



University of Connecticut Health Center

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Bureau of Rehabilitation Services: 2013 Comprehensive Statewide Needs Assessment

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Table of Contents

Acknowledgements	i
I. Introduction	1
II. Background	2
III. 2011 MIG NA: Vocational Rehabilitation Analysis	2
A. Introduction	2
B. Methodology and analysis	3
C. Results	5
D. Conclusions and recommendations	26
IV. Community Rehabilitation Provider Survey	29
A. Introduction	29
B. Methodology and analysis	30
C. Results	30
D. Conclusions and recommendations	51
V. Counselor Vocational Rehabilitation Survey	53
A. Introduction	53
B. Methodology and analysis	54
C. Results	55
D. Conclusions and recommendations	79
VI. Consumer Vocational Rehabilitation Survey	81
A. Introduction	81
B. Methodology and analysis	81
C. Results	83
D. Conclusions and recommendations	95
VII. Key Informant Interviews	97
A. Introduction	97
B. Methodology and analysis	97
C. Results	99
D. Conclusions and recommendations	109
VIII. References	111
IX. Appendices	113
Appendix A: 2011 Medicaid Infrastructure Grant Needs Assessment People with Disabilities Survey – Selected measures for no VR group versus closed group versus active group	114
Appendix B: 2011 Medicaid Infrastructure Grant Needs Assessment People with Disabilities Survey – Selected measures for no VR group versus any VR group	117

Appendix C:	2011 Medicaid Infrastructure Grant Needs Assessment People with Disabilities Survey – Selected measures for VR users only – closed versus active	118
Appendix D:	Community Rehabilitation Provider Survey	120
Appendix E:	Counselor Vocational Rehabilitation Survey	131
Appendix F:	Consumer Vocational Rehabilitation Satisfaction Survey	144
Appendix G:	Key Informant Interview Guide	150

Acknowledgements

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I. Introduction

Vocational rehabilitation (VR) services in the United States have historically underscored the importance of services for people with disabilities who have vocational potential (Shahnasarian, 2001). VR services typically include but are not limited to: vocational evaluation, functional assessment, job-site analysis, job accommodations, job-seeking skills, employer development, job placement, and follow-up services. VR services are designed to help an individual prepare for, obtain, or maintain employment.

In Connecticut, the Bureau of Rehabilitation Services (BRS) offers VR services to help individuals with significant physical and mental disabilities find and maintain employment (<http://www.brs.state.ct.us/aboutus.htm>). These services may include:

- Vocational counseling
- Job search assistance
- Skill training and career education in vocational and other schools
- On-the-job training in business and industry
- Assistive technology services such as adaptive equipment for mobility, communication and specific work activities
- Vehicle and home modifications
- Supported employment services
- Services to assist in restoring or improving a physical or mental condition
- Services to help the individual access other needed services, such as transportation assistance, in order to meet the individual's Employment Plan goals (www.brs.state.ct.us/programs.htm)

The state offers these services to eligible Connecticut residents who have a disability and can be active and full partners in the vocational rehabilitation process, often at no cost. Besides having significant physical or mental disabilities, a consumer's disabilities must also cause considerable employment barriers, and they must require VR services in order to become employed. Through individualized VR services offered by BRS, consumers are supported during the preparation for employment, job search, application/interview process, getting hired, maintaining employment, and working towards achieving all their employment-related goals.

The world of work is changing rapidly and changes are likely to increase during the 21st century. Employment changes, such as temporary employment, short-term hires, and part-time workers will continue to impact the career development of all workers, but will substantially influence the life roles of individuals with disabilities. Work is essential to the physical, psychological, financial well-being of people with and without disabilities. Research demonstrates that compared to employed individuals, those who are unemployed often experience a higher incidence of depression and anxiety disorders, greater alcohol use, and report lower scores on self-esteem and quality of life measures (Dutta, Gerver, Chan, Chou, & Ditchman, 2008).

Recognizing the importance of employment, it is necessary to gather data on individuals with disabilities in order to explore VR service needs and evaluate the impact such services have. Outcomes from surveys as well as data from administrative records play an important role in informing VR professionals, administrators, policy makers, and others and are a significant source of credible information for planning future programs and services (Bruyère & Houtenville, 2006). VR services that are creative and dynamic can be instrumental for empowering individuals with disabilities and have the potential to lead to high-quality employment and

meaningful careers for individuals with disabilities (O'Day, 1999). In an ever-changing work environment, it is all the more critical to evaluate vocational rehabilitation services in an effort to reduce employment disparities that have remained largely unchanged since 1986 (National Organization on Disability, 2000). Gaining a better understanding of the population using rehabilitation services is useful in assessing needs, evaluating performance, and planning for rehabilitation practice, service administration, and public policy efforts.

II. Background

The Rehabilitation Services Administration (RSA) published new guidelines in the fall of 2009 for conducting a three-year Comprehensive Statewide Needs Assessment (CSNA). The assessment enables the vocational rehabilitation (VR) program to combine existing information with new information to develop the next state plan. While the agency could assess any aspect of the VR program, the new guidelines required focus on an assessment of the rehabilitation needs of individuals with disabilities residing within the state, specifically the VR needs of:

- individuals with the most significant disabilities, including their need for supported employment services;
- individuals with disabilities who are minorities;
- individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and
- individuals with disabilities served through other components of the statewide workforce investment system.

It also required an assessment of how to improve the community rehabilitation programs already established within the state. The Connecticut BRS developed a strategy to follow the new reporting outline with results of a comprehensive assessment to be reported in the 2014 State Plan. To meet RSA expectations and identify unmet needs for populations specified by RSA, the 2013 BRS CSNA includes a focused analysis of data from the 2011 Medicaid Infrastructure Grant (MIG) Needs Assessment (NA). The 2011 MIG NA was not focused on or targeted to VR consumers, but included a much broader group. Data from the assessment that were pertinent to VR were drawn from three surveys: People with Disabilities survey, Employer survey, and Provider survey. The CSNA also includes and reports findings from the Community Rehabilitation Provider (CRP) survey, the BRS Counselor survey, the Consumer survey, and outcomes from the Key Informant Interviews.

III. 2011 MIG NA: Vocational Rehabilitation Focused Analysis

A. Introduction

Although the 2011 MIG NA was completed for a broader purpose and not focused on VR outcomes, a VR-focused analysis of that data provides an opportunity for combining existing information with new information to inform the State Plan. There are three parts to the VR analysis: 1) No VR group versus closed group versus active group, 2) Current employed respondents: No VR group versus any VR group, and 3) VR users only: Closed versus active. These are followed by a summary of outcomes from the Employer (Robison et al., 2011a) and Provider (Robison et al., 2011b) reports that are pertinent to the employment of people with disabilities.

B. Methodology and analysis

Methodology

Data from the 2011 MIG NA was analyzed for the 2013 BRS CSNA to identify some of the personal and systemic barriers that hinder individuals with disabilities from either becoming employed or remaining employed. Outcomes from the Employer and Provider surveys were also reviewed for any data pertinent to employment and are included in this report.

The 2011 MIG NA examined the experiences, attitudes, and current practices of people with disabilities, employers, and service providers related to the employment of people with disabilities. The People with Disabilities Survey was specifically developed to gain insight into the views and employment experiences of Medicaid beneficiaries with disabilities. The purpose of the Employer Survey was to learn more about employment practices and issues experienced by various employers across Connecticut related to employing people with disabilities, and to compare these results with what was learned from the 2006 Needs Assessment. Similarly, the purpose of the Provider Survey was to learn more about employment practices and issues experienced by various service providers across Connecticut related to employing people with disabilities. Copies of the three reports can be viewed at <http://www.connect-ability.com> under the Research Papers tab.

Survey instrument

The survey instruments were developed by the University of Connecticut Health Center (UCHC) research team and focused on employment issues and other topics which could influence the successful employment of people with disabilities. The final instrument comprised five overall areas: employment, health and disability information, transportation, housing and activities, and general information (demographics). Employment included work status (currently working, worked in past, never worked), wages, tenure, satisfaction and attitudes, future job plans, and challenges to obtaining employment goals. Other items addressed employment-related assistive devices, accommodations, supports important for work such as paid help at work or home, vocational rehabilitation services, employer/co-worker support, and employer-provided benefits. The health section included questions regarding disability status, activities of daily living (ADL) and instrumental activities of daily living (IADL) assistance. Three different mail survey booklets were developed, each using a different color: currently working (blue), worked in past (green), and never worked (yellow). Each survey's questions were targeted to that particular employment group. Copies of the surveys can be viewed in the Appendices of the People with Disabilities report on the Connect-Ability website listed in the previous paragraph.

Research sample

Three groups of consumers who participated in the 2011 MIG Needs Assessment consumer surveys were identified: clients who received no VR services, those who were served by VR within the past three years, between April 1, 2008 and April 1, 2011, and were closed (see Table III-1), and clients who were served by VR and were active as of April 1, 2011 (see Table III-2).

Table III-1. Closed case codes and types

Closed codes	Closure types	Reasons for closure
(08)	Closed while the individual was an applicant, but before determination of eligibility and for the following reasons only	02 – Disability too significant to benefit for VR services 12 – Extended services not available
(26)	Closed after the individual achieved an employment outcome	
(28)	Closed after services were initiated, without an employment outcome	
(30)	Closed after a determination of eligibility, but before services under an IPE were initiated	

Table III-2. Active status codes and types

Active codes	Active types
10	Eligible and meets Order of Selection (OOS)
12	Eligible, meets OOS, has an employment plan (IPE), but services have not started yet
18	Eligible, meets OOS, has IPE, and services have started
20	Completed services, job ready
22	Employed, follow for 90 days
24	Service interrupted

Of the 1,813 2011 NA respondents, 87 are former BRS clients and used VR services within the past three years, between April 1, 2008 and April 1, 2011. Thirty-two respondents are current BRS clients and were active as of April 1, 2011 (see Table 3). While data gathered from the focused analysis should not be understood as generalizable to the larger VR population, it does provide a snapshot of smaller groups, particularly those with closed and active cases, within the BRS system.

Table III-3. VR type

VR type	Frequency	Percent
No VR	1694	93.4
Closed cases	87	4.8
Active cases	32	1.8
Total number of cases	1813	100

Rather than stratify most of the measures by employment status, as was done in the 2011 MIG NA, the VR-focused analyses compare differences between respondents surveyed during the 2011 MIG NA with no VR services with those who were served by VR within the past three

years and were closed and those who were served by VR and were active as of April 1, 2011. In addition, analyses using the 2011 MIG NA data include outcomes from a subset of current employed respondents (no VR group versus any VR group) and a subset of VR users only (closed versus active respondents). Only selected variables were chosen for the VR analyses. These are listed in the results section. Corresponding measures can be viewed in the Appendices.

