐	☐	☐
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	☐	☐	☐	☐
Mobility aides (electric wheelchair, stair lift, etc.)	☐	☐	☐	☐
Transportation aides (lift van, lift bus, adaptive driving controls, etc.)	☐	☐	☐	☐

11. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Please check either no or yes for each one.

	No	Yes
Physical disability that makes it difficult for you to walk, move, or get around?	☐	☐
Intellectual disability, such as autism, mental retardation, or a learning disability?	☐	☐
Mental illness disability, such as schizophrenia, bipolar, or personality disorder?	☐	☐
Hearing disability, such as deafness?	☐	☐
Vision disability, such as blindness?	☐	☐

12. What is your primary disability? _____

13. How old were you when your primary disability started? _____

14. Did you work before you became disabled?

☐ No

☐ Yes → What kind of work did you do before you became disabled? If you worked at more than one job, please tell us about the one you where you earned the most money.

_____

Please go to Part II of the survey, the white packet.

Part II

This section is for everyone to fill out.

Please fill out this white form and one of the colored forms.

All responses are confidential.
Please check only one box per question, unless asked to do otherwise.

Management of a Paid Assistant or Helper

People sometimes employ someone to help them with tasks like personal care, mobility, or communication. This person could be a personal assistant, helper, or anyone else who is paid to help them at home or at work.

There are different ways for people to manage or work with their paid assistants or helpers. We would like to know how you would like to manage a paid assistant. **Even if you have not used a paid assistant or helper in the past, we are still interested in what you think.**

1. Who besides you should take part in the **finding and hiring** a paid assistant? Check all that apply.
   - ☐ Family or spouse
   - ☐ Friend or neighbor
   - ☐ Personal manager, case manager, or vocational specialist
   - ☐ State agency, such as DSS, BRS, DMR, DMHAS, etc.
   - ☐ Professional or provider agency, such as a home care agency, ARC, etc.
   - ☐ No one else besides me

2. Who besides you should take part in the **training and managing** of a paid assistant? Check all that apply.
   - ☐ Family or spouse
   - ☐ Friend or neighbor
   - ☐ Personal manager, case manager, or vocational specialist
   - ☐ State agency, such as DSS, BRS, DMR, DMHAS, etc.
   - ☐ Professional or provider agency, such as a home care agency, ARC, etc.
   - ☐ No one else besides me

3. Who besides you should take part in **making sure your assistant is paid**? Check all that apply.
   - ☐ Family or spouse
   - ☐ Friend or neighbor
   - ☐ Personal manager, case manager, or vocational specialist
   - ☐ State agency, such as DSS, BRS, DMR, DMHAS, etc.
   - ☐ Professional or provider agency, such as a home care agency, ARC, etc.
   - ☐ No one else besides me

4. Do you **currently** have any paid assistant or helper working for you?
   - ☐ Yes, I currently have a paid assistant → **Go to Question 5, page 2**
   - ☐ No, I do not currently have a paid assistant, but I had one in the past → **Go to Question 10, page 3**
   - ☐ No, I never had a paid assistant → **Go to Question 16, page 3**

Currently Employing a Personal Assistant

If you do not currently have a paid personal assistant, go to Question 10, page 3

5. Overall, how satisfied are you with the quality of work provided to you by your paid assistant/s?
   - ☐ Very satisfied
   - ☐ Somewhat satisfied
   - ☐ Somewhat dissatisfied
   - ☐ Very dissatisfied

6. How satisfied are you with the service schedule of your paid assistant, such as the day of the week and time of day?
   - ☐ Very satisfied
   - ☐ Somewhat satisfied
   - ☐ Somewhat dissatisfied
   - ☐ Very dissatisfied

7. Do you need more paid personal help or assistance than you are currently receiving?
   - ☐ No
   - ☐ Yes → Do you need more paid personal assistance at home, at work, or both?
     - ☐ At home only
     - ☐ At work only
     - ☐ Both at home and at work

8. Have you ever had any problems or hassles with any of your paid assistant/s or helper/s, either now or in the past?
   - ☐ No
   - ☐ Yes → What problems or hassles have you had with your paid assistant/s?

   _____

   _____

9. Please mark one box for each statement showing how much you agree or disagree with each one: strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly agree	Somewhat Agree	Somewhat Disagree	Strongly disagree
I am sure I can find and hire the right paid assistant or helper for me.	☐	☐	☐	☐
If my paid assistant or helper is not doing a good job, I can talk directly with him/her about it.	☐	☐	☐	☐
If my paid assistant or helper cannot come in that day, I can always find someone else to assist me.	☐	☐	☐	☐
I can work out any disagreements I may have with my paid assistant or helper.	☐	☐	☐	☐

If you currently have a paid personal assistant, go to General Information, Page 5.

Not Currently Employing a Personal Assistant

If you currently have a paid personal assistant, go to General Information, Page 5.

10. Have you ever had a paid assistant or helper working for you, even if it were for a short period of time?
    - ☐ No → **Skip to Question 16**
    - ☐ Yes

11. When did your last paid assistant or helper stop working for you?
    - ☐ Less than 6 months ago
    - ☐ 6 months to 1 year ago
    - ☐ More than one year ago

12. Why did your last paid assistant or helper stop working for you?

    _____

    _____

13. Overall, how satisfied were you with the quality of work provided to you by your last paid assistant/s?
    - ☐ Very satisfied
    - ☐ Somewhat satisfied
    - ☐ Somewhat dissatisfied
    - ☐ Very dissatisfied

14. How satisfied were you with the service schedule of your last paid assistants, such as the day of the week and time of day?
    - ☐ Very satisfied
    - ☐ Somewhat satisfied
    - ☐ Somewhat dissatisfied
    - ☐ Very dissatisfied

15. Did you ever have any problems or hassles with any of your paid assistants or helpers?
    - ☐ No
    - ☐ Yes → What problems or hassles did you have with your paid assistants?

      _____

      _____

16. Would you like to have a paid personal assistant or helper at this time?
    - ☐ No
    - ☐ Yes → Would you like help from a paid assistant at home, at work, or both?
      - ☐ At home only
      - ☐ At work only
      - ☐ Both at home and at work

17. Please mark one box for each statement showing how much you agree or disagree with each one: strongly agree, somewhat agree, somewhat disagree, or strongly disagree. It does not matter if you have had a paid assistant or not. Just answer how you think it would be to employ a paid assistant.

	Strongly agree	Somewhat Agree	Somewhat Disagree	Strongly disagree
I am sure I can find and hire the right paid assistant or helper for me.	☐	☐	☐	☐
If my paid assistant or helper is not doing a good job, I can talk directly with him/her about it.	☐	☐	☐	☐
If my paid assistant or helper cannot come in that day, I can always find someone else to assist me.	☐	☐	☐	☐
I can work out any disagreements I may have with my paid assistant or helper.	☐	☐	☐	☐

Please continue with General Information, page 5.

General Information

This section is for everyone to fill out.

All responses are confidential.
Please check only one box per question, unless asked to do otherwise.

Health

1. How would you rate your overall health at this time?
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

2. In the past year, have you needed assistance from another person with personal care at home, such as bathing, dressing, eating, or toileting?
   - ☐ No
   - ☐ Yes

3. In the past year, have you needed assistance from another person with personal care at work, such as eating or toileting?
   - ☐ No
   - ☐ Yes

4. In the past year, have you needed assistance from another person with activities such as cooking, housecleaning, laundry, errands, or shopping?
   - ☐ No
   - ☐ Yes

Housing

5. I am currently living… (Check only one.)
   - ☐ By myself without any paid supervision or support
   - ☐ With a spouse or other relatives
   - ☐ With a live-in paid assistant
   - ☐ With a friend or roommate without any paid supervision or support
   - ☐ In a supervised living apartment or program
   - ☐ In a transitional group home or halfway house
   - ☐ In a community living arrangement or group home
   - ☐ In a community training home (CTH or CTO)
   - ☐ In a board and care home
   - ☐ Other _____

6. Thinking about where you live, please mark one box for each statement showing how much you agree or disagree with each one: strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly Agree	Somewhat Agree	Somewhat disagree	Strongly disagree	
My neighborhood is safe.	☐	☐	☐	☐	
There is a city bus stop within easy access from where I live.	☐	☐	☐	☐	
I have a neighbor who is also my friend.	☐	☐	☐	☐	
I need more assistive technology or devices in order to easily live in my home.	☐	☐	☐	☐	
I need more home modifications or changes in order to easily live in my home.	☐	☐	☐	☐	
There is a grocery store within easy access of where I live.	☐	☐	☐	☐	
I would like more privacy where I live.	☐	☐	☐	☐	
I get along well with the people I live with.	☐	☐	☐	☐	☐ I live alone

7. Were there any times in the past 12 months when you did not have enough money to: (Check all that apply.)

- ☐ Pay rent, mortgage, or real estate taxes
- ☐ Pay utility bills (heat, electricity, phone)
- ☐ Pay more than the minimum balance due on a credit card
- ☐ Purchase or repair a car or van
- ☐ Pay for medical or health care
- ☐ Buy needed food
- ☐ Pay for child care
- ☐ Pay for anything else _____

Transportation

8. How do you usually get to places out of walking distance? This can include going to work or getting to any other activities you do on a regular basis. Check all that apply.

- ☐ I drive myself in my own car or van
- ☐ Someone else drives me in my car or van
- ☐ I get a ride from another person in his/her car
- ☐ I use public transportation such as a city bus
- ☐ I use the group home or day program van
- ☐ I use dial a ride, a handicapped van, or para-transit
- ☐ I use a taxi service
- ☐ Other _____

9. What transportation difficulties have you had in the past 12 months? Check all that apply.
   - ☐ The car I use is not always available or needs repairs.
   - ☐ I do not always have access to a lift van.
   - ☐ Public buses are not always available or are difficult to use.
   - ☐ The dial-a-ride, handicapped van, or other transportation I use is not always available.
   - ☐ It costs too much.
   - ☐ The van or bus will not take me to all the places I need to go.
   - ☐ A person is not always available to assist or to drive me.
   - ☐ Other _____

General Information

10. What is your age? _____

11. What is your gender?
    - ☐ Male
    - ☐ Female

12. What is your marital status?
    - ☐ Married
    - ☐ Widowed
    - ☐ Divorced or Separated
    - ☐ Single, never married
    - ☐ Living together as though married or had a civil union

13. What is the highest grade or year you finished in school?
    - ☐ 8th grade or less
    - ☐ Some high school
    - ☐ High school diploma or GED
    - ☐ Post high school other than college
    - ☐ Some college or two year degree
    - ☐ Four year college degree
    - ☐ More than four year college degree

14. Which category best describes your race?
    - ☐ White or Caucasian
    - ☐ Black or African-American
    - ☐ Asian, including Asian Indian, Chinese, Filipino, Korean, Vietnamese, or other Asian
    - ☐ American Indian or Alaska Native
    - ☐ Native Hawaiian, Samoan, or other Pacific Islander
    - ☐ Other (write in) _____

15. Are you of Spanish, Latino, or Hispanic origin?
    - ☐ No
    - ☐ Yes

Please continue on the back.

16. What language do you mainly speak at home?
   - ☐ English
   - ☐ Spanish
   - ☐ Other _____

17. What is your total family income from all sources before taxes? We are not interested in your exact income, just the income category you fit into.
   - ☐ Under $10,000
   - ☐ $10,000 to under $25,000
   - ☐ $25,000 to under $50,000
   - ☐ $50,000 or more

18. Who filled out this survey? Please list everyone who filled out this survey. Do not put in anyone's name. Instead, check the box describing that person's relationship to the client who this survey is about. Check all that apply.
   - ☐ Client who this survey is about
   - ☐ Spouse or partner of client
   - ☐ Parent of client
   - ☐ Other relative of client
   - ☐ Friend of client
   - ☐ Personal assistant or other paid helper of client
   - ☐ Case worker or manager of client
   - ☐ Vocational counselor of client
   - ☐ Other (list relationship to client): _____

Thank you for taking the time to participate in this survey.

Please mail your completed survey in the postage paid, self-addressed envelope provided.

Currently Working (Phone, In-Person)

ID: _____ Interviewer: _____

Date: _____ Circle one: Phone In-person

Time start: _____

1. First we'd like to talk about your job or work. People are considered to be working if they are earning any amount of money for any amount of work performed. This includes working for an employer or being self-employed and working for yourself. Are you currently working according to this definition?

   ☐ Yes, I am currently working → **Continue with Question 2**

   ☐ No, but I have worked for pay in the past → **Go to form Worked in past**

   ☐ No, I have never worked for pay → **Go to form Never worked**

2. What is your current job or position? If you work at more than one job, think about the one where you earn the most money.

   _____

3. What best describes your current job? Would you say it is… (Check only one.)

   ☐ Competitive employment – A job with competitive wages in the community which you applied for on your own and is not set aside for persons with a disability. Or, you are self employed.