Recruitment and response rates are available in the MIG Needs Assessment reports.

Analysis

Data were exported into International Business Machines Corporation (IBM) Statistical Product and Service Solutions (SPSS) 19.0 software for analysis. Data were analyzed question by question, with a series of basic tests computed: frequency, average, and percentage. 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.

C. Results

No VR group versus closed group versus active group

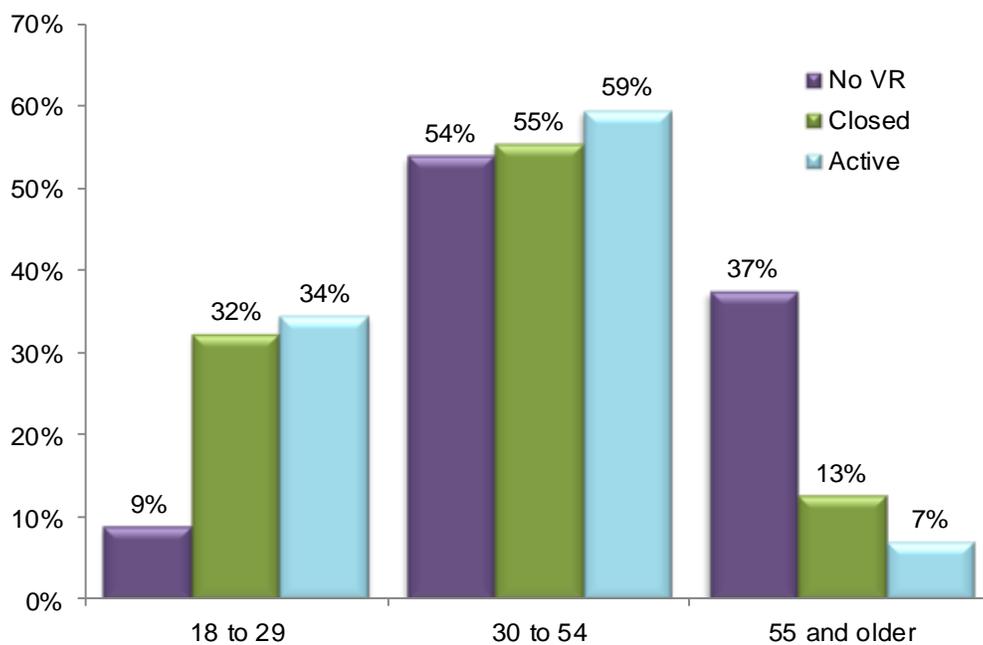
The first part of the analyses using the 2011 MIG NA data compares those with no VR (n=1694) to the closed (n=87) and active (n=32) groups for the following variables (Appendix A):

- Age group
- Education
- Marital status
- Race
- Ethnicity
- Language – English versus other
- Income
- Self-rated health
- Disability category (i.e., physical, cognitive, etc.)
- Substance use disorder
- Employment status
- Actively seeking employment
- Likelihood of getting a new job in the next 12 months
- Turned down a raise/promotion
- Received Assistive Technology (AT) modifications
- Received paid help at work

Age

Slightly over half of the 2011 NA respondents in each of the three comparison groups were between age 30 and 54. About a third of those with current or past VR supports were ages 18-29 versus only nine percent of respondents with no VR experience. Conversely, the no VR group was more likely over age 55 (37%) compared to the closed (13%) or active (7%) VR users.

Figure III-1. Age

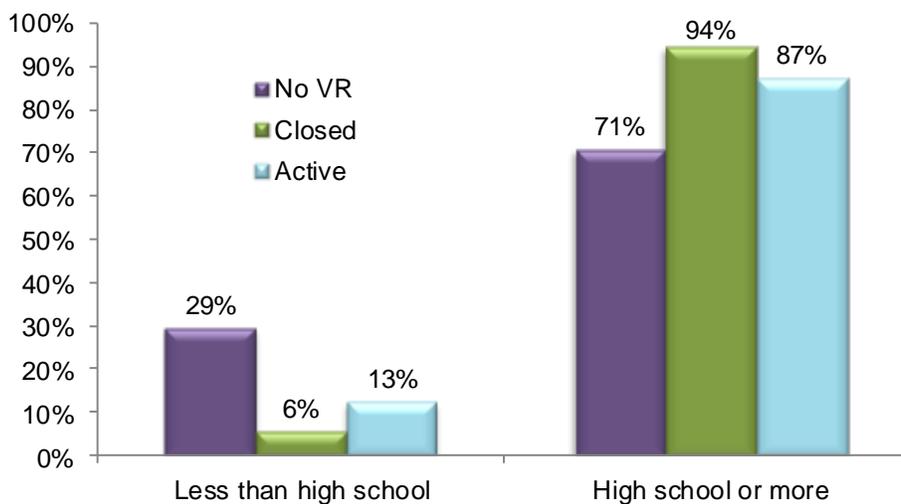


Differences are statistically significant at $p \leq .05$

Education

More than two-thirds of all 2011 NA respondents had a high school education or more. However, the no VR group were less likely to have completed high school (29%) compared to the closed (6%) or active (13%) groups.

Figure III-2. Education

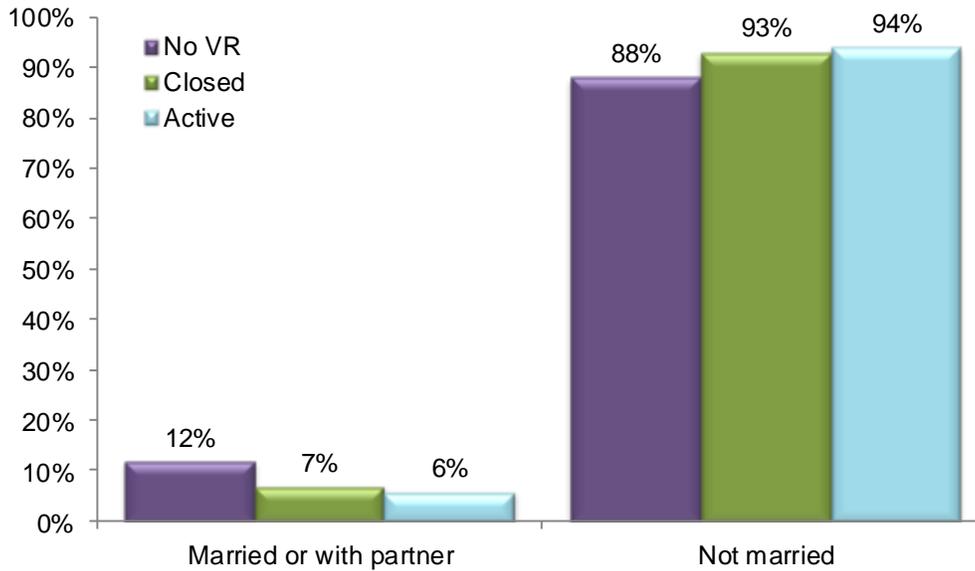


Differences are statistically significant at $p \leq .05$

Marital status

Well over 75 percent of respondents in all category types reported not being married. The greatest percentage (94%) was consumers with active cases. This was followed by 93 percent of consumers with closed cases, and 88 percent with no VR.

Figure III-3. Marital status

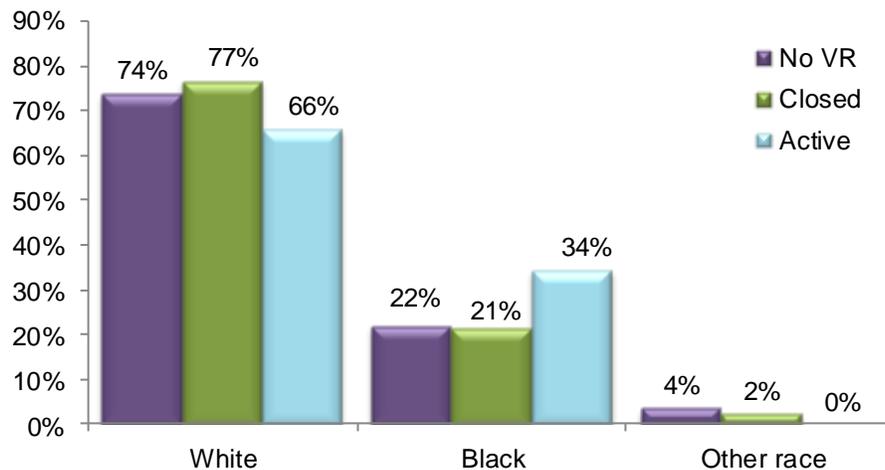


Differences are not statistically significant

Race

The majority of respondents were White with the greatest percentage (77%) being consumers with closed cases. Seventy-four percent were consumers with no VR and two-thirds were those with active cases.

Figure III-4. Race

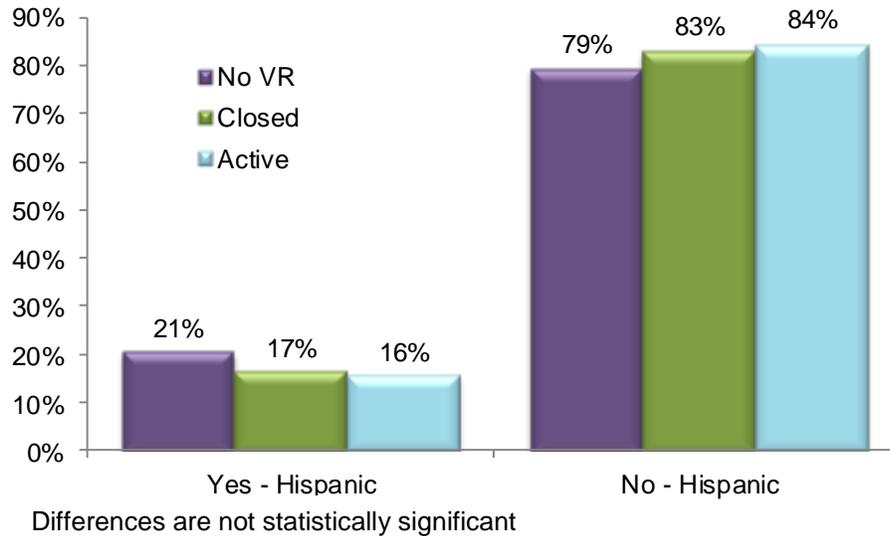


Differences are not statistically significant

Ethnicity

Fewer than twenty-five percent of the sample in all category types reported being of Hispanic origin. Consumers receiving no VR reported the highest percentage of Hispanic origin (21%). This was followed by 17 percent of consumers with closed cases and 16 percent of consumers with active cases.

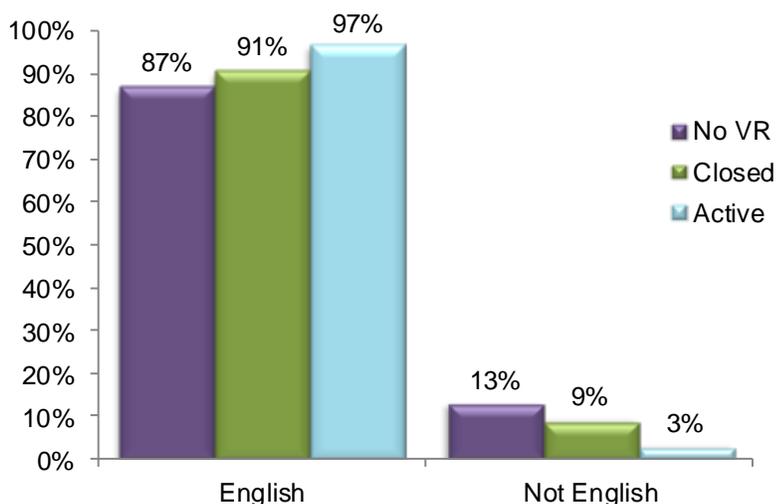
Figure III-5. Ethnicity



Language

The most common language spoken at home by consumers participating in the 2011 NA was English. Nearly all (97%) of those with active cases spoke English as their primary language at home. This was followed by 91 percent of respondents with closed cases and 87 percent who reported no VR.

Figure III-6. Language

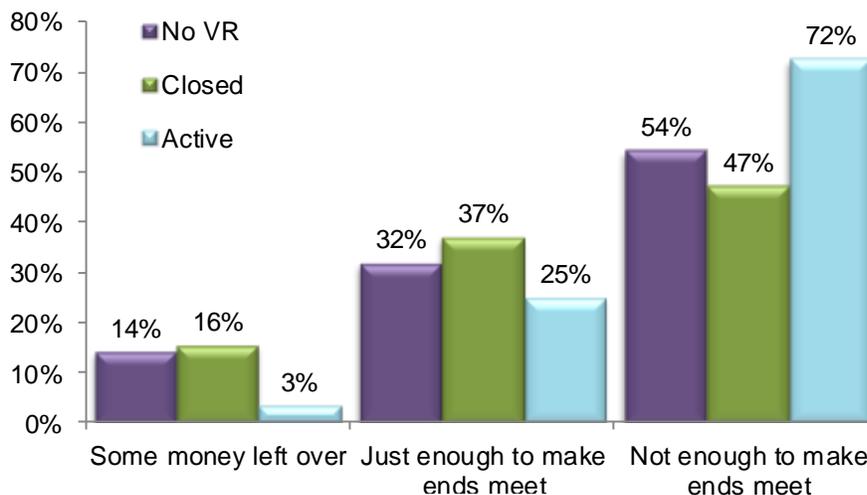


Differences are not statistically significant

Income

Active VR consumers were most likely to report not having enough income to make ends meet (72%); only 3 percent of this group ends the month with money left over. The closed VR respondents were best off financially, with 16 percent reporting money left over and 37 percent reporting enough to make ends meet. The no VR group was more similar to the closed VR respondents.

Figure III-7. Income

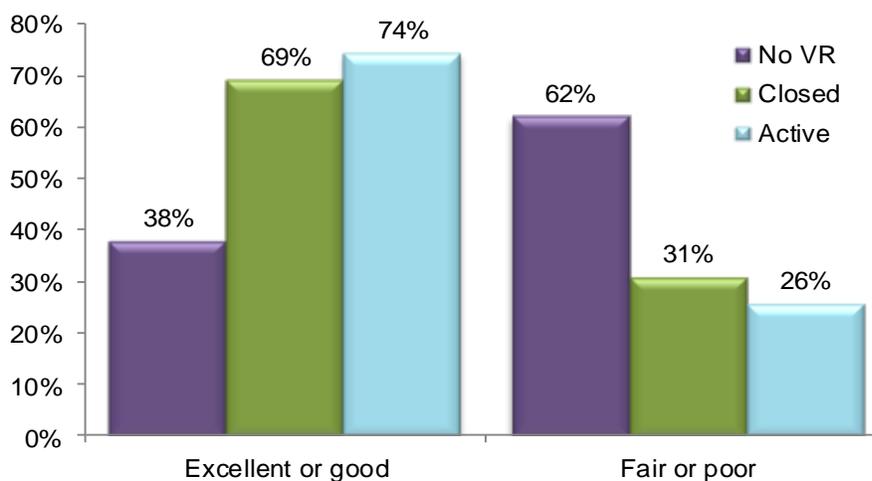


Differences are not statistically significant

Self-rated health

The greatest percentage of consumers self-reporting either excellent or good health was those with active cases (74%). This was followed by 69 percent of consumers with closed cases. More than half of consumers (62%) with no VR reported only fair or poor health.

Figure III-8. Self-rated health

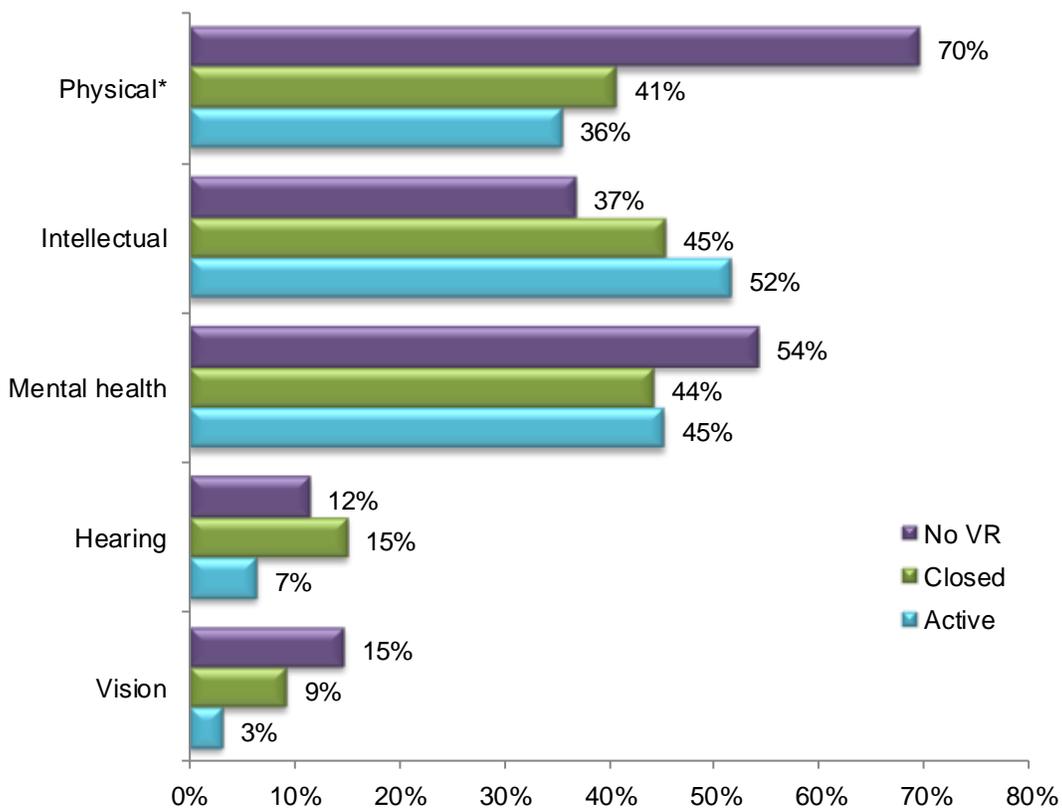


Differences are statistically significant at $p \leq .05$

Disability category

Persons with no VR reported both a greater rate of physical disability (70%) and mental health disability (54%) than consumers with active or closed VR cases. The highest rate of intellectual disability (52%) was reported by consumers with active cases. Between 41 and 45 percent of closed VR respondents reported physical, intellectual, and mental health disabilities. Less than one-sixth of any group reported a hearing or vision impairment.

Figure III-9. Disability category

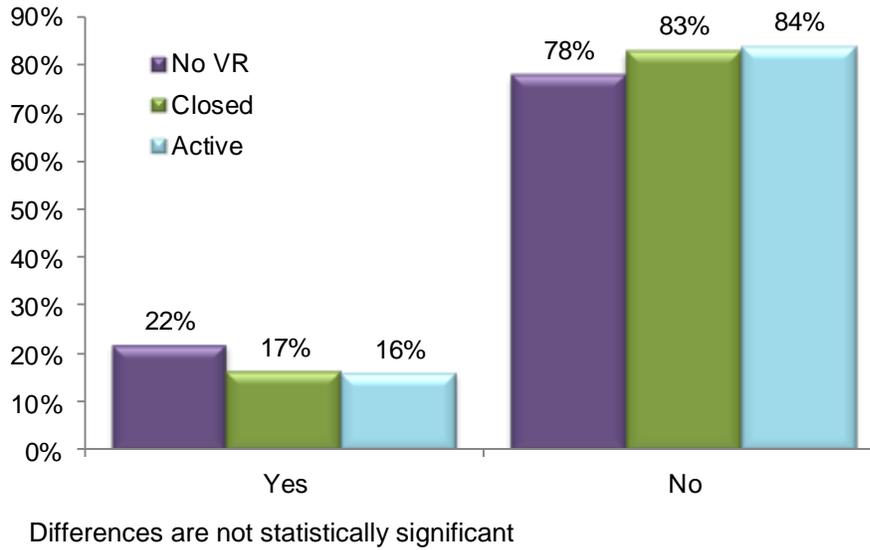


*Differences are statistically significant at $p \leq .05$

Substance use disorder

The incidence of substance use disorders among persons with disabilities, especially those served by the State and Federal VR systems, is reported to be greater than it is for the general population (Glenn, Huber, Keferl, Wright-Bell, & Lane, 2003). In this analysis, less than one-quarter across the three category types reported substance use disorder. Consumers with no VR had the highest percentage of substance use disorder at 22 percent.