   ☐ Subsidized employment – A job with competitive wages in the community which can only be given to a person with a disability

   ☐ Supported employment with some support – A job coach or other individualized support staff sometimes or occasionally assists you to get, work at, or keep your job

   ☐ Supported employment with continuous support – A job coach or other individualized support staff assists you all or most of the time to get, work at, or keep your job

   ☐ Group supported employment or vocational program

   ☐ Clubhouse or therapeutic work

   ☐ Transitional employment – A job in the community where you are placed by an agency and receive short term support

   ☐ Other (write in) _____

   _____

   _____

   ☐ Don't know

   ☐ Refused

4. How long have you worked for your current employer? (If currently self-employed, How long have you been self-employed?)
   - ☐ Less than 1 year
   - ☐ 1 year to less than 2 years
   - ☐ 2 years to up to 5 years
   - ☐ 5 years or more
   - ☐ DNK
   - ☐ REF

5. How many hours do you typically work each week? _____ hours a week

6. What is your average hourly wage <u>before taxes</u> for your primary job? Is it…
   - ☐ Less than $8.00 an hour
   - ☐ $8 – 9.99 an hour
   - ☐ $10 – 14.99 an hour
   - ☐ $15 – 19.99 an hour
   - ☐ $20 or more an hour
   - ☐ Other: $_____per_____
   - ☐ DNK
   - ☐ REF

7. How much do you like your current job? Do you like it…
   - ☐ A lot
   - ☐ Some
   - ☐ A little
   - ☐ Not at all
   - ☐ DNK
   - ☐ REF

8. How much of your talents and abilities does your job require you to use?
   - ☐ A lot
   - ☐ Some
   - ☐ A little
   - ☐ Not at all
   - ☐ DNK
   - ☐ REF

9. During the next 12 months, how likely is it that you will get a new job or leave your job for whatever reason?
   - ☐ Very likely
   - ☐ Somewhat likely
   - ☐ Not too likely
   - ☐ Not at all likely
   - ☐ DNK
   - ☐ REF

10. Thinking about your current job, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree for each one.

	Strongly agree	Some what agree	Some what disagree	Strongly disagree	DNK	REF
How I Feel On This Job						
I look forward to coming to work.	☐	☐	☐	☐	☐	☐
I feel physically worn out at the end of the day.	☐	☐	☐	☐	☐	☐
Working makes me feel like I am needed.	☐	☐	☐	☐	☐	☐
My job keeps me busy.	☐	☐	☐	☐	☐	☐
I am satisfied with my schedule.	☐	☐	☐	☐	☐	☐
I would like to work more hours.	☐	☐	☐	☐	☐	☐
Pay and Benefits						
I am happy with the amount this job pays.	☐	☐	☐	☐	☐	☐
This job provides the medical coverage I need.	☐	☐	☐	☐	☐	☐
The vacation time or other benefits on this job are good.	☐	☐	☐	☐	☐	☐
Advancement and Job Security						
I have a fairly good chance for promotion in this job.	☐	☐	☐	☐	☐	☐
I feel that there is a good chance of my losing this job in the next year.	☐	☐	☐	☐	☐	☐
I would need more training or education in order to get a better paying job.	☐	☐	☐	☐	☐	☐
Supervisor						
My supervisor is fair.	☐	☐	☐	☐	☐	☐
My supervisor is difficult to get along with.	☐	☐	☐	☐	☐	☐
Co-workers						
I have a co-worker I consider a friend.	☐	☐	☐	☐	☐	☐
I spend time with a co-worker after work or on weekends.	☐	☐	☐	☐	☐	☐
I have at least one co-worker who helps me when I am at work.	☐	☐	☐	☐	☐	☐

11. What are some of the challenges or things that make it difficult for you to work?

[Probe: What makes it difficult for you to work or have a job? For example, some people may not feel well enough to work, while others may not have transportation.]

_____

_____

_____

_____

_____

12. What would help you overcome these challenges or difficulties?

[If none are listed, or if need probe, say: What would make it easier for you to keep working? What support or assistance would help you work <u>or</u> make it easier for you to work/have a job?]

_____

_____

_____

_____

_____

13. Some people use assistive devices to help them at work. How important for you is each of the following assistive devices in helping you either to get or to keep a job? Please tell me if it is very important, moderately important, somewhat important, not important, or if you do not need this support.

It doesn't matter if you currently have this assistance or not. We are interested in how important each one would be for you in helping you to get or work at a job.

Assistive Devices	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed	DNK	REF
Computer access aides (touch screens, modified or keyless entry, voice to text software, etc.)	☐	☐	☐	☐	☐	☐
Communication aides (communication boards, voice activated telephone, etc.)	☐	☐	☐	☐	☐	☐
Hearing and listening aides	☐	☐	☐	☐	☐	☐
Devices for the blind and visually impaired	☐	☐	☐	☐	☐	☐
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	☐	☐	☐	☐	☐	☐
Mobility aides (electric wheelchair, stair lift, etc.)	☐	☐	☐	☐	☐	☐
Transportation aides (lift van, lift bus, adaptive driving controls, etc.)	☐	☐	☐	☐	☐	☐

14. Other assistance or supports can also be helpful in getting or keeping a job. How important for you is each of the following in helping you to either get or to keep a job? Please tell me if it is very important, moderately important, somewhat important, not important, or if you do not need this support.

It doesn't matter if you currently have this assistance or not. We are interested in how important each one would be for you in helping you to get or work at a job.

Support	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed	DNK	REF
Help at home from a paid personal assistant or helper	☐	☐	☐	☐	☐	☐
Help at work from a paid personal assistant or helper	☐	☐	☐	☐	☐	☐
Support from family and friends	☐	☐	☐	☐	☐	☐
Vocational rehabilitation services	☐	☐	☐	☐	☐	☐
Job coach or support staff	☐	☐	☐	☐	☐	☐
Support from other professionals such as a personal manager or case manager	☐	☐	☐	☐	☐	☐
Supportive employer	☐	☐	☐	☐	☐	☐
Supportive co-workers	☐	☐	☐	☐	☐	☐
Control over pace or scheduling of your work activities	☐	☐	☐	☐	☐	☐
Other work accommodations based on disability or personal needs, such as extra training	☐	☐	☐	☐	☐	☐
Paid time off or paid vacation time	☐	☐	☐	☐	☐	☐
Affordable health insurance	☐	☐	☐	☐	☐	☐
Affordable mental health benefits	☐	☐	☐	☐	☐	☐
Any other support? _____	☐	☐	☐	☐	☐	☐

15. How would you describe a supportive employer? What would make an employer supportive or helpful? [Probe: What could an employer do that would be supportive or helpful to you as an employee?]

_____

_____

_____

_____

16. For your current job, did you need any changes or modifications because of a physical, mental health, or intellectual disability? This includes any assistive devices, extra training, scheduling changes or anything else you needed because of a disability.

☐ No → **Skip to Question 17**
☐ Yes
☐ DNK
☐ REF

IF YES or DNK:

16a. What changes or modifications did you get at your current job?

_____

_____

_____

16b. What changes or modifications do you still need at this job?

_____

_____

_____

17. What does having a job mean to you?

_____

_____

_____

_____

_____

18. What qualities or traits do you have that an employer might look for? [Probes: What makes you a good employee? What does your employer like about you?]

_____

_____

_____

_____

_____

19. Have you ever turned down a raise, increase in hours, or job offer because it might affect your Social Security, disability, or other benefits?

☐ No → **Skip to Question 20**
☐ Yes
☐ DNK
☐ REF

IF YES or DNK:

19a. Can you tell me about that? [Probe: What benefits were you concerned about losing?]

_____

_____

_____

_____

_____

20. In the past two years, how many times have you changed jobs or left jobs for whatever reason?

_____ job changes in the past 2 years

☐ DNK
☐ REF

21. If you could change something about your job, what would it be? [Probe: What would make your job better for you?]

_____

_____

_____

_____

22. Do you want a different job?

☐ No → **Skip to Question 23**
☐ Yes
☐ DNK
☐ REF

IF YES or DNK:

22a. What job would you like to have? [Probe if needed: You do not need to be really specific. Just tell me about what kind of job you would like to have, no matter if you think it really will happen or not. Other probe if needed: What kind of work would you like to do?]

_____

_____

_____

_____

22b. What help, training, or assistive devices do you need to get a different job? [Probe if needed: What support would help you to get a different job? Would you need some special training or education to get a different job?]

_____

_____

_____

_____

23. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Do you have a…

	No	Yes	DNK	REF
Physical disability that makes it difficult for you to walk, move, or get around?	☐	☐	☐	☐
Intellectual disability, such as autism, mental retardation, or a learning disability?	☐	☐	☐	☐
Mental illness disability, such as schizophrenia, bipolar, or personality disorder?	☐	☐	☐	☐
Hearing disability, such as deafness?	☐	☐	☐	☐
Vision disability, such as blindness?	☐	☐	☐	☐

24. What is your primary disability? [**Note:** If says "physical disability," ask What type of physical disability?] (**INT**: If none are checked above, mark Yes appropriately.)

_____

_____

25. How old were you when your primary disability started?

_____ years (code as "0" if at birth)

☐ DNK
☐ REF

Ask #26 only if disability began at age 18 or later:

26. Did you work before you became disabled?

☐ No

☐ Yes → What kind of work did you do before you became disabled? If you worked at more than one job, please tell me about the one where you earned the most money.

_____

☐ DNK
☐ REF

Time end: _____ Total time: _____

In-person interviews, Go to PA Vignettes (Purple sheet)

Phone interviews, Go to Part II – Managing Your PA (White booklet)

Worked in Past (Phone, In-Person)

ID: _____ Interviewer: _____

Date: _____ Circle one: Phone In-person

Time start: _____

1. **INTERVIEWER:** Fill in Employment Status:

   ☐ Currently working → **Use form, Currently working**

   ☐ Worked for pay in the past → **Continue with Question 2**

   ☐ Never worked for pay → **Use form, Never worked**

2. When did you stop working?

   ☐ Less than 1 year ago
   ☐ 1 to 5 years ago
   ☐ More than 5 years ago
   ☐ DNK
   ☐ REF

3. What was your last job or position? (If you worked at more than one job, think about the one where you earned the most money.)

   _____

4. What best describes your last job? Would you say it was… (Check only one.)

   ☐ Competitive employment – A job with competitive wages in the community which you applied for on your own and is not set aside for persons with a disability. Or, you are self employed.

   ☐ Subsidized employment – A job with competitive wages in the community which can only be given to a person with a disability

   ☐ Supported employment with some support – A job coach or other individualized support staff sometimes or occasionally assists you to get, work at, or keep your job

   ☐ Supported employment with continuous support – A job coach or other individualized support staff assists you all or most of the time to get, work at, or keep your job

   ☐ Group supported employment or vocational program

   ☐ Clubhouse or therapeutic work

   ☐ Transitional employment – A job in the community where you are placed by an agency and receive short term support

   ☐ Something else (write in) _____

   _____

   _____

   ☐ Don't know

   ☐ Refused

5. How long did you work for your last employer? (If you were self-employed, How long were you self-employed?)
   - ☐ Less than 1 year
   - ☐ 1 year to less than 2 years
   - ☐ 2 years to up to 5 years
   - ☐ 5 years or more
   - ☐ DNK
   - ☐ REF

6. How many hours did you typically work each week at your last job?

   _____ hours a week
   - ☐ DNK
   - ☐ REF

7. What was your average hourly wage <u>before taxes</u> for your last job? Was it…
   - ☐ Less than $8.00 an hour
   - ☐ $8 – 9.99 an hour
   - ☐ $10 – 14.99 an hour
   - ☐ $15 – 19.99 an hour
   - ☐ $20 or more an hour
   - ☐ Other: $_____per_____
   - ☐ DNK
   - ☐ REF

8. How much did you like your last job?
   - ☐ A lot
   - ☐ Some
   - ☐ A little
   - ☐ Not at all
   - ☐ DNK
   - ☐ REF

9. How much of your talents and abilities did your last job require you to use?
   - ☐ A lot
   - ☐ Some
   - ☐ A little
   - ☐ Not at all
   - ☐ DNK
   - ☐ REF

10. Thinking about your last job, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each one.

	Strongly agree	Some what agree	Some what disagree	Strongly disagree	DNK	REF
How I Felt On My Last Job						
I looked forward to coming to work.	☐	☐	☐	☐	☐	☐
I felt physically worn out at the end of the day.	☐	☐	☐	☐	☐	☐
Working made me feel like I was needed.	☐	☐	☐	☐	☐	☐
My job kept me busy.	☐	☐	☐	☐	☐	☐
I was satisfied with my schedule.	☐	☐	☐	☐	☐	☐
I wanted to work more hours.	☐	☐	☐	☐	☐	☐
I wanted a different job.	☐	☐	☐	☐	☐	☐
Pay and Benefits						
I was happy with the amount that job paid.	☐	☐	☐	☐	☐	☐
My job provided the medical coverage I needed.	☐	☐	☐	☐	☐	☐
The vacation time or other benefits on that job were good.	☐	☐	☐	☐	☐	☐
Advancement and Job Security						
I had a fairly good chance for promotion in that job.	☐	☐	☐	☐	☐	☐
I would need more training or education in order to get a better paying job.	☐	☐	☐	☐	☐	☐
Supervisor						
My supervisor was fair.	☐	☐	☐	☐	☐	☐
My supervisor was difficult to get along with.	☐	☐	☐	☐	☐	☐
Co-workers						
I had a co-worker I considered a friend.	☐	☐	☐	☐	☐	☐
I spent time with a co-worker after work or on weekends.	☐	☐	☐	☐	☐	☐
I had at least one co-worker who helped me when I was at work.	☐	☐	☐	☐	☐	☐

11. If you could have changed something about your last job, what would it be? [Probe: What would have made your job better for you?]

_____

_____

_____

_____

12. Would you like to have a job?
- ☐ No
- ☐ Yes
- ☐ DNK
- ☐ REF

13. During the next 12 months, how likely is it that you will get a job?
- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not too likely
- ☐ Not at all likely
- ☐ DNK
- ☐ REF

<u>Ask 14 If YES or DNK to #12:</u>

14. What job would you like to have? [Probe if needed: You do not need to be really specific. Just tell me about what kind of job you would like to have, no matter if you think it really will happen or not. Other probe if needed: What kind of work would you like to do?]

_____

_____

_____

15. Are you actively looking for a job or job hunting at this time?
- ☐ No
- ☐ Yes
- ☐ DNK
- ☐ REF

16. What help, training, or assistive devices do you need to get a new job? [Probe if needed: What other support would help you to get a new job?]

_____

_____

_____

_____

17. What are some of the challenges you will have to overcome in order to work or have a job? [Probe: What makes it difficult for you to work or difficult to have a job? For example, some people may not feel well enough to work, while others may not have transportation.]

_____

_____

_____

_____

_____

18. What would help you overcome these challenges? [If none are listed, or if need probe: What would make it easier for you to work? What support or assistance would help you work or make it easier for you to have a job?]

_____

_____

_____

_____

19. What qualities or traits do you have that an employer might look for? [Probes: What makes or made you a good employee? What did your employer like about you?]

_____

_____

_____

_____

20. What would having a job mean to you?

_____

_____

_____

_____

_____

21. Some people use assistive devices to help them at work. How important for you is each of the following assistive devices in helping you either to get or to keep a job? Please tell me if it is very important, moderately important, somewhat important, not important, or if you do not need this support.

It doesn't matter if you had this assistance or not. We are interested in how important each one would be for you in helping you to get or work at a job.

Assistive Devices	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed	DNK	REF
Computer access aides (touch screens, modified or keyless entry, voice to text software, etc.)	☐	☐	☐	☐	☐	☐
Communication aides (communication boards, voice activated telephone, etc.)	☐	☐	☐	☐	☐	☐
Hearing and listening aides	☐	☐	☐	☐	☐	☐
Devices for the blind and visually impaired	☐	☐	☐	☐	☐	☐
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	☐	☐	☐	☐	☐	☐
Mobility aides (electric wheelchair, stair lift, etc.)	☐	☐	☐	☐	☐	☐
Transportation aides (lift van, lift bus, adaptive driving controls, etc.)	☐	☐	☐	☐	☐	☐

22. Other assistance or supports can also be helpful in getting or keeping a job. How important for you is each of the following in helping you to either get or to keep a job? Please tell me if it is very important, moderately important, somewhat important, not important, or if you do not need this support.