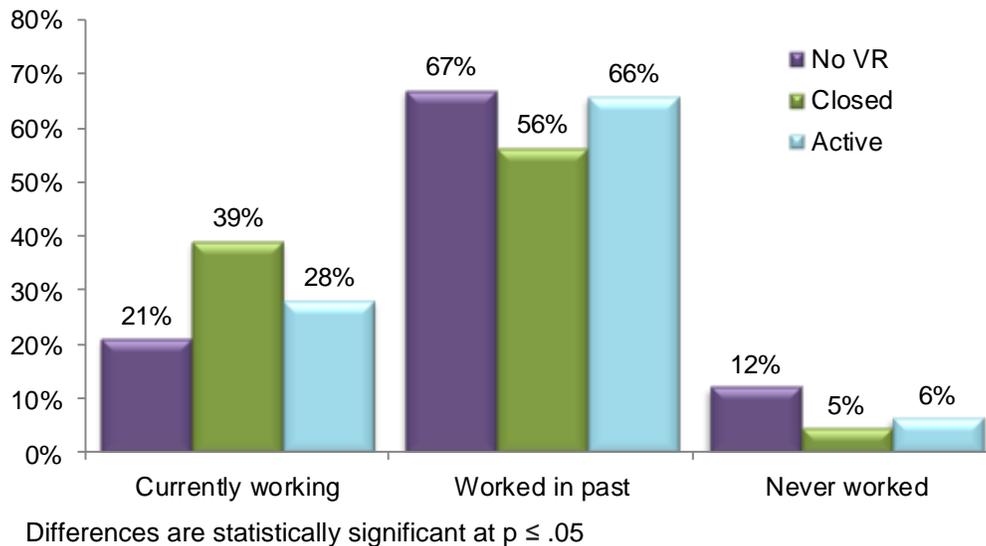
Figure III-10. Substance use disorder



Employment status

More than fifty percent of consumers in all three categories reported that they worked in the past but were not currently working. Thirty-nine percent of closed VR respondents were currently working, compared to 28 percent of consumers with active cases, and only 21 percent of consumers with no VR history. A small number in each group had never worked.

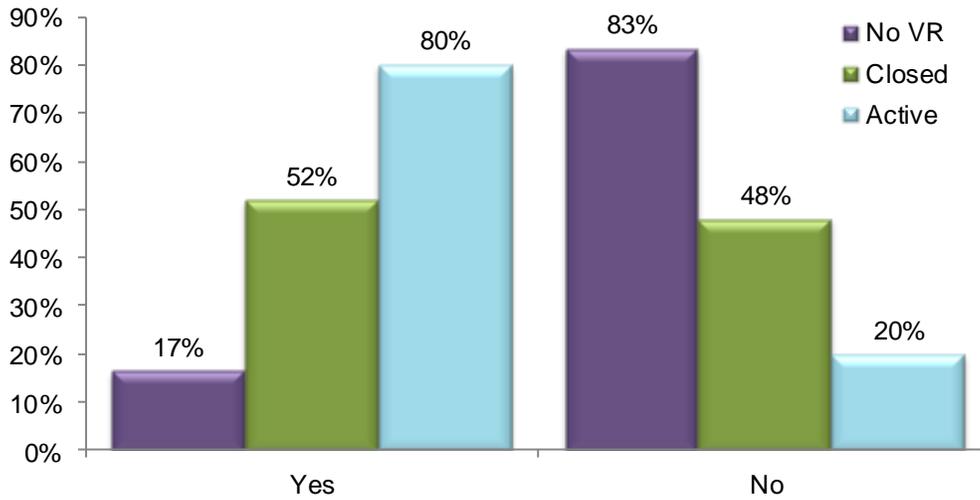
Figure III-11. Employment status



Actively seeking employment

Eighty percent of consumers with active cases report actively seeking employment versus only about half (52%) of those with closed cases. Eighty-three percent of respondents with no VR were not actively seeking employment.

Figure A-12. Actively seeking employment

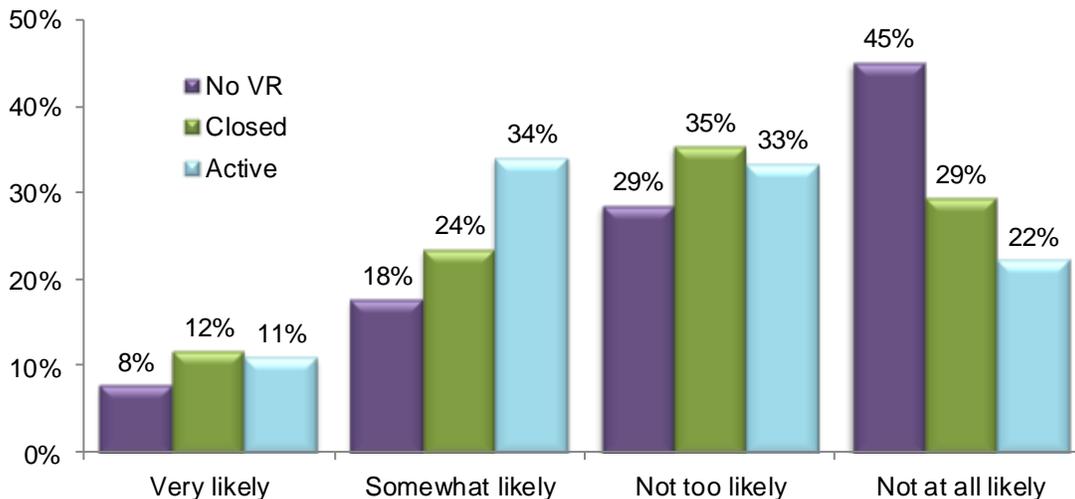


Differences are statistically significant at $p \leq .05$

Likelihood of getting a new job in the next 12 months

Nearly 50 percent of consumers with no VR reported they were not at all likely to get a job in the next 12 months. About one-third of consumers with closed cases and active cases reported it is not too likely they will get a job in the next 12 months. Conversely, another one-third of consumers with active cases reported it was somewhat likely they could get a job within the next year.

Figure III-13. Likelihood of getting a job in the next 12 months

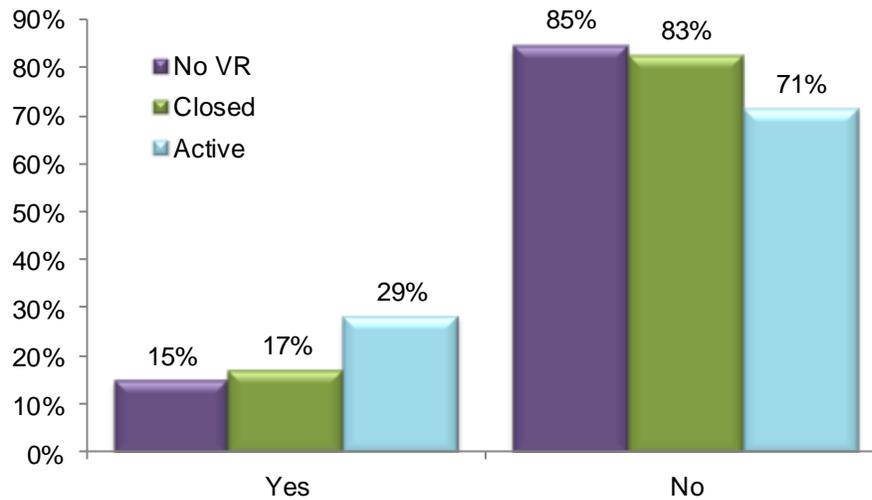


Differences are not statistically significant

Turned down a raise/promotion

In all three categories, the majority of respondents had not turned down a raise or promotion, increase in hours, or job offer because it might affect their Social Security, disability, or other benefits. Active VR users were most likely to have made such a decision (29%).

Figure III-14. Turned down a raise/promotion

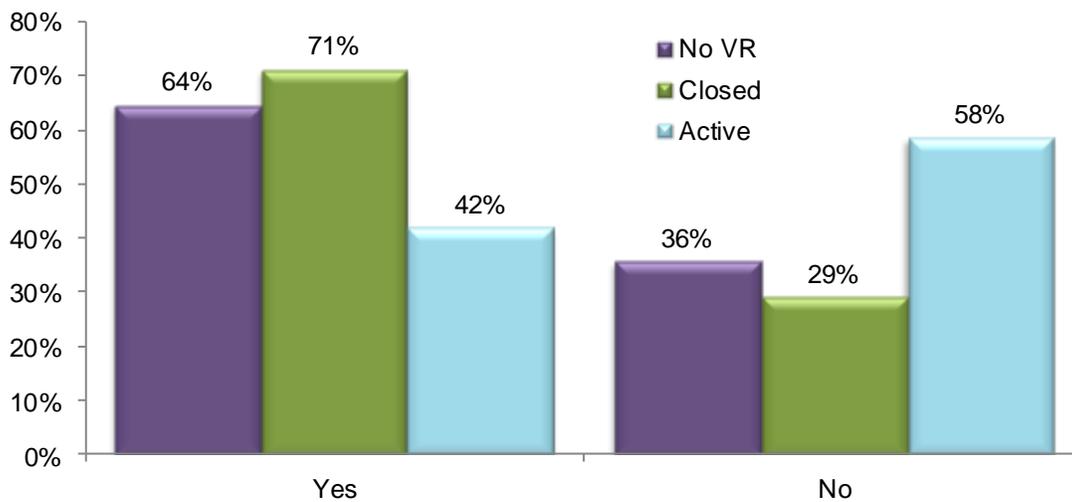


Differences are not statistically significant

Received AT modifications

More than half of consumers with closed cases and no VR had received AT modifications while only 42 percent of consumers with active cases reported receiving AT modifications.

Figure III-15. Received AT modifications

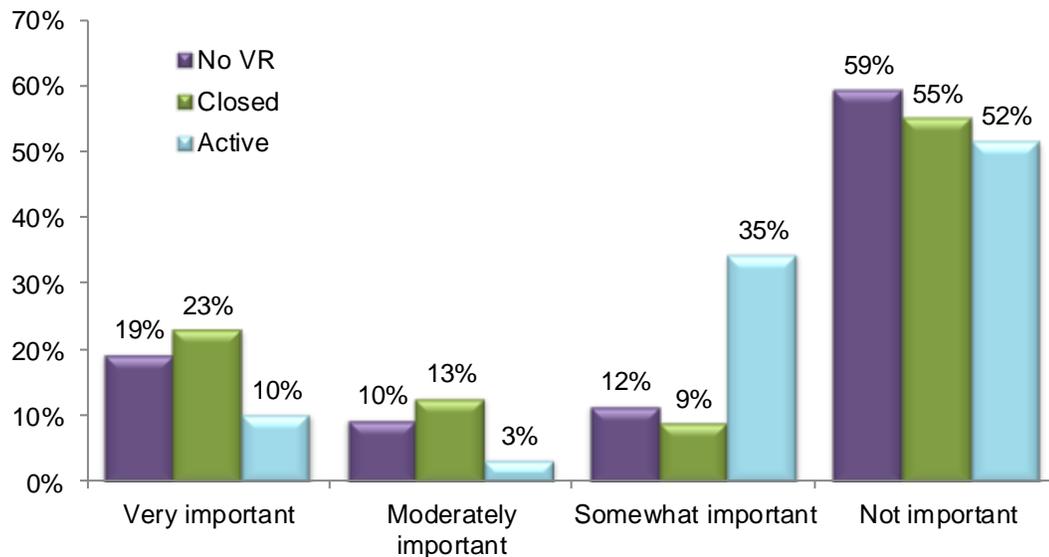


Differences are not statistically significant

Importance of receiving paid help at work

More than half of consumers in each category type reported that receiving paid help at work was not important. Slightly more than one-third of consumers with active cases reported this support is somewhat important, and a little less than one-quarter of consumers with closed cases reported the importance of paid help is very important.