It doesn't matter if you had this assistance or not. We are interested in how important each one would be for you in helping you to get or work at a job.

Support	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed	DNK	REF
Help at home from a paid personal assistant or helper	☐	☐	☐	☐	☐	☐
Help at work from a paid personal assistant or helper	☐	☐	☐	☐	☐	☐
Support from family and friends	☐	☐	☐	☐	☐	☐
Vocational rehabilitation services	☐	☐	☐	☐	☐	☐
Job coach or support staff	☐	☐	☐	☐	☐	☐
Support from other professionals such as a personal manager or case manager	☐	☐	☐	☐	☐	☐
Supportive employer	☐	☐	☐	☐	☐	☐
Supportive co-workers	☐	☐	☐	☐	☐	☐
Control over pace or scheduling of your work activities	☐	☐	☐	☐	☐	☐
Other work accommodations based on disability or personal needs, such as extra training	☐	☐	☐	☐	☐	☐
Paid time off or paid vacation time	☐	☐	☐	☐	☐	☐
Affordable health insurance	☐	☐	☐	☐	☐	☐
Affordable mental health benefits	☐	☐	☐	☐	☐	☐
Any other support? _____	☐	☐	☐	☐	☐	☐

23. How would you describe a supportive employer? What would make an employer supportive or helpful? [Probe: What could an employer do that would be supportive or helpful to you as an employee?]

_____

_____

_____

_____

24. For your last job, did you need any changes or modifications because of a physical, mental health, or intellectual disability? This includes any assistive devices, extra training, scheduling changes or anything else you needed because of a disability.

☐ No → **Skip to Question 25**
☐ Yes
☐ DNK
☐ REF

IF YES or DNK:

24a. What changes or modifications did you get at your last job?

_____

_____

_____

_____

24b. What changes or modifications did you need but did not get at your last job?

_____

_____

_____

_____

25. In the past two years, how many times have you changed jobs or left jobs for whatever reason?

_____ job changes in the past 2 years

26. Have you ever turned down a raise, increase in hours, or job offer because it might affect your Social Security, disability, or other benefits?

☐ No

☐ Yes → Can you tell me about that? [Probe: What benefits were you concerned about losing?]

_____

_____

_____

_____

27. Are you currently in any of the following vocational or activity programs? (**INT**: Read list and check all that apply.)

☐ Day activity program
☐ Vocational program
☐ Volunteer position without pay
☐ Going to school, full or part time
☐ Clubhouse or therapeutic work program
☐ Sheltered workshop
☐ Group supported employment
☐ Individually supported employment
☐ Transitional employment
☐ Something else (describe): _____

28. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Do you have a…

	No	Yes	DNK	REF
Physical disability that makes it difficult for you to walk, move, or get around?	☐	☐	☐	☐
Intellectual disability, such as autism, mental retardation, or a learning disability?	☐	☐	☐	☐
Mental illness disability, such as schizophrenia, bipolar, or personality disorder?	☐	☐	☐	☐
Hearing disability, such as deafness?	☐	☐	☐	☐
Vision disability, such as blindness?	☐	☐	☐	☐

29. What is your primary disability? [**Note:** If says "physical disability," ask What type of physical disability?] (**INT:** If none are checked above, mark Yes appropriately.)

_____

_____

30. How old were you when your primary disability started?

_____ years (code as "0" if at birth)

☐ DNK
☐ REF

Ask #31 only if disability began at age 18 or later:

31. Did you work before you became disabled?

☐ No
☐ Yes → What kind of work did you do before you became disabled? If you worked at more than one job, please tell me about the one where you earned the most money.

_____

☐ DNK
☐ REF

In-person interviews, Go to PA Vignettes (Purple sheet)

Phone interviews, Go to Part II – Managing Your PA

Never worked for pay (Phone, In-Person)

ID: _____ Interviewer: _____

Date: _____ Circle one: Phone In-person

Time start: _____

1. **INTERVIEWER:** Fill in Employment Status:
   - ☐ Currently working → **Use form, Currently working**
   - ☐ Worked for pay in the past → **Use form, Worked in past**
   - ☐ Never worked for pay → **Continue with Question 2**

2. We are interested in the kinds of programs you are in. Are you currently in any of the following vocational or activity programs? *(INT: Read list and check all that apply.)*
   - ☐ Day activity program
   - ☐ Vocational program
   - ☐ Volunteer position without pay
   - ☐ Going to school, either full or part time
   - ☐ Clubhouse or therapeutic work program
   - ☐ Sheltered workshop
   - ☐ Group supported employment
   - ☐ Individually supported employment – Using a job coach or other individualized support staff to assist you get, work at, or keep a job
   - ☐ Transitional employment – A job in the community where you are placed by an agency and receive short term support
   - ☐ Something else (write in) _____

     _____
   - ☐ Don't know
   - ☐ Refused

3. Would you like to have a job?
   - ☐ No
   - ☐ Yes
   - ☐ Don't know
   - ☐ Refused

4. During the next 12 months, how likely is it that you will get a job?
   - ☐ Very likely
   - ☐ Somewhat likely
   - ☐ Not too likely
   - ☐ Not at all likely
   - ☐ DNK
   - ☐ REF

Ask #5 if YES or DNK to #3:

5. What job would you like to have? [Probe if needed: You do not need to be really specific. Just tell me about what kind of job you would like to have, no matter if you think it really will happen or not. Other probe if needed: What kind of work would you like to do?]

_____

_____

_____

6. Are you actively looking for a job or job hunting at this time?
   - ☐ No
   - ☐ Yes
   - ☐ DNK
   - ☐ REF

7. What help, training, or assistive devices do you need to get a job? [Probe if needed: What support would help you to get a job?]

_____

_____

_____

_____

8. What are some of the challenges you will have to overcome in order to work or have a job? [Probe: What makes it difficult for you to work or difficult to have a job? For example, some people may not feel well enough to work, while others may not have transportation.]

_____

_____

_____

_____

_____

9. What would help you overcome these challenges? [If none are listed, or if need probe: What would make it easier for you to work? What support or assistance would help you work or make it easier for you to have a job?]

_____

_____

_____

_____

_____

10. What qualities or traits do you have that an employer might look for? [Probes: What would make you a good employee?]

_____

_____

_____

_____

_____

11. What would having a job mean to you?

_____

_____

_____

_____

_____

12. Have you ever turned down a job offer, increase in hours, or raise because it might affect your Social Security, disability, or other benefits?

☐ No → **Go to Question 14**

☐ Yes

☐ DNK

☐ REF

13. **If Yes** – Can you tell me about that? [Probe: What benefits were you concerned about losing?]

_____

_____

_____

14. Assistance or supports can be helpful in getting or keeping a job. How important for you would each of the following supports be in helping you to either get or to keep a job? Please tell me if it would be very important, moderately important, somewhat important, not important, or if you do not need this support.

It doesn't matter if you have this assistance or not. We are interested in how important each one would be for you in helping you to get or work at a job.

Support	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed	DNK	REF
Help at home from a paid personal assistant or helper	☐	☐	☐	☐	☐	☐
Help at work from a paid personal assistant or helper	☐	☐	☐	☐	☐	☐
Support from family and friends	☐	☐	☐	☐	☐	☐
Vocational rehabilitation services	☐	☐	☐	☐	☐	☐
Job coach or support staff	☐	☐	☐	☐	☐	☐
Support from other professionals such as a personal manager or case manager	☐	☐	☐	☐	☐	☐
Supportive employer	☐	☐	☐	☐	☐	☐
Supportive co-workers	☐	☐	☐	☐	☐	☐
Control over pace or scheduling of your work activities	☐	☐	☐	☐	☐	☐
Other work accommodations based on disability or personal needs, such as extra training	☐	☐	☐	☐	☐	☐
Paid time off or paid vacation time	☐	☐	☐	☐	☐	☐
Affordable health insurance	☐	☐	☐	☐	☐	☐
Affordable mental health benefits	☐	☐	☐	☐	☐	☐
Any other support? _____	☐	☐	☐	☐	☐	☐

15. How would you describe a supportive employer? What would make an employer supportive or helpful? [Probe: What could an employer do that would be supportive or helpful to you as an employee?]

_____

_____

_____

_____

16. Some people use assistive devices to help them at work. How important for you would each of the following assistive devices be in helping you either to get or to keep a job? Please tell me if it would be very important, moderately important, somewhat important, not important, or if you do not need this support.

It doesn't matter if you have this assistance or not. We are interested in how important each one would be for you in helping you to get or work at a job.

Assistive Devices	Very Important	Moderately Important	Somewhat Important	Not Important OR Not Needed	DNK	REF
Computer access aides (touch screens, modified or keyless entry, voice to text software, etc.)	☐	☐	☐	☐	☐	☐
Communication aides (communication boards, voice activated telephone, etc.)	☐	☐	☐	☐	☐	☐
Hearing and listening aides	☐	☐	☐	☐	☐	☐
Devices for the blind and visually impaired	☐	☐	☐	☐	☐	☐
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	☐	☐	☐	☐	☐	☐
Mobility aides (electric wheelchair, stair lift, etc.)	☐	☐	☐	☐	☐	☐
Transportation aides (lift van, lift bus, adaptive driving controls, etc.)	☐	☐	☐	☐	☐	☐

17. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Do you have a…

	No	Yes	DNK	Ref
Physical disability that makes it difficult for you to walk, move, or get around?	☐	☐	☐	☐
Intellectual disability, such as autism, mental retardation, or a learning disability?	☐	☐	☐	☐
Mental illness disability, such as schizophrenia, bipolar, or personality disorder?	☐	☐	☐	☐
Hearing disability, such as deafness?	☐	☐	☐	☐
Vision disability, such as blindness?	☐	☐	☐	☐

18. What is your primary disability? [**Note:** If says "physical disability," ask What type of physical disability?] *(If none are checked above, mark Yes appropriately.)*

_____

_____

19. How old were you when your primary disability started? _____

Ask #20 only if disability began at age 18 or later:

20. Did you work before you became disabled?
    - ☐ No
    - ☐ Yes → What kind of work did you do before you became disabled? If you worked at more than one job, please tell me about the one where you earned the most money.

      _____
    - ☐ DNK
    - ☐ REF

In-person interviews, Go to PA Vignettes (Purple sheet)

Phone interviews, Go to Part II – Managing Your PA (White packet)

Personal Assistance Services and General Information
(Phone & In-person)

ID: _____ Interviewer: _____

Date: _____ Circle one: Phone In-person

Time start: _____

Management of a Paid Assistant or Helper

(Do not read introduction for in-person interviews.)

People sometimes employ someone to help them with tasks like personal care, mobility, or communication. This person could be a personal assistant, helper, or anyone else who is paid to help them at home or at work. There are many different ways a paid assistant can be hired or managed. We'd like to know how you would like to manage a paid assistant. **Even if you have not used a paid assistant or helper in the past, we are still interested in what you think.**

1. Do you currently have any paid assistant or helper working for you?
   - ☐ Yes
   - ☐ No
   - ☐ DNK
   - ☐ REF

2. Who besides you should take part in the **finding and hiring** a paid assistant? (INT: Read each one and check all that apply.)
   - ☐ Family or spouse
   - ☐ Friend or neighbor
   - ☐ Personal manager, case manager, or vocational specialist
   - ☐ State agency, such as DSS, BRS, DMR, DMHAS, etc.
   - ☐ Professional or provider agency, such as a home care agency, ARC, etc.
   - ☐ No one else besides me
   - ☐ Other: _____
   - ☐ DNK
   - ☐ REF

If currently have a PA ask 2a & 2b:

2a. Who currently finds and hires your paid assistant?

_____

_____

_____

_____

2b. Is there anything you would change about the way your paid assistants are currently found or hired? [Probe: Is there anything you do not like about …]

_____

_____

_____

_____

ASK ALL:

3. Who besides you should take part in the **training and managing** of a paid assistant? (INT: Read each one and check all that apply.)
   - ☐ Family or spouse
   - ☐ Friend or neighbor
   - ☐ Personal manager, case manager, or vocational specialist
   - ☐ State agency, such as DSS, BRS, DMR, DMHAS, etc.
   - ☐ Professional or provider agency, such as a home care agency, ARC, etc.
   - ☐ No one else besides me
   - ☐ Other: _____
   - ☐ DNK
   - ☐ REF

If currently have a PA ask 3a & 3b:

3a. Who currently trains and manages your paid assistant? [Explanation if needed: Managing can include deciding the schedule for each person, what will get done when they are there, creating a back up plan, calling other PAs if necessary if someone doesn't show, etc.]

_____

_____

_____

_____

3b. Is there anything you would change about the way your paid assistants are currently trained or managed?

_____

_____

_____

_____

ASK ALL:

4. Who besides you should take part in **making sure your assistant is paid**? (INT: Read each one and check all that apply.)
   - ☐ Family or spouse
   - ☐ Friend or neighbor
   - ☐ Personal manager, case manager, or vocational specialist
   - ☐ State agency, such as DSS, BRS, DMR, DMHAS, etc.
   - ☐ Professional or provider agency, such as a home care agency, ARC, etc.
   - ☐ No one else besides me
   - ☐ Other: _____
   - ☐ DNK
   - ☐ REF

If person does not currently have a paid assistant, skip to question 18, page 7: Not Currently Employing a Personal Assistant.

Currently Employing a Personal Assistant

4a. Who currently makes sure your assistant is paid? This may include reporting hours, doing any tax forms, or writing the check. [Probes: How does your PA get paid? Is there anything you do to make sure your PA gets paid?]

_____

_____

_____

_____

4b. Is there anything you would change about the way your assistant is paid?

_____

_____

_____

_____

5. We'd like to talk with you a little more about your current personal assistant/s. What types of activities does your paid assistant/s help you with? [Probe if needed, For example, does she/he assist you with personal activities such as bathing or dressing, or with household chores, or with driving or getting around?]

_____

_____

_____

_____

_____

6. Does your paid personal assistant or helper assist you at home, at work, or both?
   - ☐ At home only
   - ☐ At work only
   - ☐ Both at home and at work
   - ☐ DNK
   - ☐ REF

7. Overall, how satisfied are you with the quality of work provided to you by your paid assistant/s? Would you say…?
   - ☐ Very satisfied
   - ☐ Somewhat satisfied
   - ☐ Somewhat dissatisfied
   - ☐ Very dissatisfied
   - ☐ DNK
   - ☐ REF

8. What do you really like about the quality of work provided to you by your current paid personal assistant/s? [Probe if said was satisfied: When you said you were ____ satisfied, what were you thinking of?]

_____

_____

_____

_____

9. Is there anything you would change about the quality of work provided to you by your current paid personal assistant/s? [Probe: What do you not like about the quality of her/his work? Is there any way your personal assistant could help you better?]

_____

_____

_____

_____

10. Overall, how satisfied are you with the service schedule of your paid assistant, such as the day of the week and time of day? Would you say…?
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ DNK
- ☐ REF

11. Do you need more paid personal help or assistance than you are currently receiving?
- ☐ No → **Skip to Question 13**
- ☐ Yes
- ☐ DNK
- ☐ REF

12. Do you need more paid personal assistance at home, at work, or both?
- ☐ At home only
- ☐ At work only
- ☐ Both at home and at work
- ☐ DNK
- ☐ REF
- ☐ N/A, I do not need more paid PA help

13. Have you ever had any problems or hassles with any of your paid assistant/s or helper/s, either now or in the past?
- ☐ No → **Skip to Question 15**
- ☐ Yes
- ☐ DNK
- ☐ REF

14. What problems or hassles have you had with your paid assistant/s?

_____

_____

_____

_____

15. If your paid assistant/helper cannot come at the last minute, or does not show up, what do you do?

_____

_____

_____

16. Please tell me how much you agree or disagree with each statement using the following scale: strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly agree	Some what Agree	Some what Disagree	Strongly disagree	DNK	REF
I am sure I can find and hire the right paid assistant or helper for me.	☐	☐	☐	☐	☐	☐
If my paid assistant or helper is not doing a good job, I can talk directly with him/her about it.	☐	☐	☐	☐	☐	☐
If my paid assistant or helper cannot come in that day, I can always find someone else to assist me.	☐	☐	☐	☐	☐	☐
I can work out any disagreements I may have with my paid assistant or helper.	☐	☐	☐	☐	☐	☐

17. Before we go to the last section, is there anything you would like to add about employing personal assistants?

_____

_____

_____

_____

Skip to Demographics, etc., question 30, page 10.

Not Currently Employing a Personal Assistant

If person currently has a paid personal assistant, skip to Demographics, etc., Page 10.

18. You said you do not currently have a paid assistant or helper. Have you ever had a paid assistant or helper working for you, even if it were for a short period of time?
    - ☐ No → **Skip to Question 27, page 9**
    - ☐ Yes
    - ☐ DNK
    - ☐ REF

19. When did your last paid assistant or helper stop working for you?
    - ☐ Less than 6 months ago
    - ☐ 6 months to 1 year ago
    - ☐ More than one year ago
    - ☐ DNK
    - ☐ REF

20. Why did your last paid assistant or helper stop working for you?

    _____

    _____

    _____

    _____

21. Overall, how satisfied were you with the quality of work provided to you by your last paid assistant/s?
    - ☐ Very satisfied
    - ☐ Somewhat satisfied
    - ☐ Somewhat dissatisfied
    - ☐ Very dissatisfied
    - ☐ DNK
    - ☐ REF

22. What did you really like about the quality of work provided to you by your last paid personal assistant/s? [Probe if said was satisfied: When you said you were ____ satisfied, what were you thinking of?]

    _____

    _____

    _____

    _____

23. Is there anything you would change about the quality of work provided to you by your last paid personal assistant/s? [Probe: What do you not like about the quality of her/his work? Is there any way your personal assistant could have helped you better?]

_____

_____

_____

_____

24. How satisfied were you with the service schedule of your last paid assistants, such as the day of the week and time of day?
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ DNK
- ☐ REF

25. Did you ever have any problems or hassles with any of your paid assistants or helpers?
- ☐ No → **Skip to Question 27**
- ☐ Yes
- ☐ DNK
- ☐ REF

26. What problems or hassles did you have with your paid assistant/s?

_____

_____

_____

_____

Ask all who do not currently have a paid PA:

27. Would you like to have a paid personal assistant or helper at this time?
    - ☐ No → **Skip to Question 29**
    - ☐ Yes
    - ☐ DNK
    - ☐ REF

28. Would you like help from a paid assistant at home, at work, or both?
    - ☐ At home only
    - ☐ At work only
    - ☐ Both at home and at work
    - ☐ DNK
    - ☐ REF
    - ☐ N/A, I do not want a PA at this time

29. Please tell me how much you agree or disagree with each statement using the following scale: strongly agree, somewhat agree, somewhat disagree, or strongly disagree. It does not matter if you have had a paid assistant or not. Just answer how you think it would be to employ a paid assistant.

	Strongly agree	Some what Agree	Some what Disagree	Strongly disagree	DNK	REF
I am sure I can find and hire the right paid assistant or helper for me.	☐	☐	☐	☐	☐	☐
If my paid assistant or helper is not doing a good job, I can talk directly with him/her about it.	☐	☐	☐	☐	☐	☐
If my paid assistant or helper cannot come in that day, I can always find someone else to assist me.	☐	☐	☐	☐	☐	☐
I can work out any disagreements I may have with my paid assistant or helper.	☐	☐	☐	☐	☐	☐

Go on to next section: Demographics, etc.

ASK ALL: Demographics, etc.

Health

30. I'd like to ask you some questions about yourself. First, how would you rate your overall health at this time?
    - ☐ Excellent
    - ☐ Good
    - ☐ Fair
    - ☐ Poor
    - ☐ DNK
    - ☐ REF

31. In the past year, have you had paid assistance from another person with personal care at home, such as bathing, dressing, eating, or toileting?
    - ☐ No
    - ☐ Yes
    - ☐ DNK
    - ☐ REF

32. In the past year, have you had paid assistance from another person with personal care at work, such as eating or toileting?
    - ☐ No
    - ☐ Yes
    - ☐ DNK
    - ☐ REF

33. In the past year, have you had paid assistance from another person with activities such as cooking, housecleaning, laundry, errands, or shopping?
    - ☐ No
    - ☐ Yes
    - ☐ DNK
    - ☐ REF

Volunteering

34. Do you currently volunteer, that is do work for an organization, company, or nonprofit agency without getting paid for your work?
    - ☐ No → **Skip to Question 36**
    - ☐ Yes
    - ☐ DNK
    - ☐ REF

35. How many hours a month do you volunteer?

    _____ hours a MONTH
    - ☐ DNK
    - ☐ REF
    - ☐ N/A, I do not volunteer

Housing

36. I am going to read a list of different living situations. Please tell me which one best describes where you live. Do you live…? (INT: Read each one until yes response. Check only one.)

- ☐ By yourself without any paid supervision or support
- ☐ With a live-in paid assistant
- ☐ With a spouse or other relatives
- ☐ With a friend or roommate without any paid supervision or support
- ☐ In a supervised living apartment or program (SLA/SLP)
- ☐ In a transitional group home or halfway house
- ☐ In a community living arrangement (CLA) or group home
- ☐ In a community training home (CTH or CTO)
- ☐ In a board and care home
- ☐ Some place else: _____
- ☐ DNK
- ☐ REF

37. Thinking about where you live, please tell me how much you agree or disagree with each of the following statements: strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly Agree	Some what Agree	Some what disagree	Strongly disagree	DNK	REF	
My neighborhood is safe.	☐	☐	☐	☐	☐	☐	
There is a city bus stop within easy access from where I live. *(Note: It does not matter if person uses the bus or not.)*	☐	☐	☐	☐	☐	☐	
I have a neighbor who is also my friend. *(Note: This does not include roommates or housemates.)*	☐	☐	☐	☐	☐	☐	
I need more assistive technology or devices in order to easily live in my home. *(Note: If does not need any assistive technology, answer is strongly disagree)*	☐	☐	☐	☐	☐	☐	
I need more home modifications or changes in order to easily live in my home. *(Note: If does not need any home modifications, answer is strongly disagree.)*	☐	☐	☐	☐	☐	☐	
There is a grocery store within easy access of where I live.	☐	☐	☐	☐	☐	☐	
I would like more privacy where I live.	☐	☐	☐	☐	☐	☐	
I get along well with the people I live with. *(Note: This refers to all roommates, housemates, live-in assistants, etc., person lives with.)*	☐	☐	☐	☐	☐	☐	☐ I live alone

38a. **If Agree (strongly or somewhat) to needs more assistive technology:**
What assistive technology or devices do you need in order to more easily live in your home?

_____

_____

_____

_____

38b. **If Agree (strongly or somewhat) to needs home modifications:**
What home modifications or changes do you need in order to more easily live in your home?

_____

_____

_____

_____

39. In the past 12 months, did you have trouble paying for any of the following? Did you have trouble… (INT: Read each one and check if yes.)

- ☐ Paying your rent, mortgage, or real estate taxes?
- ☐ Paying your utility bills (heat, electricity, phone)?
- ☐ Paying more than the minimum balance due on a credit card?
- ☐ Purchasing or repairing a car or van?
- ☐ Paying for medical or health care?
- ☐ Buying needed food?
- ☐ Paying for child care?
- ☐ Paying for anything else? _____
- ☐ DNK
- ☐ REF

Transportation

40. How do you usually get to places out of walking distance? This can include going to work or getting to any other activities you do on a regular basis. [**INT: Do not read list** – check all person mentions.]

- ☐ I drive myself in my own car or van
- ☐ Someone else drives me in my car or van
- ☐ I get a ride from another person in his/her car
- ☐ I use public transportation such as a city bus
- ☐ I use the group home or day program van
- ☐ I use dial a ride, a handicapped van, or para-transit
- ☐ I use a taxi service
- ☐ Other _____
- ☐ Other _____
- ☐ DNK
- ☐ REF

41. Problems with transportation can make it difficult for people to work, shop, or go to the doctor's. What transportation difficulties have you had in the past 12 months? [**INT: Do not read list. Write down what the person says <u>or</u> Check box if it fits into a category**.]

- ☐ The car I use is not always available or needs repairs.
- ☐ I do not always have access to a lift van.
- ☐ Public buses are not always available or are difficult to use.
- ☐ The dial-a-ride, handicapped van, or other transportation I use is not always available.
- ☐ It costs too much.
- ☐ The van or bus will not take me to all the places I need to go.
- ☐ A person is not always available to assist or to drive me.
- ☐ Other _____

_____

_____

_____

_____

_____

General Information

Finally, I'd like to ask you some general information about yourself.

42. What is your age? _____
    - ☐ DNK
    - ☐ REF

43. What is your gender?
    - ☐ Male
    - ☐ Female
    - ☐ DNK
    - ☐ REF

44. What is your marital status?
    - ☐ Married
    - ☐ Widowed
    - ☐ Divorced or Separated
    - ☐ Single, never married
    - ☐ Living together as though married or had a civil union
    - ☐ DNK
    - ☐ REF

45. What is the highest grade or year you finished in school?
    - ☐ 8th grade or less
    - ☐ Some high school
    - ☐ High school diploma or GED
    - ☐ Post high school other than college (includes LPN or technical school)
    - ☐ Some college or two year degree
    - ☐ Four year college degree
    - ☐ More than four year college degree
    - ☐ DNK
    - ☐ REF

46. Which category best describes your race?
    - ☐ White or Caucasian
    - ☐ Black or African-American
    - ☐ Asian, including Asian Indian, Chinese, Filipino, Korean, Vietnamese, or other Asian
    - ☐ American Indian or Alaska Native
    - ☐ Native Hawaiian, Samoan, or other Pacific Islander
    - ☐ Other (write in) _____
    - ☐ DNK
    - ☐ REF

47. Are you of Spanish, Latino, or Hispanic origin?

☐ No ☐ DNK

☐ Yes ☐ REF

48. What language do you mainly speak at home?

☐ English

☐ Spanish

☐ Other _____

☐ DNK

☐ REF

49. For statistical purposes, I need to ask you a question about your income. Let me remind you that all the information collected in this interview is completely confidential. I'm going to read to you some income categories. Please stop me when I read the category into which your total family income from all sources fell last year before taxes.

☐ Under $10,000

☐ $10,000 to under $25,000

☐ $25,000 to under $50,000

☐ $50,000 or more

☐ DNK

☐ REF

End time: _____

Thank you for taking the time to participate in this survey. We appreciate your help with this project. Findings from this research project would be used to improve employment and community supports for people with disabilities. As a thank you for your time, we will be holding a drawing for 5 people who completed the survey to win a $50 gift certificate. Would you like to be included in this drawing?

____ **Yes: What is the best number for us to call to contact you in case you win?**

_____

____ **No**

INTERVIEWER:

50. Please check everyone who helped fill out this survey. Do not put in anyone's name. Instead, check the box describing that person's relationship to the client. Check all that apply.

☐ Client who this survey is about

☐ Spouse or partner of client

☐ Parent of client

☐ Other relative of client

☐ Friend of client

☐ Personal assistant or other paid helper of client

☐ Case worker or manager of client

☐ Vocational counselor of client

☐ Other (list relationship to client): _____

☐ Other (list relationship to client): _____

Preferences for level of control in the organization, planning and management in consumer-directed care. In-Person Interviews Only

We'd like to talk with you about paid personal help or assistance. People sometimes employ someone to help them with tasks like personal care, mobility, or communication. This person could be a personal assistant, helper, or anyone else who is paid to help them at home or at work.

There are different ways for people to manage or work with their paid assistants or helpers. Managing a paid assistant can include finding someone, training them, deciding on a work schedule, and paying them. I'm going to read you three different approaches or ways a person could manage their personal assistants, and then ask you what you think about them. **Even if you have not used a paid assistant or helper in the past, we are still interested in what you think.**

Hand the respondent the Green Approaches Sheet with the three approaches on it, so he/she can read along with the interviewer.

Approach 1
In Approach 1, you and a provider agency talk about what assistance or help you would want from a paid assistant. The provider agency then decides what services and schedule you will get. The agency then finds and purchases the services for you.

Approach 2
In Approach 2, you are given a set budget based on your needs. Together with the personal manager or provider agency of your choice, you decide what services and what schedule you want. You and the provider agency or personal manager work together to find and purchase these services.

Approach 3
In Approach 3, you receive a monthly cash payment for you to hire and manage your own services. In this approach you can also get advice and training to learn how to hire and fire, train, pay, and manage your worker. You would be responsible for finding and purchasing any services you need with the cash payment you are given.

1. Which approach do you like the best? Can you tell me more about that? What do you like about that approach? Why do you like it better than the other ways a person can find and manage a paid assistant?

_____

_____

_____

_____

_____

_____

_____

Appendix H

Employer Survey

Please check only one box per question, unless instructed to do otherwise.