Figure III-16. Importance of receiving paid help at work



Differences are statistically significant at $p \leq .05$

Current employed consumers: No VR group versus any VR group

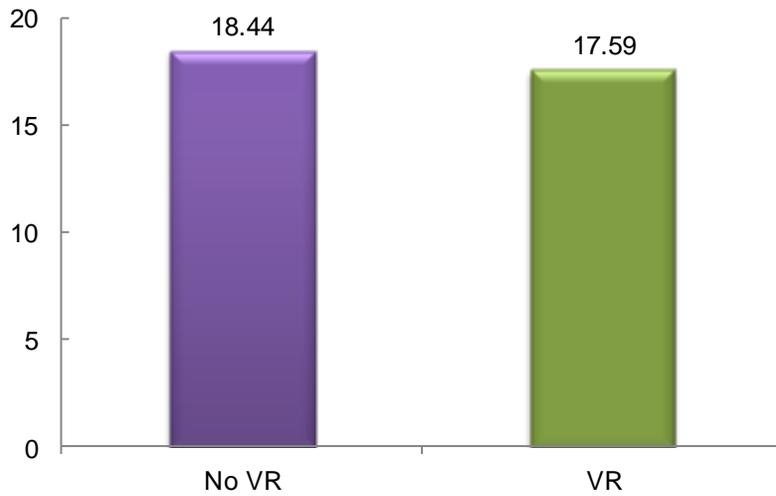
The second part of the analysis examines the subset of current employed consumers (n=380) and compares those with no VR (n=339) and those with any VR, either closed or active VR group, (n=41) by the following variables (Appendix B):

- Mean hours working
- Hourly wage
- Talents used
- Competitive employment
- Support staff/job coach
- Type of job

Mean hours working

When comparing the mean hours worked in a typical week, on average consumers with no VR reported working nearly one hour more than those with either active or closed VR cases.

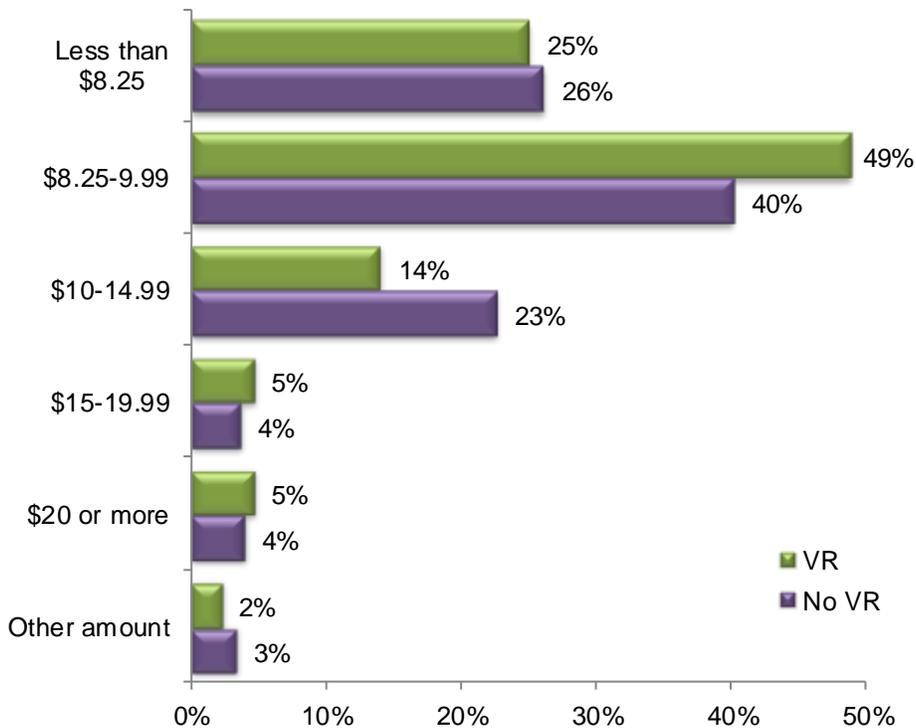
Figure III-17. Mean hours working



Hourly wage

The largest percentage of consumers with VR and no VR reported hourly wages between \$8.25 and \$9.99 (49% vs. 40%, respectively). Nearly one-quarter of no VR (23%) and 14 percent of consumers with VR reported hourly earnings between \$10.00 and \$14.99, and amounts above \$15.00 were infrequent for both groups.

Figure III-18. Hourly wage

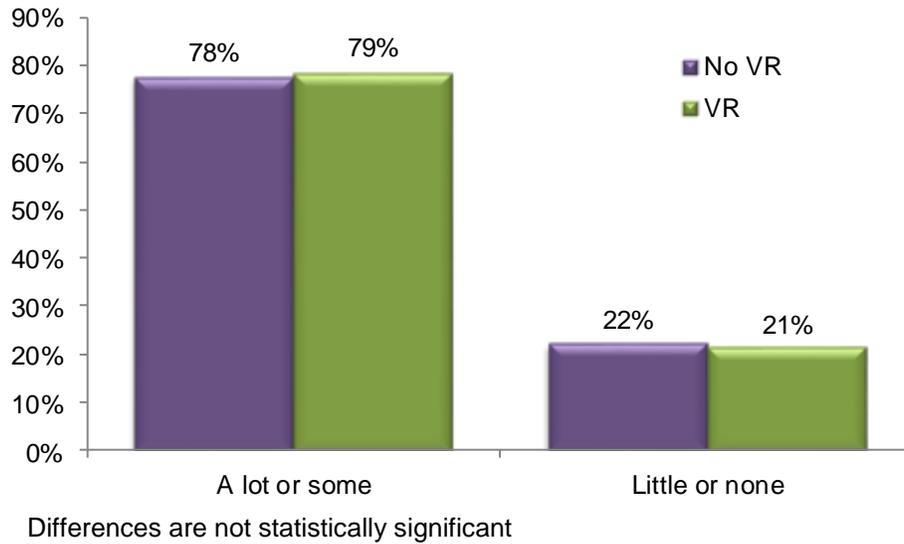


Differences are not statistically significant

Talents used

More than 75 percent of consumers in either group reported using a lot or some of their talents in their current job.

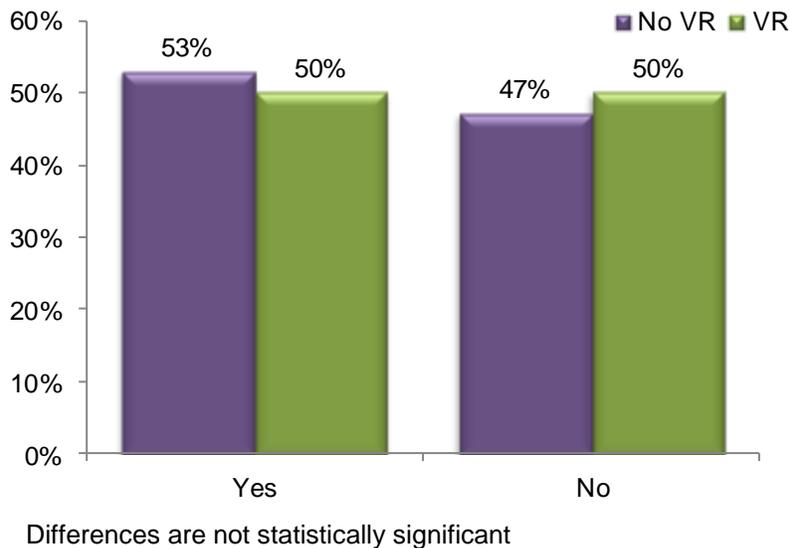
Figure III-19. Talents used



Competitive employment

Over half of both groups of consumers reported being competitively employed at their current job. Competitive employment means they had a paid job in the community which they applied for on their own and was not set aside for persons with a disability. It could also refer to a job in which the consumer was self-employed.

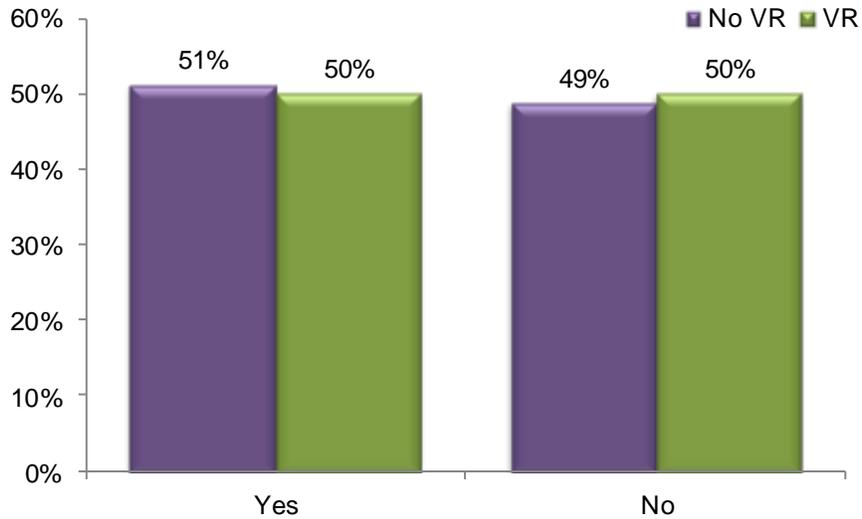
Figure III-20. Competitive employment



Job coach or support staff

Consumers were asked if they use a job coach or other individualized support staff in their current job that assists them at least some of the time to get, work at, or keep their job. Respondents with a history of VR and no VR were as likely to use a job coach or support staff (50% vs. 51%, respectively) as they were to not use the same services (50% vs. 49%, respectively).