1. What is your job title?
   - ☐ CEO, CFO, or Business owner
   - ☐ Human Resources
   - ☐ Supervisor or manager
   - ☐ Other: _____

2. What is your company's 5 digit zip code (the branch where you work)? _____

3. How many employees does your company have in the state of Connecticut?
   - ☐ Less than 10
   - ☐ 50 – 99
   - ☐ 250 – 499
   - ☐ 10 – 49
   - ☐ 100 – 249
   - ☐ 500 or more

4. What type of business is your company in (manufacturing, retail, hospitality, etc.)?
   - ☐ Manufacturing/Industry
   - ☐ Insurance
   - ☐ Financial
   - ☐ Retail or sales
   - ☐ Skilled trade
   - ☐ Education
   - ☐ Hospitality
   - ☐ Health care
   - ☐ Other: _____

5. A common definition of a person with a disability is someone who has a physical or mental condition that substantially limits one of life's major activities, such as work. Does your company currently employ anyone with a physical or mental disability?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

6. What occupations or kinds of jobs do you think people with disabilities could hold at your company? Check all that apply.
   - ☐ Managers and senior officials
   - ☐ Professional occupations
   - ☐ Technical or skilled trade occupations
   - ☐ Secretarial or administrative assistants
   - ☐ Sales and customer service
   - ☐ Entry level or unskilled occupations (includes cashiers, waiters, attendants, custodial, etc.)
   - ☐ Other: _____

7. What is the greatest barrier to employers hiring people with disabilities?

   _____

   _____

8. Overall, how easy or difficult is it for your company to provide the following accommodations to employees with disabilities: very easy, somewhat easy, somewhat difficult, or very difficult? Please check only one box for each statement. (If you cannot think of overall, think about the one job position in your company which has the most employees.)

	Very Easy	**Some Easy**	**Some Difficult**	**Very Difficult**
Provide modifications to the physical environment (such as ramps, adapt desk to wheelchair, etc.)	☐	☐	☐	☐
Provide technology to help employee function in the workplace (such as voice recognition software, a specially designed computer keyboard, etc.)	☐	☐	☐	☐
Change employee's job tasks or provide a job reassignment	☐	☐	☐	☐
Change employee's work hours (includes job-sharing and flextime)	☐	☐	☐	☐
Allow employee to work at home and telecommute	☐	☐	☐	☐
Provide someone to assist the person with job related duties, such as a personal assistant, reader, etc.	☐	☐	☐	☐

9. If funds were provided specifically to provide special equipment or accommodations, would your company hire more people with disabilities?

☐ Yes ☐ No ☐ Not sure

10. Have you ever received training at your current job on working with or providing accommodations for employees with disabilities?

☐ Yes ☐ No ☐ Not sure

11. Which programs or agencies specifically *related to employees with disabilities* have you or your company used? Please check all that apply.

☐ I have never used any
☐ State agencies, such as the Bureau of Rehabilitation Services, DSS, DMHAS, DMR
☐ Disability or independent living organizations
☐ Professional journals
☐ Government documents
☐ Internet resources
☐ Personal knowledge
☐ Other: _____

12. Please check one box for each statement showing how much you agree or disagree with each one: strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly Agree	**Some Agree**	**Some Disagree**	**Strongly Disagree**
My company actively encourages job applications from people with disabilities.	☐	☐	☐	☐
An employee with a disability would have lower productivity or have to take more time off from work.	☐	☐	☐	☐
Our business does a good job of matching jobs and abilities for employees with disabilities.	☐	☐	☐	☐
The cost of adapting equipment or providing other accommodations at work is too expensive.	☐	☐	☐	☐
Job applicants who have a disability are usually interested only in part time work.	☐	☐	☐	☐
It would be difficult for a person with a disability to perform the jobs that are usually available in my company.	☐	☐	☐	☐
The benefits outweigh the costs of hiring an employee with a disability.	☐	☐	☐	☐
It will be difficult to find replacements for all the employees retiring due to the aging workforce.	☐	☐	☐	☐
If I hire a person with a disability, I might be sued if I do not provide every accommodation they want on the job.	☐	☐	☐	☐
The government should offer tax incentives or refunds to cover the costs of providing workplace accommodations.	☐	☐	☐	☐
Employers are generally reluctant to hire someone who they know has a disability.	☐	☐	☐	☐
I would hire more people with disabilities if they had the skills and experience needed for the job.	☐	☐	☐	☐

Thank you for completing this survey.
Please send it back in the self-addressed, postage paid envelope provided.

If you wish to be eligible for one of the five $100 gift certificates available, please email your contact information to Cindy Gruman at gruman@uchc.edu, or call her at 860-679-4275.

Appendix I

Public Consulting Group Final Report:

State Agency Employment Processes

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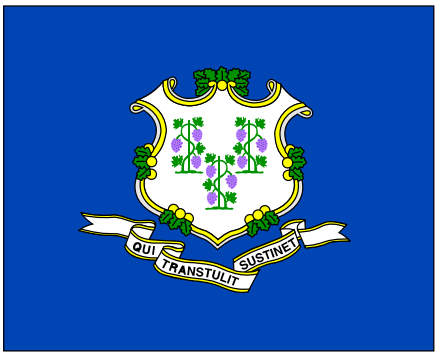

STATE OF CONNECTICUT

Medicaid Infrastructure Grant
State Agency Employment Processes

CELEBRATING 20 YEARS 1986 - 2006

May 26, 2006

Public Consulting Group, Inc. is an Affirmative Action/Equal Opportunity Employer.

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I. INTRODUCTION AND METHODOLOGY

Connecticut has received a five year Medicaid Infrastructure Grant (MIG). In the first year of the grant Connecticut is using funds to develop a state-wide strategic plan to increase the employment rate of disabled Connecticut citizens. As a step in information gathering to inform the strategic plan, Connecticut seeks to identify and map the major state level processes associated with moving disabled citizens to employment. As the Steering Committee develops its strategic plan it is critical to gain a good understanding of "what is". Connecticut is pursuing a multi-agency, multi-discipline approach and reviewing the systems and processes of each agency provides a better opportunity to determine how the strategic plan and objectives will "make sense" under the current agency structures. This will the help the team understand how to work within the current system to better leverage agency resources or to propose modifying processes that may prove an impediment to the target population.

The Connecticut MIG project and the University of Connecticut contracted with Public Consulting Group, Inc. to develop employment services process maps for the Bureau of Rehabilitative Services (BRS), the Department of Mental Retardation (DMR), the Department of Mental Health and Addiction Services (DMHAS) and the Board of Education and Services for the Blind (BESB). The goal of the project was to identify state agency processes associated with moving consumers into employment. The focus of the MIG project is on individuals with disabilities. As such, the target population for this review was adults with an identified disability. Identified disability included substance abuse.

PCG focused on agency work processes for assisting consumers with preparing for, accessing and obtaining employment. The review was generally limited to work tasks undertaken specifically with the goal of obtaining consumer employment. PCG met with each identified agency to learn about the state agency process that consumers move through when they are seeking employment. Our meetings were open conversations based on a question guide prepared with the MIG team. In addition to understanding agency/consumer employment processes we sought information on how the agencies track and measure data at various stages in the employment process. The questions utilized during these meetings can be found in Attachment A.

The following sections outline our findings and illustrate the employment processes undertaken by each agency. A narrative description of the agency process follows.

II. SUMMARY OF FINDINGS

We have summarized findings in several categories including Referral/Entrance to Process, Eligibility and Services, Process Gaps, Outcome Measurement/Success, Data Elements/Databases, Community Rehabilitation Providers, Appeals Processes, Career Advancement, Benefits Counseling, Total Length of Time Served and Agency Follow Up, System Barriers and Possible System Improvements.

Referrals/Entrance to Process

- In each of the agencies reviewed, consumers are referred to the agency or program at the start of the process. These referrals come from many different sources – both from inside and outside of state government and often include self-referral.

Eligibility and Services

- Each agency reviewed has unique eligibility criteria for consumers receiving services. However, there is some overlap in the populations served by the four agencies, and consumers may be receiving services from more than one of the agencies simultaneously.
- The uniqueness of the eligibility criteria leads to some gaps in service delivery between the agencies. For example, BESB may serve children who are visually impaired but adult services are only available to the legally blind. BESB will refer visually impaired adults to BRS for services. BESB staff has suggested that often these adults will not meet the prioritization criteria at BRS, and therefore will not receive vocational rehabilitation services.

Process Gaps

- DMHAS identified a communication gap in the state hospital transition process. Hospital staff reported that they do not often get to talk to the LMHA employment staff when they develop the individual's transition plan to the community. DMHAS is working to facilitate linkages between these two pieces of the system.
- DMR identified a gap in providing services to adults who apply for services after high school graduation. The Department often does not have resources available to fund services for this population. DMR suggested that including funding for these adults in their annual budgetary request allow them to provide for a continuous spectrum of services for Connecticut residents with MR issues.

Outcome Measurement/Success

- Each agency reviews individuals' progress and determines individual success compared to the goals outlined in the various individual plans.
- The agencies reviewed conduct varying levels of aggregate success measurement.
  - BRS reviews occupations, wages, hours worked and levels of public assistance and calculates the number of cases successfully closed each year.
  - DMHAS has begun collecting employment services outcome data from the LMHAs for analysis.
  - DMR utilizes a Quality Service Review Process that includes input from clients, providers, and client support networks to evaluate the effectiveness and safety of services.
  - BESB reviews occupations, wages, hours worked and levels of public assistance and calculates the number of vocational rehabilitation cases successfully closed each year. The agency also completes a post transition survey five years after high school students exit the vocational rehabilitation system to assess the long-term employment stability of its consumers. The agency also conducts a voluntary employment satisfaction survey for adults whose vocational rehabilitation case has closed.

Data Elements/Databases

- Each agency reviewed maintains individual consumer data in electronic format. None of these systems are connected to each other, nor is electronic data easily transferable from one agency to another. The lack of connectedness makes the process challenging when consumers move among agencies and programs.
  - BESB and BRS are federally required to maintain and report a significant amount of consumer specific data, including outcome data on vocational rehabilitation services. BESB uses a Libera system and BRS uses a Wang database system.
  - DMHAS maintains consumer specific data in a visual basic/SQL database. The LMHAs submit data to the state through a web-based interface on a monthly and quarterly basis.
  - DMR maintains consumer data in the Connecticut Automated Retardation Information System (CAMRIS) as their main system for client-specific data. However, the Department also utilizes a number of stand-alone systems to manage targeted steps in their process.

Community Rehabilitation Providers

- Each agency reviewed utilized community rehabilitation providers or other private/non-profit service providers in their delivery system.

- BRS has active business relationships with 75 Community Rehab Providers. Services provided by those CRPs are statistically broken down as follows: 55% for Situational Assessment, 32% for Job Coaching, 12% for Job Placement, and 1% for other services such as Work Adjustment.
- BESB utilizes the same 75 providers as BRS, with additional out of state CRPs for their residential program.
- DMHAS contracts with 27 community-based employment providers that work with LMHAs to provide employment supports to consumers.
- DMR provides 76% of its Day and Employment support services through Community Providers.

Appeals Processes

- Each agency maintains a process through which consumers can appeal or grieve agency decisions and service provision. The level of agency oversight and the use of outside parties varies among the four agencies reviewed.
  - DMHAS – A consumer may submit a grievance to the DMHAS grievance officer at any time while receiving services.
  - BRS maintains multiple appeals avenues. The consumer may appeal through the BRS appeals process or may appeal to the separate state Office of Protection and Advocacy for Persons with Disabilities, or seek mediation through an impartial arbitrator.
  - Like BRS, BESB consumers may appeal through the agency's internal process, through protection and advocacy, or through the use of an impartial arbitrator.
  - DMR clients have a number of avenues to appeal agency decisions and or grieve service provisions. The Departments Programmatic Administrative Review (PAR) process can be utilized to appeal any aspect of a client's services. Medicaid Fair Hearings may also be used to review the Department's decisions. Specific appeals of the client's Priority Level are reviewed through a Priority Setting Administrative Hearings.

Career Advancement

- Career advancement is a key focus of both BESB and BRS. With BRS, consumers may re-enter vocational rehabilitation if they are either unhappy with their employment or are seeking further advancement. BESB consumers may receive vocational rehabilitation services if they are deemed to be underemployed.

Benefits Counseling

- Various levels of benefits counseling occurs at the agencies reviewed. The focus of the counseling also varies. For example, at BRS benefits counseling is focused on educating consumers about moving off of public benefits as they enter

employment. At DMHAS the focus of benefits counseling is to move consumers onto public benefits when they enter the public system.

- At DMHAS benefit counseling is offered to consumers at intake, to ensure that they receive the entitlements for which they are eligible. Young Adult Services consumers also receive benefit counseling when they are transitioning out of the program. At this transition, the benefit counselor works to ensure the consumer that they will not be removed from entitlements when they leave Young Adult Services.
- At DMR counseling on public benefits occurs regularly in that the Department of Mental Retardation works with consumers receiving services, and those waiting to receive services after graduation or on the DMR waiting list, to ensure a continuous flow of benefits as long as the consumer is eligible and requires the supports.
- At BRS benefits counseling is offered by the Connect to Work centers and is available to assist individuals to assess the impact employment will have on their disability benefits.

Total Length of Time Served and Agency Follow-Up

- The length of time served by each agency varies greatly depending on the mission and target population of the agency.
  - BESB and DMR are lifetime service agencies. They provide services to consumers from birth through end of life and consumers may receive services throughout their lives. Vocational Rehabilitation services at BESB are limited and the average length of time a consumer receives these services is 20 months.
  - BRS is specifically focused on vocational rehabilitation services. Consumers remain in the BRS system for an average of 21 months.
  - At DMHAS, length of time in the system varies depending on the type of service being provided and the facility type. Stays at the state hospitals average 2 years and longer.
- Each of the agencies reviewed has some ability to query their data systems to determine length of time between various process steps and the number of consumers at various points in the process. However, this information is not generally determined of significant importance to the agencies and as such is not reported and reviewed. There are some exceptions to this in BESB and BRS where federal and state standards govern the maximum length of time between certain process steps.

System Barriers

- Each of the agencies reviewed noted that transportation is a barrier to service delivery in Connecticut. Transportation impacts process as consumers are

challenged with how to access services and agencies struggle to find a way to the meet the transportation need.

- DMHAS- Transportation is a barrier for those consumers in the Young Adult Services Program Transportation for this cohort is expensive, and must be set up on an individual basis. Consumers will often get rides from caseworkers to appointments.
- DMR- Transportation is a barrier for DMR consumers as well. Many DMR consumers require supported transportation which can not be provided readily by localities and it can be taxing on the consumer's support network to provide transportation during business hours. Further, lack of transportation can significantly limit employment options for DMR consumers.
- BESB- Transportation is a major barrier for vocational rehabilitation services and continued job retention for the state's blind population. BESB will provide transportation services for a limited period of time, but individuals will have to arrange their own transportation over time, often hindering their ability to retain competitive employment.
- BRS- Transportation is a major barrier to basic mobility and employment for the state's disabled population. BRS works to overcome these barriers by providing vehicle modification and transportation services to its consumers.

Possible System Improvements

- The agencies reviewed provided some suggested system improvements that could be made to the existing state infrastructure.
  - DMHAS suggests adding more staff to act as liaisons between agencies. Interagency staff would foster communication and collaboration between agencies.
  - BESB suggests that each school district should have its own vocational rehabilitation counselors to assist disabled children to gain competitive employment before graduation. Likewise, a greater emphasis on benefits coordination would assist individuals receiving Medicaid to understand the benefits of employment and the range of assistance that would remain available upon being employed.
  - DMRs suggested adding more Case Management, Transition Planning, and Education Liaison staff in order to improve their process and develop more capabilities within the Department. Improvements in IT Systems integration and capabilities are also important to develop more coordinated systems that will allow for efficient client management and consistent data analysis.

Proposed Next Steps

The four agency review undertaken for the MIG project provides a process overview for a limited part of the Connecticut system. There are many other Connecticut agencies that interact with and provide employment related services to people with disabilities in the

state. In addition, in the case of DMHAS a great deal of services are provided by the LMHAs. Each LMHA may utilize a different process and to fully understand the system a review at the LMHA level would be necessary. For the purposes of this report PCG worked with state agency level staff to provide a general overview of LMHA services, but was not able to work directly with the LMHAs at this time.

AGENCY PROCESS NARRATIVES

The following section describes the process used to move consumers into employment for each of the four agencies reviewed. A graphic representation of the process can be found in Attachment B.

BOARD OF EDUCATION AND SERVICES FOR THE BLIND

The Process Used to Move Consumers Into Employment

Overview

The Board of Education and Services for the Blind initiates, coordinates and provides education and training to Connecticut's blind and visually impaired children in order to maintain their academic, physical, emotional, and social progress at age-level, or diagnosed ability. BESB serves Connecticut's blind adults though ongoing educational, vocational, and living skills programs in order to empower them to achieve employment success in their chosen profession and to enhance their self-sufficiency.

BESB provides rehabilitation services for all ages, ranging from newborns with vision impairments to seniors who are legally blind. Because blindness is often a degenerative condition, 75% of the agency's clients are seniors. The populations served by BESB may be broken down as follows: birth to five, school age, transitional, and adult populations. There is a difference in eligibility criteria between children and adults. In order for children to receive services they must meet the state-defined visual impairment level, which is 20/70 best corrected vision. The adult population, covering individuals over the age of 18, must meet the state criteria of legal blindness to receive services.

Process

Child Services

BESB provides teachers of the visually impaired to work with all preschool children who are blind or visually impaired, at no cost, upon the request of the parent or legal guardian. Once a child reaches school age and is enrolled in the Local Education Agency (LEA), the LEA may choose to utilize a BESB teacher of the visually impaired to work with their visually-impaired students, free of charge, or they may hire or contract for their own teacher of the visually impaired for these students. For LEA's that hire or contract directly for the services of a teacher of the visually impaired, they may seek reimbursement for this cost through BESB. Typically, the larger school districts choose to hire their own teachers as they have higher concentrations of children who are blind or visually impaired within the city population. There are 23 LEA's that have made their own arrangements for a teacher of the visually impaired, with another 132 LEA's

selecting BESB for these services. The agency serves approximately 1075 children between the age of birth and high school graduation.

Children are mainly referred to BESB by their doctors or through self/parent-referral. After an eligibility determination, they begin to receive child-specific services. If the child is considered to be visually impaired and not legally blind, they will be referred to BRS at the age of 16 for vocational rehabilitation services. They will continue to receive BESB child services until high school graduation. If the child has been determined legally blind, they may begin receiving vocational rehabilitation services from BESB at the age of 14. After high school graduation, the child will transition to BESB vocational rehabilitation and/or adult services.

Adult Services

Individuals may enter BESB as adults without having received services as children. Adults are referred to the agency primarily by their doctor or through self-referral. To receive adult services, an individual must be determined to be legally blind. By law, a doctor must refer legally blind patients to BESB. When an individual is determined to be legally blind they are placed on the state's blind registry. There are roughly 10,500 individuals on the registry. Once referred, the individual is contacted by an intake worker and by a vocational rehabilitation counselor to explain the services that are available. The individual may choose whether or not they wish to receive vocational rehabilitation services. If they wish to participate in vocational rehabilitation, they will be assigned a vocational rehabilitation counselor. Regardless of the decision of whether to participate in vocational rehabilitation services, they will be assigned a social worker to coordinate other rehabilitative services offered by BESB. About 10% of BESB consumers, or 1,000 individuals, are participating in the vocational rehabilitation process at any given time.

The vocational rehabilitation counselor will assist the consumer in completing the application for vocational rehabilitation services. By federal standard, an assessment of the individual's eligibility for vocational rehabilitation services will be completed within 60 days of application submittal. After eligibility has been determined, the consumer will work with the vocational rehabilitation counselor in the development of an employment plan. Before it can take effect, the employment plan must be mutually agreed upon and signed by both the individual and a BESB representative.

If an individual is approaching high school graduation and is planning on attending college, they will be assigned a school-to-college counselor. In FY06 this counselor carried a caseload of 105 individuals. The school-to-college counselor makes referrals to college counselors. A Transition Coordinator will assess the particular needs of the individual and is responsible for creating programs for the transitioning population. The Transition Coordinator does not carry a caseload. If the individual receiving services is under the age of 18, they will be assigned a vocational rehabilitation counselor and will be eligible for transitional services and programs.

The vocational rehabilitation counselor will follow-up with a consumer to assess job stability 90 days after the individual has attained employment. If the employment is determined to be stable, vocational rehabilitation services will close. The consumer will remain on the state's blind registry once vocational rehabilitation services are complete, and may continue to receive other BESB services. While on the blind registry, a consumer may request specific BESB services at any time in their life.

Referrals to the Agency or to Other Entities

Referrals sources for both children and adult services have a very similar breakdown. Over 80% of referrals made to BESB come from doctors and approximately 10% are self-referral. All referrals made to the agency vocational rehabilitation program are tracked in the Libera database system. On an individual basis, caseworkers may ask referring agencies, for a release on personal information if it is deemed necessary.

BESB makew referrals to BRS for individuals in children services who are not legally blind at the age of 16. BESB does not track outgoing referrals on a case-by-case basis.

Community Rehabilitation Providers

BESB has working relationships with 75 CRPs – the same providers utilized by BRS. By law, BESB is required to provide services statewide so that individuals do not have to travel to receive service. BESB also uses out of state providers for their residential services. On average, these out of state placements last 6-9 months for an individual and focus on assisting the consumer to adjust to blindness.

BESB does not regularly track outcome data associated with the CRPs but BESB staff did note that many of the CRPs do not have enough familiarity with the blind population to provide services in the most effective manner.

Success

Determining success for individuals in children services is difficult in that individuals who are legally blind will remain with the agency, and those who are visually impaired will be referred to BRS. High school graduation is often not an indicative measure because LEAs might mandate that a student graduate once they reach a certain age.

Vocational Rehabilitation defines success as the achievement of earnings. The agency refers to the achievement of career goals as a Status-26, the earning of wages at or above the commensurate wages of one's peers. BESB follows federal reporting criteria in determining the success of a case. The agency measures success based upon achievement of the federally prescribed Standards and Indicators.

Appeals

An individual may appeal their services through the internal BESB appeals process, through Protection and Advocacy, or through a hearing with an impartial arbitrator at any time in the process. The consumer may contact the Client Assistance Program at the Office of Protection and Advocacy for Persons with Disabilities, which will provide information, advice, advocacy, and necessary legal representation to persons who have concerns about the rehabilitation services they receive from BESB. The consumer may also to undergo more formal dispute resolution procedures, including Mediation or an Administrative Hearing.

Total Length of Service Time and Agency Follow-Up

The average length of time for individuals involved in vocational rehabilitation services is typically 20 months. Though an individual might achieve successful employment and their vocational rehabilitation services end, their case with BESB will never close. In the past BESB had done vocational rehabilitation follow-ups six and 12 months after successful employment to determine the stability of the job. The agency now compiles a consumer satisfaction survey one year after a vocational rehabilitation case has closed. The survey focuses on consumer satisfaction with the services rendered and does not measure employment success.

Improvements and Possible Changes

BESB staff offered the following thoughts on the current system. The lack of vocational training in the public school systems leaves BESB clients at a severe disadvantage in terms of opportunities for successful employment and competitive wages after graduation. To correct this problem, schools should have their own counselors on site to assist these children in earning a paycheck before they graduate from high school. School districts spend the majority of their time and resources on preparing students for matriculation to college. In the case of BESB consumers, the student might transition to a university, but they would be faced with fewer supports than were available in high school. College-bound BESB students are the least likely to have any vocational experience and any services they receive in college would be tied to work study rather than vocational rehabilitation.

A possible infrastructure change would be the creation of benefits coordinator positions in addition to those offered by BRS. The position would help consumers to understand the benefit options tied to work. BRS was able to create such a position after receiving a federal grant.

THE BUREAU OF REHABILIATION SERVICES

The Process Used to Move Consumers Into Employment

Overview

The Bureau of Rehabilitation Services (BRS) creates opportunities that allow individuals with disabilities to live and work independently. There are 4 separate, yet inter-related component programs housed within BRS that contribute towards these goals. Consumers may access services from any one or all four the programs listed below:

The **Independent Living (IL)** program provides comprehensive independent living services, through contracts with Connecticut's five community-based independent living centers (ILCs).
The **Connecticut Tech Act Project** has a primary purpose of making assistive technology (AT) more accessible to persons with disabilities living in Connecticut. Assistive Technology is any device which helps an individual with a disability to maintain or improve their independent functioning.
The **Connect to Work Cente**r provides benefits counseling to assist individuals to assess the impact returning to work will have on their disability benefits.

The major component program of BRS is the **Vocational Rehabilitation (VR) Program.** The goal of the **VR Program** is to assist individuals with significant physical and mental disabilities to prepare for, obtain and maintain employment. Through the provision of individualized services, persons with disabilities who are eligible for vocational rehabilitation are supported in planning for and achieving their job goals. BRS provides an array of services for those eligible, including but not limited to: vocational counseling and guidance, adaptive technology, vehicle and home modifications, post-secondary education and training, physical and mental restoration, and on-the-job rehabilitative services such as job coaching and job placement.

Process

The BRS Vocational Rehabilitation process typically begins with a referral of an individual to the agency. Referrals are usually made to the local BRS offices from a variety of sources including: Physicians and Medical Institutions, Elementary/Secondary Schools (or Local Education Authorities), Colleges and Universities, Community Rehabilitation Providers, the Social Security Administration and other state agencies. In many cases, the agency may be approached directly by the applicant. Of the 3,329 applications BRS received in FY05, the agency received 932 self-referrals.

After referral, an applicant is assigned a vocational rehabilitation counselor to assist in completing the steps necessary for application. All VR Counselors have (or will obtain within 3 years of hire) a Master's Degree in Vocational Rehabilitation or a closely related

field with specific graduate level coursework in rehabilitation counseling. The average caseload for vocational rehabilitation counselors is 79:1.

Once an application is filed, by law BRS must process the application and determine the eligibility assessment within 60 days of its receipt. In certain cases an extension of time may be necessary to procure additional information about the applicant's disability. The applicant may be asked to participate in some form of assessment services such as a trial work experience to help determine disability severity and provide input for the employment plan. In these or any cases where a determination of eligibility is expected to take longer 60 days, an extension of specific duration can be granted provided it is mutually agreed upon by the applicant and the agency. Upon receipt of necessary information, an eligibility determination is completed by the vocational rehabilitation counselor. Nearly 87% of applicants are deemed eligible for services. Of the 13% who do not receive services, 69% choose to exit services on their own, while the remaining 31% are determined ineligible for services.

It should be noted that VR conducts no means testing for acceptance into the program and bases eligibility strictly upon the severity of an individuals disability and the impact it has on their functional capacity. Basic service eligibility criteria as outlined by the BRS policy manual states than an individual must have an impairment that is an impediment to employment that *requires* vocational rehabilitation services in order to enter or retain employment. Due to funding limitations, BRS prioritizes eligible consumers for services. To receive BRS services, an individual must meet the federal definition of a significant or most significant disability. An individual with a significant disability is defined as having serious limitations in one or more (out of 7) functional areas. A most significant disability is defined as having serious limitations in a total of three or more functional areas. In FFY 2006 BRS is serving individuals determined have both Most Significant and Significant Disabilities

After being deemed eligible and prioritized for services, an applicant will work with their vocational rehabilitation counselor to develop an Individualized Plan for Employment (IPE). By state standard, progress must be made towards the development of an IPE within 90 days of the eligibility determination. The plan must be developed in a manner that affords the consumer an opportunity to make an informed choice in selecting an employment outcome, the specific vocational rehabilitation services, the provider of those services, and the methods used to procure those services. An IPE must be approved and signed by the consumer and a BRS representative before it can take effect. BRS may deny approval of the IPE if the employment outcome sought is inconsistent with the consumer's strengths, weaknesses and functional limitations.

With the approval of an IPE, the consumer will receive the agreed upon services necessary for them to prepare for, secure, retain or regain employment. As mentioned above, there is a wide spectrum of potential services a consumer may receive. All services provided are specific to the individual consumers needs and are delivered in the

context of assisting the consumer to reach their employment goals. At any point during the application, eligibility, plan development or service provision process the consumer may be referred to or receive services from any one of the other BRS component programs listed in the overview section.

Some consumers exit BRS services, without achieving an employment outcome, at various points in the process and for many different reasons. A significant percentage of these "unsuccessful closures" are due to the consumer self-selecting themselves out of the process by refusing further services, failing to cooperate or no longer engaging with their VR Counselor. Although participation in the VR program is completely voluntary, VR Counselors are required to make reasonable attempts to re-engage with these consumers prior to case closure. Other reasons for unsuccessful case closure include but are not limited to: transportation not being available to the consumer, Supported Employment services are not available for an individual who requires them, disability issues becoming too severe to benefit from VR services or institutionalization of the consumer.

A consumer's file may be closed as successfully rehabilitated when the individual is performing satisfactorily in employment that has been maintained for a minimum of 90 days and which is reasonably consistent with his/her choice. The following criteria must be met in order to make a determination that a consumer has been rehabilitated and to close the case:

1. The employment outcome is consistent with the individual's strengths and priorities.
2. The employment outcome is in the most integrated setting possible.
3. Rehabilitation services provided under the employment plan have contributed to the achievement of the employment outcome.
4. The consumer has maintained the employment outcome for an appropriate period of time (90 days) necessary to ensure stability of the employment outcome.
5. At the end of the 90 day period, the consumer and BRS consider the employment outcome to be satisfactory.
6. The individual has been informed of the availability of post-employment services.