Figure III-21. Job coach or support staff

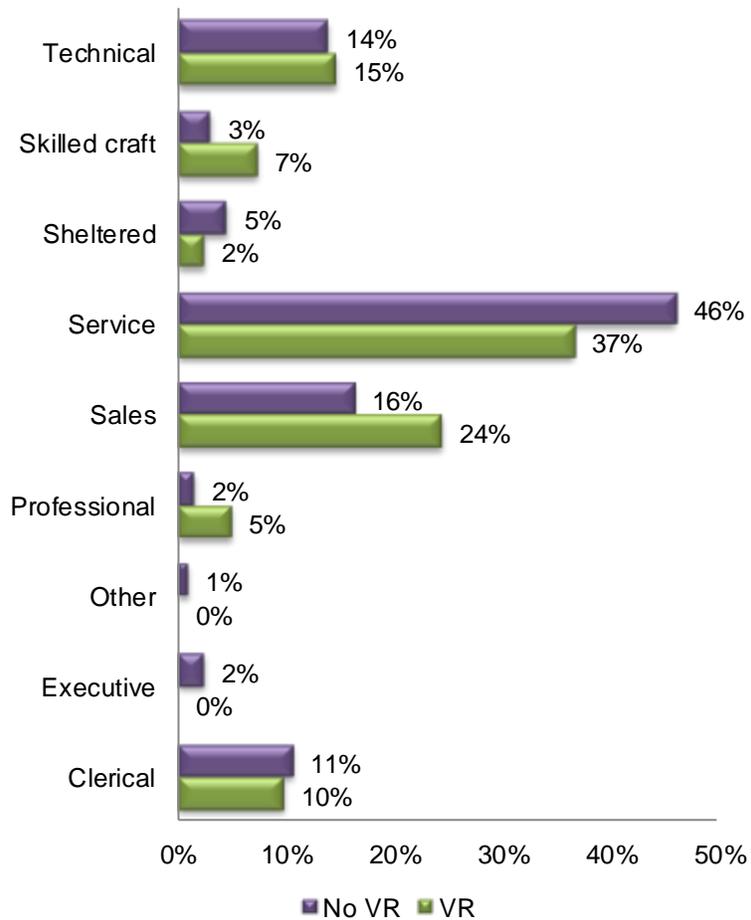


Differences are not statistically significant

Type of job

When asked what type of job they have, respondents from both groups most often reported they have a service type job (46% and 37%). This was followed by sales jobs (16% and 24%).

Figure III-22. Type of job



Differences are not statistically significant

VR users only: Closed versus active

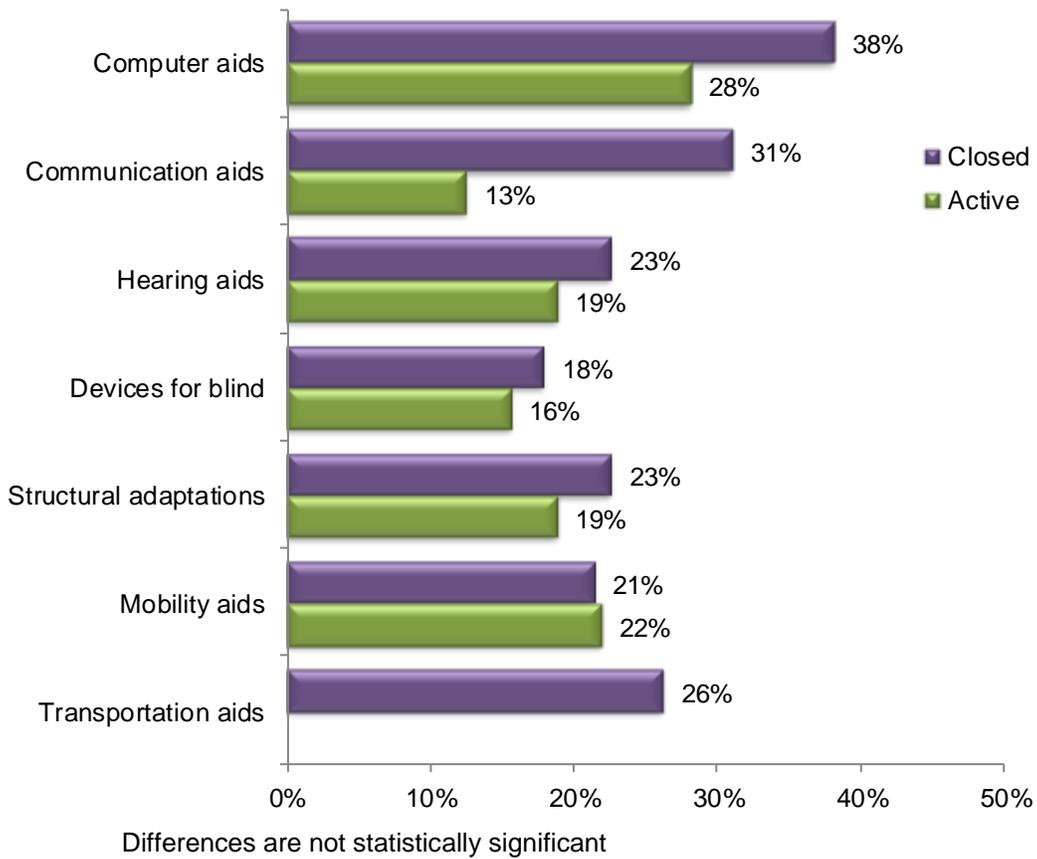
The third part of the analysis looks only at the subset of VR users and compares the closed VR group with the active VR group on the following variables (Appendix C):

- Importance of specific AT devices
- Importance of supports
- Transportation difficulties
- Challenges to overcome in order to work or to get a different job

Importance of specific AT devices

Consumers were asked the importance of specific AT devices for getting or keeping a job. The largest proportions of both groups listed computer aids, communication aids, and transportation aids as very, moderately, or somewhat important.

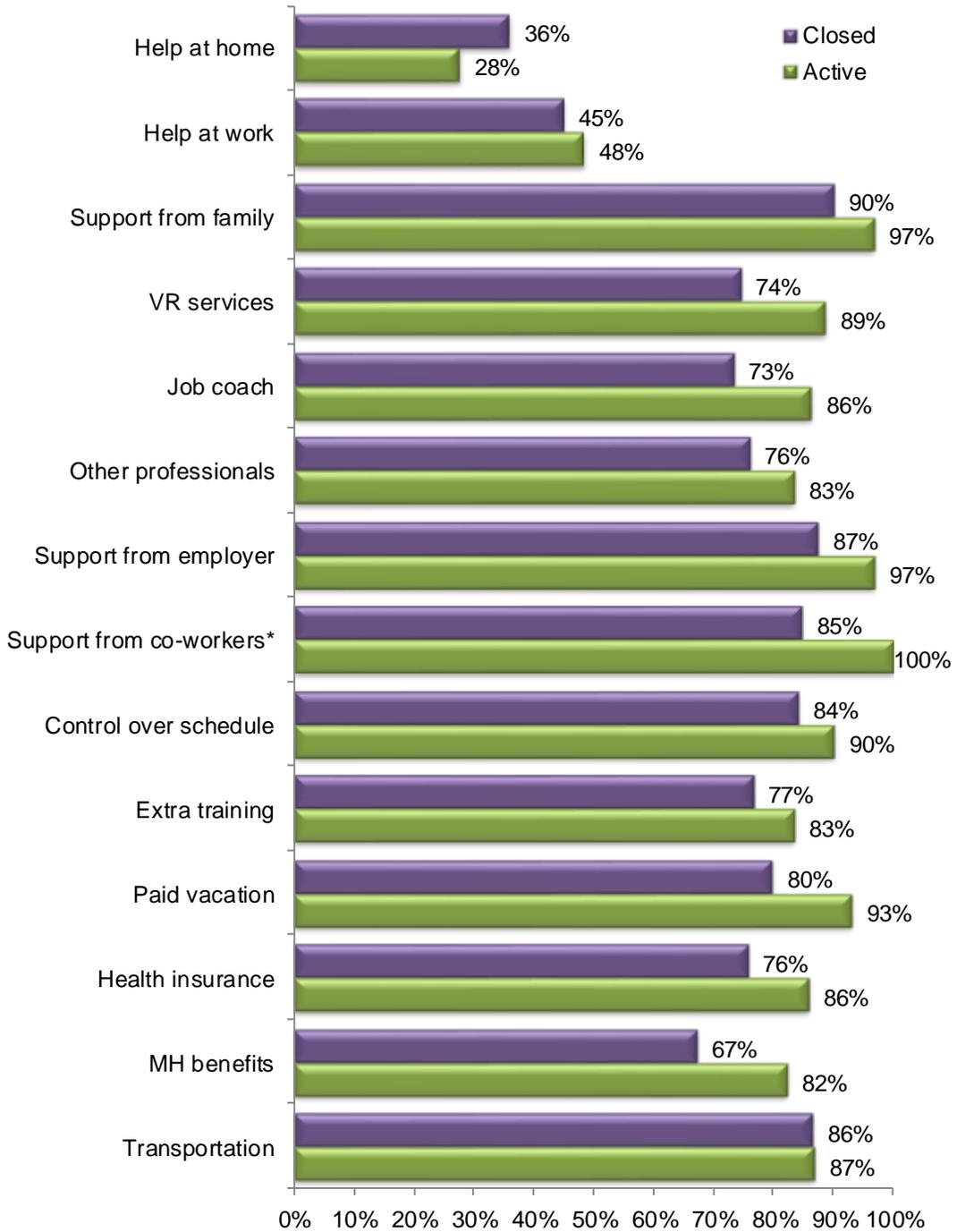
Figure III-23. Importance of specific AT devices



Importance of supports

Multiple types of supports are important to consumers with active or closed VR cases in getting or keeping a job. In most cases, more than three-quarters reported the importance of the majority of types of support. Fewer than three-quarters (67%) of consumers with closed cases noted the importance of mental health benefits and less than half in both groups reported the importance of help at work or home.