Referrals to the Agency and to Other Entities

BRS receives consumer referrals from several sources including from LEAs, physicians, other agencies, self-referrals and other sources. Most referrals are self-referrals and the highest percentage of referrals for those aged 41-50.

For all cases closed in FY05, BRS made 442 referrals to other agencies. Due to limitations of the Bureau's current MIS system, there is no specific information available regarding to whom these referrals were made. BRS does have formal and informal agreements that have been developed or have evolved over several years to provide comprehensive inter-agency support services to consumers.

BRS is a HIPAA compliant agency and is takes confidentiality of information very seriously. Standardized Release and Disclosure forms, once signed by the consumer or their guardian, are utilized to share or procure sensitive information about the consumer with external sources.

Community Rehabilitation Providers

BRS has active business relationships with 75 Community Rehab Providers. These CRP's typically provide rehabilitative services to consumers in the workplace. CRP Services were the largest area of Purchase of Service (POS) expenditure in FFY05 and represented 34% of the overall (POS) expenditures. Services provided by the CRPs include: Situational Assessment services, Job Coaching, Job Placement, and for other services such as Work Adjustment and Vocational Evaluation.

Success

A successful outcome is achieved when a consumer obtains and maintains a job consistent with their employment plan. Examples of data elements collected at successful closure include: Occupations, Hourly Wages, Medical Insurance, Primary Source of Support and a listing of services received. BRS examines hourly earnings of consumers as compared with those of the general population employed in similar positions. BRS also examines the number of hours a consumer is able to work and the level of public assistance they continue to receive after job placement. The VR programs success is evaluated in accordance with National Standards and Indicators prescribed by the U.S. Department of Education. These Standards and Indicators are based on:

1. The number of Successful Employment Outcomes reported in a Federal Fiscal Year.
2. Of the individuals who exit the program after receiving services, the percentage who are reported to be successful employment outcomes.
3. The percentage of successful outcomes that exit the program earning at least minimum wage.
4. Of the individuals who exit the program after achieving a successful outcome, the percentage who were determined to have a severe or most severe disability.
5. The average hourly earnings of all successful VR consumers as a comparative ratio to the average hourly earnings for all workers in the state.
6. The percentage of consumers who went from financially non-self supporting at application to self supporting at closure.
7. The service rate for all individuals from minority backgrounds as a ratio to service rates for those with non-minority backgrounds.

Appeals

If a consumer disagrees with a decision made by BRS, they have several options to resolve the disagreement and continue with vocational rehabilitation. The consumer may

contact the Client Assistance Program at the Office of Protection and Advocacy for Persons with Disabilities, which will provide information, advice, advocacy, and necessary legal representation to persons who have concerns about the rehabilitation services they receive from BRS. The consumer may also to undergo more formal dispute resolution procedures, including Informal Review, Mediation, or an Administrative Hearing. Mediation is an informal dispute resolution process in which the mediator, who is not a BRS employee, assists the consumer and BRS to reach an agreement. Both parties must agree to be involved with mediation and must sign any agreement reached. In an Informal Review, the consumer presents their issue to a reviewer, usually the locally BRS District Director. BRS counselors and staff familiar with the case would present their views, and the reviewer would provide a decision in writing within a few weeks of the Informal Review. An Administrative Hearing is a more formal process where the consumer presents their information to a hearing officer, who is not a BRS employee. In an Administrative Hearing, the consumer and BRS are usually represented by attorneys. The process to reach a decision takes much longer than Informal Review, and if the consumer disagrees with the hearing officer's decision, they may further appeal to the Commission of the Department of Social Services or through the court system.

Total Length of Time Served and Agency Follow-Up

The average total length of time between an application and case closure is 21 months. BRS does not provide continuing services and is strictly focused on vocational rehabilitation. However, BRS does engage in providing the following additional employment supports.

- Supported Employment Services: BRS may provide supported employment services for those individuals with the most severe disability that have been unable to maintain competitive employment because of the severity of their disability. These employment support plans must include an extended service plan for ongoing supports for the individual to receive services from agencies such as the Departments of Mental Retardation or Mental Health and Addiction Services, and the BRS Employment Opportunities Program, natural supports, provider in-kind services, family resources and Social Security impairment-related work expenses.

- Post Employment Services: BRS may provide services for consumers who have been closed as rehabilitated by opening the case for post employment services if the individual needs short-term, discrete services in order to maintain, advance in or regain employment.

Barriers to Employment

Below are some identified barriers to employment as seen by the BRS.

- Lack of fully integrated counselors in school systems (currently there are 6 transitional counselors housed in schools) to engage young adults age 14 and older who are engaged in special education and 504 (students with other disabilities) in transitioning services offered by BRS.
- Culture of low expectations of employment opportunities
- Dependency on federal and state public assistance benefits creates fear of losing benefits with employment
- Transportation

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

The Process Used to Move Consumers Into Employment

Overview

DHMAS aims to improve the quality of the life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

DMHAS provides mental health and substance abuse services across the state through a number of state facilities as well as private providers, and non-profit entities. LMHAs, hospitals, state colleges, and community-based providers all have programs that provide various DMHAS services.

DHMAS services include:

- MH/SA Inpatient Hospitalization
- Assertive Community Treatment
- Case Management
- Mobile Crisis and Respite
- MH/SA Residential
- Housing Supports
- Peer Supports
- Young Adult Services
- Forensic Services
- Dual Diagnosis Treatment
- Specialized Women's Services
- Methadone Maintenance
- Residential SA Detox
- Ambulatory Detox
- Psychosocial Rehab
- Job Supports/Vocational
- Basic Need Supports
- Outpatient and Intensive Outpatient
- Lab, Transport, pharmacy

Clients are encouraged to interact with the community as part of their recovery. This is frequently accomplished through the employment services that are offered through the various facilities.

Process

DMHAS provides mental health and substance abuse services to those people who are severely persistently mentally ill, have an axis 1 diagnosis or have no access to private treatment services.

Consumers enter the DMHAS system through a referral process. The consumer may be referred through many channels including by a primary doctor, hospital, family members, another agency, legislators, or through self-referral

To request services, a consumer completes an intake form and an LMHA will conduct an evaluation. These evaluations include any diagnosis information already reported. The LMHAs all use different diagnosis tools, but the data gathered is relatively consistent throughout the system. Following the evaluation, the LMHA may refer the consumer for services in the Young Adult Services program, Cedarcrest Hospital, Connecticut Valley Hospital or through the LMHA.

Consumers eligible for the vocational programs at the hospitals are individually evaluated at the hospitals.

Young Adult Services Process
Consumers eligible for the Young Adult Services program are between the ages of 18 and 25. Through outreach and work with the Department of Children and Families, DMHAS begins developing transition plans for targeted youth at age 16. These plans are designed to transition young adults into the Program at age 18. In FY06, there are approximately 750 consumers in the Young Adult Services program.

Once the referral and evaluation process has been completed by the LMHA, and the consumer has been accepted into the Young Adult Services program, the consumer is advised to apply for state entitlement programs; private insurance does not cover the type of care that Young Adult Services provides. A recovery plan is developed for each individual. The recovery plan has several pieces including an employment plan. The employment plans are individually based.

Services available to Young Adults Services program participants include all DMHAS services, but with a higher level of intensity, round the clock supervision, transportation, and housing available.

As the consumer progresses through the program, and they are getting ready to leave Young Adult Services, a transition plan is developed. A vocational counselor is part of the transition plan team. The vocational counselor advises the consumer on employment choices. Also part of the transition team is a benefit counselor. This person advises the transitioning consumer of the benefits that they will no longer be able to receive when

they have exited the program, as well as new benefits the consumer will qualify for once they no longer have the support of Young Adult Services.

Connecticut Valley Hospital Process
Connecticut Valley Hospital (CVH) is a medium and long term care facility. When patients are evaluated, they complete an intake form, as well as meet with a benefit counselor to evaluate their access to entitlements. When the consumer enters the care of the hospital, the staff will work with them to develop a recovery and employment plan. A piece of this plan may include working in the hospital mall. This mall which contains among other things, a beauty salon, nursery, and bank, will employ patients, to help them learn a vocational skill, as well as work with the community that they will eventually be re-joining.

When the consumer is rehabilitated the hospital develops a transition plan to the community. When the consumer is transitioned to the community the LMHA assumes responsibility for treatment. Hospital staff has reported a gap in the process at this point. Staff report that they often do not get to talk to LMHA employment staff during the planning process. DMHAS is attempting to facilitate linkages to encourage this communication.

Cedarcrest Hospital Process
Cedarcrest Hospital is a medium and long term care facility. The employment process mirrors the CVH process except that rather than provide employment services through an onsite mall, Cedarcrest consumers are placed in external job placements in the community. External job placement staff assist the consumer to find, access and maintain employment as part of the employment/recovery plan.

DMHAS reports that Cedarcrest staff has also noted a gap in coordination with LMHA employment staff during the transition process.

LMHA Process
There are 14 LMHAs in Connecticut. Each LMHA is unique and the services provided are based on the resources available in the community. LMHAs may contract services out to providers if they choose not to provide the service directly. There are 92 providers in the state that are used for case management, vocational services, psycho-social rehabilitation, out-patient substance abuse, and detox.

All consumers are evaluated by the LMHA for eligibility determination. The intake process includes an intake form that is completed by the LMHA and consumer as well as an appointment with a benefits counselor, who can help the consumer access entitlements.

A recovery plan including an employment plan is developed for each individual who is determined to be eligible for service. The goals and strategies in this plan guide the

consumer's treatment. The employment plan is based on quasi-IPS model, linking the clinical piece of service to the employment piece of service. The degree to which employment is initially discussed in the evaluation and planning process depends on the LMHA. Some LMHAs may wait until the consumer is well into treatment before discussing employment as part of recovery while others may discuss employment goals sooner. However, it is a goal of DMHAS to ensure that all clients being working on employment plans at the point they express an interest in working.

The state has asked LMHAS to file plans that describe how they will increase employment participation among clients. The following is an outline given to the LMHAs to ensure that their plan is comprehensive.

- basic demographic information regarding the total number of persons who are served by the agency and the number receiving employment services,
- the agency's employment services structure including the roles of LMHA staff and affiliate clinical and employment providers,
- the agency's employment planning process and the individuals who were involved in developing the plan,
- the status of employment services as they are currently provided through the agency's service system,
- the work that was done this year to develop this plan, and
- key employment system goals that have been identified for the coming year.

Referrals to the Agency and to Other Entities

DMHAS consumers may be referred from several entities including from families, self referral, LEAs, other agencies, hospitals, and primary care providers. The source of referral is tracked by DMHAS at admission.

DCF has an MOA with DHMAS, and often refers consumers to DHMAS. DCF identifies children at the age of 15 for possible participation in the Young Adult Services program. DCF collects and provides consumer information pertinent to DMHAS. DMHAS will determine if the person is eligible for the program, and works with the consumer, family, and the program they are currently in to develop the transition action plan, and coordinate services.

DMHAS case workers may refer consumers to other agencies on an individual basis, as appropriate.

Community Rehabilitation Providers

LMHAs may develop and provide their own employment services, but they may also contract these services to various providers. There are 27 community-based employment

providers. Beginning in January 2006, Community Rehabilitation Providers and LMHAs who offer employment service are required to provide consumer employment related data to DMHAS. This data is submitted electronically each quarter.

Success

Young Adult Services
For the Young Adult Services program success is determined as leaving the program with a completed service plan. This may mean that consumers are employed, have their own housing, or education. Because this is a relatively new program, outcome data is just beginning to be captured. DMHAS estimates that approximately 10% of the young adults exit the program before a successful outcome.

LMHAs
Approximately 3,000 of the 35,000 consumers served by LMHAs receive employment services. Success is defined as achieving integrated competitive employment for the individual consumer.

In 2005 DMHAS and the LMHAs began working to strengthen the employment services offered by LMHAs and to move toward a system utilizing recovery oriented indicators. Each LMHA was asked to develop an employment plan. 13 of the 14 LMHAs have submitted employment plans to date.

In January 2006, DMHAS began colleting employment outcome indicator data from the LMHAs. Data is to be collected on those consumers who are receiving state funded employment services. The measures being used include:

- Percentage of consumers who find competitive jobs within 120 days after intake
- Percentage of consumers who maintain competitive employment for 60 days or more
- Percentage of people who are engaged in career-enhancement activities.

This data is being electronically submitted on a monthly and quarterly basis through a web-based system.

Appeals

DMHAS consumers may submit a grievance to the DMHAS grievance officer if they are unhappy with the services provided to them. The grievance may be submitted at any time during the process. The consumer can also seek other or additional services if they are unhappy with the services provided to that point.

Total Length of Time Served and Agency Follow-Up

Consumers in the Young Adult program may receive services for several years. The program is designed for consumers aged 18 – 25, with an anticipated length of stay of the full 7 years. As the first cohort of consumers age past 25, the program is being lengthened until the consumer is able to transition back into the community.

Consumers in Cedarcrest Hospital have on average, a 2 year length of stay. Consumers in CVH, typically tend to spend many years in the care of the hospital. The average length of service time in LMHAs was not available at the time of this report.

DMHAS conducts an annual consumer satisfaction survey. The 2005 edition surveyed 21,575 consumers. Eight out of ten consumers who responded to the survey had a positive perception of Access, Outcome, and Recovery. 90% of survey respondents agreed with the statement, " I liked the services that I received here". 815 of survey respondents thought the location of provided services was convenient.

Possible Changes

Trauma Database
If victims are not able to access trauma case, it is likely that they will not be able to access employment services. A central directory of trauma care should be established and easily accessible statewide. This directory should divide trauma services by gender.

Transportation
DMHAS noted that transportation is a barrier for many consumers. In the Young Adult Services program and the LMHAs transportation is generally addressed on an ad hoc basis. Some agencies are able to provide some transportation services, while others do not have the resources to do so.

Staffing
While there are a few staff members who act as liaisons between agencies, there should be more of an effort to develop and maintain links between agencies, especially DMHAS, BRS, DOL, and VA. Dedicated staff would foster interagency communication and collaboration.

DEPARTMENT OF MENTAL RETARDATION

The Process Used to Move Consumers Into Employment

Overview

The Department of Mental Retardation (DMR) provides employment and day services to residents of Connecticut with mental retardation transitioning/graduating from high school, aging out of their placement with the state's Department of Children and Families (DCF), or adults who meet eligibility requirements and require supports. Clinical eligibility for DMR services requires that a client reside in the state of Connecticut and have mental retardation as defined in state statute section 1-1g *or* have a medical diagnosis of Prader-Willi Syndrome.