Figure III-24. Importance of supports

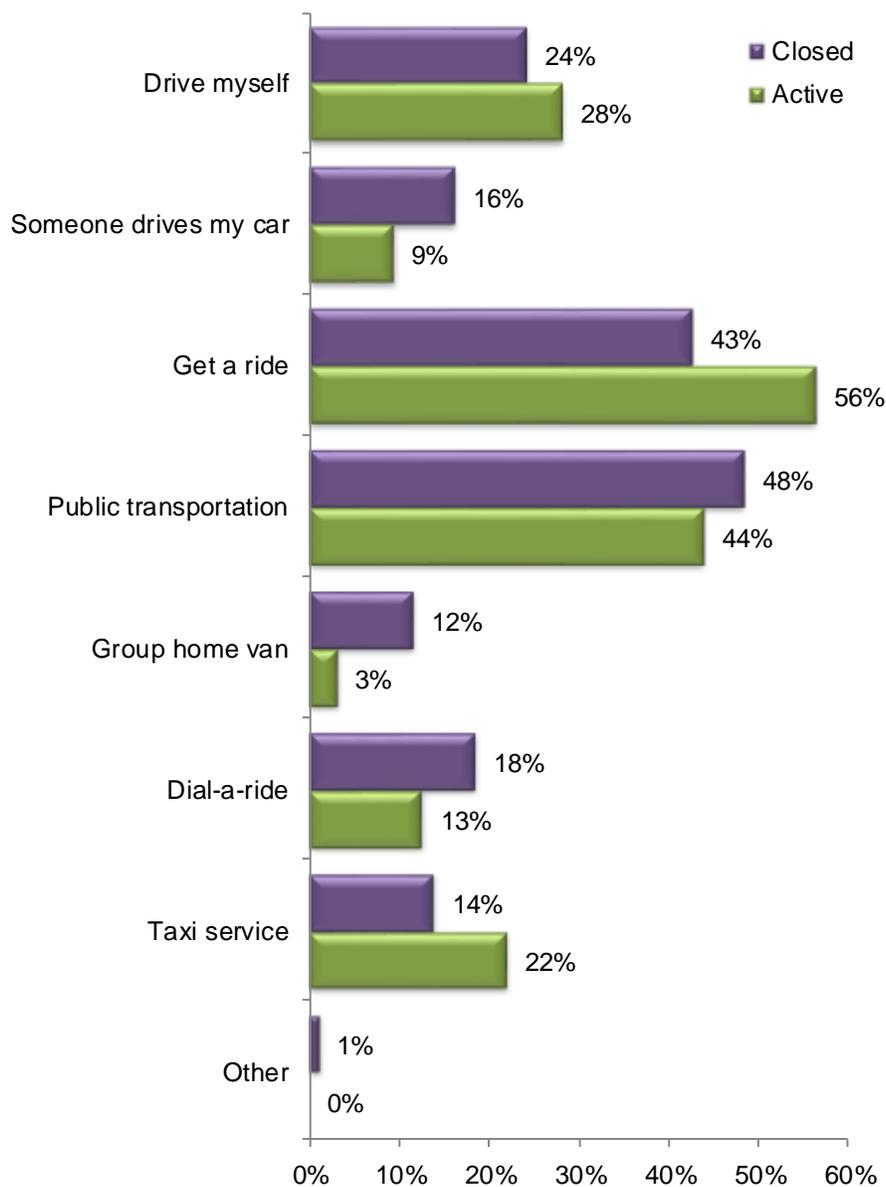


*Differences are statistically significant at $p \leq .05$

Transportation difficulties

The most common transportation difficulties for both active and closed VR cases included a person not being available to provide a ride (50% and 46%, respectively); followed by difficulties with public transportation (44% vs. 32%, respectively).

Figure III-25. Transportation difficulties



Differences are not statistically significant

Challenges to overcome in order to work or to get a different job

Consumers with active or closed VR cases reported a range of challenges that need to be overcome in order for them to work or to get a different job. Some consumers reported that their disability makes it more difficult for them to find work.

I have some health complications and will need a flexible schedule to meet my medical needs.

I wouldn't be able to sit or stand for any long length of time.

Paranoia and depression

Hearing loss, mental health

Other challenges related to self-regulation and interpersonal relationships.

Taking things personally; being too sensitive; taking constructive verbal commands, and putting my anger issues in control

My work attendance, my attitude

Laziness, self-doubt

Some consumers reported they need more education and training to find a job.

Getting a masters; learning software

Get training and know someone to get in

Accessible, affordable transportation was also listed by many consumers as a challenge that needs to be overcome in order for them to find work.

Employer outcomes

The MIG 2011 Needs Assessment surveyed employers and providers separately to learn more about employment practices and issues experienced by various employers and service providers across Connecticut related to employing people with disabilities.

The Employer Survey sample included 173 employers from 9 business membership organizations representing a broad range of industry sectors. The types of businesses represented were diverse, including healthcare (16%), agriculture (16%), long-term supports and services (12%), manufacturing and industry (10%), and government (7%) organizations.

Nearly half (47%) of employers reported that they have employed someone with a disability. Despite the economic downturn, this was an increase over the 34 percent reported in 2006. The most common job categories for people with disabilities within their organizations included entry level/unskilled jobs (59%), secretarial positions (58%), and professional positions (46%). Over half of employers reported being willing to provide job accommodations to the physical environment (53%), change the employee's work hours (56%), or change the employee's job

tasks or provide a job reassignment (58%). Seventy-seven percent of employers indicated they would hire people with disabilities if they had the skills necessary to do the work.

Compared to the 2006 Needs Assessment, a lower percentage of employers reported they would hire more people with disabilities if they had the skills and experience needed (77% vs. 90%, respectively), perhaps reflecting the persistent economic downturn. However, a greater percentage of employers agreed that their company does a good job of matching jobs and abilities for employees with disabilities (71% vs. 50%, respectively) and that their company actively encourages job applications from people with disabilities (64% vs. 59%, respectively).

Although most employers (67%) agreed that the benefits outweigh the disadvantages of hiring people with disabilities, 70 percent of respondents believe employers remain reluctant to hire someone with a known disability. In comparison to the 2006 Needs Assessment, about the same percentage of employers agreed that employers are generally reluctant to hire someone who they know has a disability (70% vs. 71%, respectively) and a slightly greater percentage of employers agreed that the benefits outweigh the costs of hiring an employee with a disability (67% vs. 56%, respectively).

Employer recommendations included the importance of policies, programs, and practices focusing on the ability, capability, and experience of people to do the work. The greatest percent of respondents (81%) suggested that creating an employee pool for employers to recruit pre-screened, qualified people would improve the employment environment for people with disabilities. This was followed by 80 percent who favored job accommodations or tax incentives, 74 percent who underscored the importance of a centralized resource center as a single point of entry, and 71 percent who suggested employers should utilize job boards to post available jobs targeting people with disabilities.

In a request for additional comments, some employers stated they are already benefitting from the abilities of people with disabilities while others stated they would not consider hiring people with disabilities. Some employers suggested that they would be more likely to hire people with disabilities if they could determine the ability and capability of a person prior to making a commitment to hiring.

The Employer report included two secondary analyses in order to view the data through a different lens. The first analysis explored variations by legal status (e.g., profit, not for profit, government) and the second explored differences by type of business or industrial sector. In both analyses, significant differences were noted in employer practices and experiences and employer attitudes.

Differences by legal status

Most respondents in for profit, not for profit, and government organizations strongly or somewhat agreed that their organization is prepared to accommodate the needs of an aging workforce (80%, 90%, and 93%, respectively). There were significant differences between types of organizations regarding the inclusion of disability awareness in their diversity programs with for profit organizations being the most likely (88%) to provide this specific training. There were also significant differences between for profit, not for profit, and government organizations regarding agreement that it would be difficult for people with physical disabilities to perform the jobs available in their company (69%, 48%, and 53%, respectively).

There were significant differences among the three types of organizations with nearly one-third of respondents in for profit organizations (31%) strongly or somewhat agreeing that an employee with a disability would have lower productivity or have to take more time off and much smaller percentages in not for profit or government organizations somewhat or strongly agreeing with same statement (4% and 13%, respectively).

The top three programs or policies determined to be most useful by those in not-for-profit organizations is a potential pool of employers to recruit (91%), job accommodations reimbursement or tax incentives (87%), and a centralized resource center as a single point of contact (84%). Respondents in for profit organizations focused on some of the same programs with job accommodations or tax reimbursements being the most helpful (80%) followed by a potential pool for employers to recruit (76%), and employers tax incentive programs (71%). Respondents in government organizations favored job boards for employers to post available jobs (80%), a potential employee pool for employers to recruit (73%), and a centralized resource center as a single point of contact (67%).

Differences by industrial status

There were significant differences among industrial sectors regarding the inclusion of disability awareness in their diversity programs with industry/skilled trade and finance being the least likely to provide this training (37% and 40%, respectively). Significant differences were noted among industrial sectors regarding agreement that it would be difficult for people with physical disabilities to perform the jobs available at their business with finance and education being the least likely sectors to agree (13% and 20%, respectively).

Significant differences were noted regarding employer attitudes that an employee with a disability would have lower productivity or have to take more time off from work. Less than one-quarter of respondents in most industrial sectors somewhat or strongly agreed that an employee with a disability would have lower productivity or have to take more time off from work, however more than one-quarter in industry/skilled trade, retail, and agriculture sectors strongly or somewhat agreed with this statement (33%, 27%, and 48%, respectively).

Respondents in education organizations were the most likely to embrace a range of programs and policies as helpful or somewhat helpful, although a large percentage of respondents across sectors approved of the programs and policies listed. Significant differences were noted in job accommodations reimbursement or tax incentives with all respondents in education and retail agreeing that this incentive is useful.

The Employer study confirms previous state and national research on the continuing mixed attitudes and results regarding the employment of people with disabilities. While employers from different businesses and organizations responded in 2006 and 2011, it does not appear that there has been a significant change in employer attitudes and practices in the past several years. Amidst the mixed outcomes, there are some areas of progress and hope. For example, more employers report that they employ people with disabilities despite the worsening economy during this period, and Connect-Ability has achieved some brand recognition in a relatively short time, with nearly 40 percent of employers reporting familiarity with it.

On the negative side, employers who participated in the 2011 evaluation seem less willing to provide accommodations than their 2006 counterparts. While certain industry sectors have made more progress than others, it appears that for profit employers have the greatest challenges to overcome.

Provider outcomes

Providers participating in the Provider Survey reported serving a broad range of people with disabilities with the greatest percentage being those with developmental /cognitive disabilities (85%). This was followed by individuals with mental health disabilities (63%) and those with physical disabilities (54%).

Eighty-five percent of providers reported serving adults ages 18 to 64 and more than half (52%) target youth in transition. Under half of providers (44%) serve adults over age 64, and 24 percent target children from birth to age 15.

More than half of providers (63%) believe people with disabilities are usually only interested in part time work and 54 percent of providers agree that people with disabilities do not seek employment because the job opportunities are not satisfying enough.

Providers indicated the adequacy of services and programs that support recruiting, hiring, and promotion, reporting that life skills and job coaches/mentoring programs were adequate (58% and 60%, respectively). Programs that were reported to need improvement included: disability employer awareness programs (79%), public transportation (73%), internship or student work programs (65%), on-the-job training programs (62%).

Over half of providers agree employers are reluctant to hire someone they know has a mental illness disability (84%), a developmental disability (71%), or a physical disability (68%), and 78 percent disagree that employers understand that the benefits outweigh the costs of hiring an employee with a disability. Three-quarters of providers disagree that employers encourage job applications from people with disabilities.

Providers recognize the importance of offering adequate support to students for job skills training in preparation for seeking employment, but more than half (55%) indicate that sufficient resources and supports in this area are unavailable.