DMR Services are provided as a self-directed care model, under which a client is assigned budget allocation based on their need for services and factoring in their existing support services. Clients then work with the Department to develop a plan of care and purchase approved services from approved providers according to their IP to meet their own unique service needs. Clients also have the option of hiring their own staff directly.

Process

Referral & Application

Many families apply for eligibility for DMR services when their child is in a Local Education Agencies (LEAs) program, where clients receive educational, health, and transitional services from their school districts. While in the schools, an eligible consumer will receive case management and can request family supports. Services and supports from DMR are not available as an entitlement. The department's ability to meet service needs is always based on appropriation.

From age 4 – 14, DMR's Regional Education Liaisons work with districts to identify children with MR and work with the districts and families to address any ad hoc needs of the child. As the child begins to approach graduation, typically at age 14, DMR's transition coordinators work with the district and child to ensure that they are providing the students with adequate transition planning services and are preparing the student for post-graduation supports. Information about the students post graduate needs are used for budgeting purposes to secure funding for vocational or other day support services.

Clients may also enter the system as an adult at any point, but services may not be immediately available. Available funding is a prerequisite for receiving DMR services, and the Legislature funds the program annually to include a particular scope of clients: those already receiving services, known clients who have already applied to DMR for day/vocational services transitioning from a school setting, and a set number of clients

annually in accordance with DMR's multi-year Waiting List Initiative for residential services. When funding is not available, clients are placed on a waiting list until resources are available.

The Legislature consistently provides funding for adult day services for all identified school graduates. However, new funding for day supports is specifically targeted for individuals graduating from school or transitioning from DCF. DMR staff indicated that this creates a gap in the process because it makes it very difficult to provide timely services to students not known to the department by the time of graduation. For example, when a resident with MR and their family chooses not to apply to DMR for services, but then experiences a change in their condition or family support network that necessitates further state-provided support services, the Department may not be able to provide the person with a complete service package until the funding is authorized by legislature.

Assessment & Waiver Enrollment

When a person has been determined eligible they are assigned a Case Manager who will assist the client in completing each of the following:

- A *Request for Service,* which formally documents a specific and current service request

- A *Level of Need (LON) Assessment*. The LON Assessment is a process that looks at the client's independence level, existing supports, and other aspects of the client's daily life to determine the level o support services they require.

- A *Priority Checklist* designed to assess the client's immediate need for services and will be used to assist the Department in prioritizing available resources.

Clients receiving day or residential services must also enroll in one of the Department's Home and Community Based Services waivers, if requested to do so. Waiver eligibility is a prerequisite for receiving DMR residential services, though clients who are ineligible, or chose not to enroll, may receive minimal state funded supports and respite services based on resource availability. For day/vocational services, clients who are transitioning from high school may receive those services without enrollment in a waiver if they will not be eligible for additional necessary residential supports at the same time. DMR will often work with clients who do not meet waiver financial criteria to develop an Asset Reduction Plan to bring them in line with financial eligibility to receive services.

PRAT Review, Initial Allocation, and Individual Plan Development

The information completed during the client's initial assessment is then sent to a regional Planning and Resource Allocation Team (PRAT), who review the information to

- Assign a priority to each client's case using information from the Priority Checklist. Clients who are determined to have emergency needs will receive a higher prioritization than clients whose needs are less immediate and/or have existing supports available.

- Determine the Client's Level of Need, based on the assessment completed by the Case Manager. The client's LON is updated annually to accommodate ongoing changes to their needs.

- Determine an initial allocation (budget) based on the client's service needs and available DMR resources.

Clients have the right to fair hearings only if waiver enrollment or service levels are involved and if they feel that the PRAT has incorrectly determine their Level of Need or other elements of their case.

Clients for whom resources are not currently available are placed on a waiting list. Clients on the waiting list will receive access to services when the resources become available based on their determined priority level as discussed above. While on the waiting list, clients may have access to a very limited scope of state funded support and/or respite services based on availability.

The limited availability of state funded services for clients was identified as another gap in the process by DMR staff. In instances where DMR clients either have yet to qualify for the waiver or are placed on the waiting list due to limited state resources, the Department is only able to offer a small set of minimal support and respite services. The lack of services can create difficult situations for clients and their families who are in need of care but can not be served due to resource limitations.

PRAT will then establish an Initial Allocation (Budget) for the client to purchase services based on the client's established LON. Once the amount of resources is determined, the client will establish an Individual Plan (IP) for services with their Case Manager. IP development may also involve family, friends, or other supports, and a clinician, as requested by the client. Individual Plans and budgets that are within their initial allocation are implemented once all signatures are obtained IPs that exceed their initial allocation but remain under the Regional approval threshold must be approved by the PRAT.

Receipt of Services

Once an approved IP is established, the client will work with the Case Manager to use their budget allocation to purchase IP approved residential and day support services. Day services available through DMR include: supported employment, sheltered employment, and vocational training. A range of group and individual support services designed to

develop "meaningful skills in the area of employment, socialization, and community participation" are also available.

Residential services are also available in a number of different settings: independent living, supported living, community living, community training homes, and residential centers. Though the majority of DMR clients live at home with their families or in their own homes (54% as of 12/2005), these services are available to offer a residential placement that provides support with daily living activities. Residential supports are also available in the family or own home.

DMR clients have a choice in selecting the providers and services that they prefer within the framework of their IP for both residential and day services.

Portability

All DMR client service funds are portable, meaning that the client can choose to change providers, services, or the level of services they purchase at any time, provided that the change is within the framework of their IP and that they follow the Department's portability process.

Quality Service Review

All providers are regularly reviewed by the Department's Quality Service Review process. Case Managers and Regional Quality Review Teams collect the following information during each review:

- Interviews with client and family;
- Interview with support staff;
- Observe support staff during the process of providing support;
- Documentation reviews; and
- Safety Review.

After reviewing all of this information, the Review Team will develop recommendations as part of the review. As necessary, recommendations may include:

- *Quality Improvement Plan* with the vendor and client where services are acceptable but particular elements can be improved under a plan.

- *Corrective Action Plan* where vendor actions are found to be putting a client's health or safety at risk. Specific corrective steps are outlined for the vendor.

- *Employer Quality Action Plan* for staff directly employed by the client who requires improvements to the services offered to the client.

Referrals to the Agency and to Other Entities

1,124 people were either referred to, or applied to, DMR in fiscal year 2005. DMR receives referrals/applications from many sources, including: school districts, families of young children, self-referrals, town social service programs, and other state departments. Schools are the largest source of ongoing referrals during the development of IEPs as part of the IDEA process. Typical self-referrals occur when a family/individual experiences a change in their situation that necessitates services that previously they had been able to go with out.

DMR will refer clients to other needed supports as needed/requested. Typical referrals will be to DCF, BRS, DMHAS and BESB.

Community Providers

DMR relies heavily on a large network of Community Providers (CPs) to provide almost all of the services offered by the Department, including: day support, employment, and residential services. As of December 2005, 76% of the 15,019 DMR clients received their Day and Work Support services through private CPs.

The Department manages the quality of services, safety, and outcomes of these providers through its Quality Service Review (QSR) process, which regularly reviews and evaluates the provider's standing in these areas. The QSR process includes input from both providers and clients, as well as quantitative evaluations and observation of provider activities. Providers with identified deficiencies are put under corrective action plans to ensure improvements.

Success

DMR does not utilize a universal definition of 'success'. Client goals are identified individually for each case and are revisited periodically, with many goals centering around self-sufficiency and increased independence. Because most DMR clients remain with the Department for life, its employment support programs do not currently evaluate a success as the receipt of a job, or increased job training, but rather utilize an ongoing review and evaluation of the client's status and growth in independent functioning to determine each individual's progress.

DMR is a 'cradle to grave' agency. Once a client is determined eligible for services and enters the system, the client has a budget for life provided that they continue to meet eligibility standards and follow proper procedures for maintaining an IP. The Department does not currently collect and utilize information about the amount of time that it takes for clients to navigate through the system because such information is not viewed as relevant to the progress of each client.

Issues such as underemployment and inappropriate placements are meted out during client IP reviews, ongoing client service acquisition and the QSR process. Because of DMR's self-directed model, clients are able to address issues such as these with the provider as needed and ultimately may change services or providers if necessary. There is also a formalized process for clients to review the services they are receiving and work with the provider to make improvements.

Appeals

There are a number of opportunities for DMR clients to appeal Department decisions, or review concerns about services provided, with Department staff:

> Clients have the right to *Medicaid Fair Hearings* when there is a concern related to waiver enrollment or service levels, and if they feel that the PRAT has incorrectly determine their Level of Need or other elements of their case.
>
> *Programmatic Administrative Reviews (PARs)* are managed by the Department and can be used to review anything related to a client's Individual Plan or other issue with services received.
>
> *Priority Setting Administrative Hearings* are used when a client wants to have the Department reconsider the Priority Level assigned to them by the PRAT.

Total Length of Time Served and Agency Follow Up

DMR is typically a 'cradle to grave' agency, so it does not measure length of time in the process with any importance. Even after reaching a 'successful' employment outcome, the client is likely to continue receiving significant services from the Department.

Follow up is conducted constantly with clients as part of the IP review process. This ensures that clients are receiving adequate services in the appropriate settings, and is also used to address issues regarding client concerns about services, issues with employers, and problems with job placements. Formal processes exist for clients to negotiate service improvements with their providers or to move their budget allotment to receive services from a more appropriate provider.

Less follow up is conducted for clients who are competitively employed. While DMR's case managers may assist the client in raising concerns to their employer, or on occasion even attend meetings with the employer when requested by the client, private employers are not subject to the same quality evaluation process as DMR's public and private providers. Private employment would be discussed as part of the client's IP review and the Case Manager would offer to assist with any issues discovered as part of that process.

Possible Changes

Staffing
DMR staff indicated that they would increase the number of Case Managers, Education Liaisons, and Transition Coordinators to improve the process. These additional staff would assist in identifying children who may qualify for DMR services while in school, assist in developing adequate transition service plans for children as they prepare to leave school, and improve management of DMR services once clients enter the system.

Additional staff in these areas would also allow existing and new staff to focus on needed improvements in staff development, waiver management and IT development.

Funding for Adult Entry to DMR Services
The Department does not always have available funding for adults who apply for services after high school graduation. DMR suggested that including funding for these adults in their annual budgetary request would allow them to provide for a continuous spectrum of services for Connecticut residents with MR issues.

Information Technology Improvements
The Department identified a need for improvements to their IT systems, particularly in the areas of system integration and development of new capabilities:

> Systems Integration: The Connecticut Automated Mental Retardation Information System (CAMRIS) is the Department's main operating system. It contains client specific information, but a number of other databases are utilized for targeted functions such as eligibility, waiting list management, Level of Need Determination, client spending plans and other operations. Very few of these stand alone databases – usually built in Microsoft Access – speak to CAMRIS or each other, and therefore require different applications to be used for different parts of the process. Developing the capability to link these systems, of a single application to handle all DMR functions, would increase the agency's ability to manage their programs with coordinated and readily-available data.
>
> Increased Capacity: DMR highlighted the areas of Individual Plan and Budget development as functions where new IT capacities would be useful. IP's are currently developed in offline templates that are not linked to CAMRIS or other important operating systems. When a worker needs to review a client's IP they must work from a paper copy that can not be accessed through CAMRIS.
>
> Similarly, client budget information is kept in a separate database that does not fully link to the billing system or CAMRIS. Therefore, DMR must use multiple data sources to review client budgets and complete budgetary analysis.

ATTACHMENT A

PCG conducted agency interviews around the following questions. The questions were not used in a survey format but rather as a staff guide to facilitate information collection.

Process

1. Does the agency have processes that assist persons with disabilities to gain employment? If so, what are these processes?
    a. For each point in the process identified does the agency track:
        i. Number of consumers in the process
        ii. How long the process takes?
    b. If so, what are the measures used? How is the data maintained?
    c. Does the agency maintain contact with the consumer during this period? If so, what types of communication is used and who is responsible for issuing them?

2. How and where do consumer/consumers enter the agency to gain services?

3. Does your agency keep data on the number of consumer/consumers served and the disabilities associated with each person? If so, how is this data collected and stored?

Referrals

4. Are consumer/consumers referred to the agency?
    a. Does the agency track the number of referrals and other data associated with referrals?
    b. If so, what is the number of referrals per month and per year?

5. Do consumer/consumers contact the agency without referral?
    a. If known and maintained, what is the number of consumer/consumers who contact the agency per month, and per year?

6. Does this agency refer consumer/consumers to other agencies or programs?
    a. If known and maintained, what is the number of referrals that you make per month and year (FY05)?
    b. What are the criteria that would warrant the agency to make a referral?

Community Rehab Providers

7. Does the agency utilize community rehab or other private providers to deliver services?
    a. If yes, what services does these providers offer?

   b. Does the agency impose standards related to quality of outcomes on the community providers? If so, what tools are available to define, measure, and report these standards?

8. Are CRPs utilized to provide an employment placement component for consumers or is this service provided by agency staff?
   a. If CRPs are utilized, does the agency have any information on employers' perceptions of the providers, or overall effectiveness of the providers?

Success

9. How does the agency define successful outcomes of its employment programs?
   a. Does the agency have a definition of successful outcomes for its employment programs? How is "success" measured? Is it tracked and reported?
   b. Does the agency examine factors of underemployment?
   c. What is the number of consumer/consumers that attain employment with agency help per month and year (FY05)?

Total Length of Time and Follow Up

10. From access to placement/success outcome, what is the average length of time it takes to move a consumer/consumer through the agency process?

11. Does the agency collect input from consumers/customers while they are receiving services?
    a. Is there a process for handling consumer/consumer concerns about the services they are receiving? Is there a formal appeals process?

12. What type of follow-up does that agency do with consumer/consumers after they have gained employment?
    a. How long does a consumer/consumer remain with the agency after gaining employment?

13. Does the agency collect input from consumers/consumers who have been placed in a job?
    a. Is there a process for handling consumer/consumer concerns about their job placement? Is there a formal appeals process?

Possible Changes

14. If your agency had additional funds or authority, what changes would you seek to make to your agency's infrastructure? That is, without adding additional services, what types of changes would you like to see made?

Additional Prompts

If the agency does not bring up the following areas, PCG will, when appropriate in the conversation prompt the agency to discuss:

- Career Advancement – is this a focus for the agency? How is career advancement assistance triggered?
- Transportation – does the agency provide transportation? Are there limitations? Is this a barrier? How do consumers access transportation if it is offered by the agency?

Benefits Counseling – is this a focus for the agency? How do consumers access benefits counseling if it is being offered? Who (what staff role/part of the agency) is responsible for conducting the benefits counseling?