The Provider study demonstrates that while there has been some forward movement in the employment of people with disabilities in Connecticut in recent years, the most significant change contributing to the employment of people with disabilities included the development of Connect-Ability, a Technical Assistance Center that has become Connecticut's primary source and a single point of entry to inform employers, employees, service providers, and job seekers about employment issues and people with disabilities.

On the negative side, some of the challenges and barriers that providers identified in 2006 continue to be problematic in 2011 including a lack of meaningful job opportunities for people with disabilities, concerns about accommodations and benefits, and the inadequacy of certain services and programs. As in the earlier assessment, providers remain concerned about employers' lack of awareness and knowledge about people with disabilities and their reluctance to hire them. They also continue to report challenges in assisting people with mental illness, and the need for improved transitional services for youth.

D. Conclusions and recommendations: 2011 MIG NA Focused Analysis

Incorporating the VR-focused analysis from the 2011 MIG consumer surveys and data from the 2011 Employer and Provider assessments into the CSNA provides an opportunity for combining existing information with new information to inform the State Plan. These data make available

the valuable perspectives of stakeholders regarding the employment of people with disabilities. More specifically, data from the 2011 MIG Needs Assessment examines the experiences, attitudes, and practices of people with disabilities, employers, and service providers and provides insight into their views. Additionally, findings help identify personal and systemic barriers that prevent people with disabilities from either gaining employment or remaining employed.

No VR versus the closed group versus the active group

The analysis among the three groups included demographics, health, disability, employment status, and supports. There were similarities among the three groups. Most consumers in the three groups were unmarried, of working age between 30 and 54, more likely to have completed high school, and reported an insufficient amount of money to make ends meet. Only differences in results for marital status and income were not statistically significant. Differences among groups show that those in the no VR group were more likely to report fair or poor health. Individuals with no VR also reported a greater rate of physical and mental disability and had a higher percentage of substance use disorder than consumers with active or closed VR cases, though differences among groups for substance use disorders were not statistically significant.

There were similarities in work experiences with more than half of consumers in all three groups reporting that they had worked in the past but were not currently working. As might be expected, differences exist among the no VR and active groups with a larger proportion of those with no VR not actively seeking employment and a greater percentage of those in the active group actively seeking work. Other differences show that the prospect of getting a job in the next 12 months was least likely among the no VR group. In all three categories, the majority of consumers had not turned down a raise or promotion, increase in hours, or job offer because it might affect their benefits, but active VR users were the most likely to have turned down a raise or promotion. None of the differences related to work experiences were statistically significant.

More than half of consumers in each group reported that receiving paid help at work was unimportant. Over half of respondents with closed cases and no VR reported receiving AT modifications, but although consumers with active cases were more likely to report not receiving any AT modifications, these outcomes were not statistically significant.

Current employed consumers: No VR group versus any VR group

The first subset analysis looked only at current employed consumers and focused on average hours worked, hourly wage, talents used, competitive employment, supports, and type of job. There were more similarities than differences among these groups. On average, consumers with no VR worked only about one hour more per week than those in any VR group, and the greatest percentage of consumers in both groups reported earning hourly wages between \$8.25 and \$9.99. The majority of consumers in the two groups believe they use a lot or some of their talents in their current job. These results were not statistically significant.

About half of consumers in both groups reported being competitively employed; this result is likely an undercount due to a misunderstanding of the term, although they were given a definition of competitive employment. Also about half of consumers with a history of VR and with no VR used a job coach or support staff, but these outcomes did not reach statistical significance. There were similarities in type of job with most consumers in both groups reporting their main job as a service job.

VR users only: Closed versus active

The second subset analysis explored differences between closed and active VR users and examined the importance of AT and supports, transportation barriers, and challenges consumers face in the process of getting or maintaining employment. Both groups noted the importance of computer aids, communication aids, and transportation aids in getting and maintaining employment. While multiple types of supports were reported to be important to consumers in both groups, support from co-workers was the only one that was statistically significant and more important for consumers in the active group.

Although outcomes were not statistically significant, transportation difficulties continue to be a barrier to employment for both groups. Compared to the closed group, a slightly greater percentage in the active group reported the barriers of not having a person available to provide transportation or problems with the public transit system. Consumers in both groups indicated that disability-related health complications, self-regulation, interpersonal problems, or lack of education and training makes it difficult to obtain or maintain employment.

Employer outcomes: Similarities and differences with the 2006 MIG NA

Surveying employers and providers separately in the 2011 MIG NA was useful in learning more about employer and provider practices and the unique challenges they experience related to the employment of people with disabilities. Results from the Employer survey demonstrated a continuation of mixed attitudes related to hiring people with disabilities. In comparison to the 2006 Needs Assessment, about the same percentage of employers agreed that employers are generally reluctant to hire someone who they know has a disability (70% vs. 71%, respectively) and a slightly greater percentage of employers agreed that the benefits outweigh the costs of hiring an employee with a disability (67% vs. 56%, respectively). In spite of the economic climate and compared to the 2006 MIG NA, a greater proportion of employers participating in the 2011 NA reported they have hired people with disabilities.

Compared to their 2006 counterparts, the 2011 set of employers were less willing to provide accommodations and were only willing to do so if funding paid for the supports needed. When looking at all the industry sectors represented, employers in for profit organizations appear to have the greatest number of challenges to overcome in hiring people with disabilities.

Provider outcomes: Similarities and differences with the 2006 MIG NA

As in 2006, providers evaluated in the 2011 NA remain concerned about the mixed attitudes of employers including their lack of awareness and knowledge about people with disabilities and their reluctance to hire them. In the 2006 NA, providers who participated in focus groups noted the lack of information about available employment resources. Significant changes have occurred since the earlier evaluation and include Connect-Ability and its development of a Technical Assistance Center. The Center is furthering the employment of people with disabilities by providing a broad range of supports and continues to inform employers, service providers, and job seekers about employment and other topics related to people with disabilities.

Providers in the 2011 NA underscored the importance of providing consumers with more training in an effort to better prepare them for employment. This includes targeting youth with disabilities and improving transitional services. Some barriers that existed in 2006 continue to be problematic including providing accommodations and a lack of meaningful job opportunities for people with disabilities.

Recommendations

The following recommendations are suggested to address some of the major challenges identified by respondents in the 2011 MIG NA.

Provide additional information about VR services

VR services are the cornerstone to empowering consumers with disabilities to become gainfully employed and self-sufficient. Since consumers with no VR are the largest group not actively seeking employment, greater efforts should be made to provide information to consumers in this group. Providing additional information about VR services and encouraging consumers to seek these services would give people with disabilities the opportunity to move towards employment.

Provide education and job specific training

Since the greatest percentage of consumers with and without VR earn hourly wages between \$8.25 and \$9.99, it would be advisable to provide additional education and job specific training to help consumers move to a better or higher paying position. Enhancing computer skills was specifically mentioned as an area of training consumers are interested in.

Increase accommodations and other supports

Consumers listed multiple supports that are useful to them in seeking and maintaining employment. Among the most important supports listed was support from employers. Top companies employing people with disabilities accommodate a variety of disabilities by offering flexible work opportunities like telecommuting, part-time schedules, freelance jobs, and flexible schedules. Working with employers to increase accommodations and other supports in an effort to create more flexible workplaces is essential to helping people with disabilities find and maintain meaningful work.

Overall, the VR-focused analysis of the MIG Needs Assessment data from consumers, employers and providers supplies a more focused exploration of the employment of people with disabilities. Outcomes can help Connecticut build upon its strengths and enable further progress as changes are implemented to create greater employment opportunities for people with disabilities.

IV. Community Rehabilitation Provider Survey

A. Introduction

Community Rehabilitation Providers (CRPs) are contracted to perform services for the Bureau of Rehabilitation Services. Over 30 percent of the Bureau's Purchase of Service budget is used for services received through CRPs. CRPs provide a wide range of services including evaluation and assessment, job development, job placement, and ongoing supports. Job placement is the process of locating and securing permanent employment in the competitive labor market in an integrated setting. As partners with BRS, CRPs strive to make a positive impact on an individual's life when seeking out employers who are disability-friendly.

B. Methodology and analysis

Methodology

Survey instrument

The survey instrument was developed by the UCHC research team with input from BRS and the State Rehabilitation Council. The final instrument comprised five overall areas: background information, service needs, minority individuals with disabilities, community rehabilitation providers, and interagency collaboration. See Appendix D for a copy of the survey.

Research sample

The target research sample consisted of all CRPs who attended the Annual CRP conference in June 2012. This included people with the job title and/or primary role of: job developer, vocational director, vocational supervisor, employment specialist, and those involved with billing or fiscal responsibilities.

Recruitment

Participants for the Community Rehabilitation Provider Survey were recruited at the Annual CRP conference on June 7, 2012 in Rocky Hill, CT. A total of 55 CRPs representing 31 agencies and 11 BRS vocational counseling staff attended the conference. All CRP staff were given surveys to complete.

Response rate

Out of a total of 55 CRPs who attended the conference, 42 completed surveys. The response rate was 76 percent.

Analysis

All data were entered into a secured database. Data were cleaned and then exported into SPSS 19.0 for analysis. Question by question descriptive statistics (frequencies, averages, and percentages) were performed.

Qualitative data from the open-ended questions were analyzed line by line in order to identify and interpret content. The responses were coded and organized into common themes using the constant comparative techniques of Glaser and Strauss (1967).

C. Results

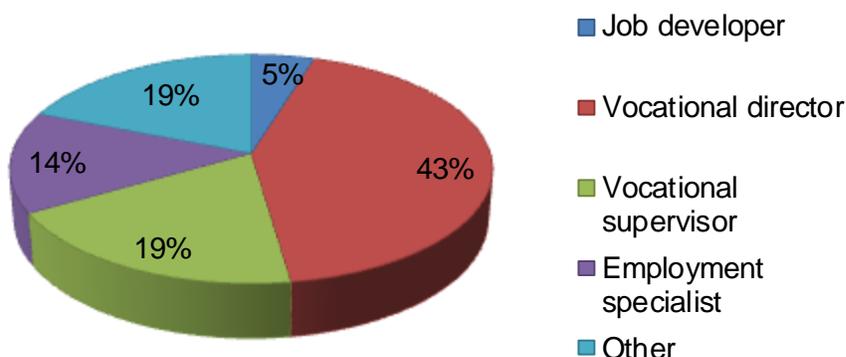
CRP demographics

Job title

Community Rehabilitation Providers were asked what title best describes their job title or primary role. The greatest percentage (43%) responded they are a vocational director. This was followed by 19 percent who described their primary role as a vocational supervisor and 14 percent who reported they are an employment specialist. Nineteen percent described their main

role as “other”: an educational and transition director, executive director, job development supervisor, owner, or job placement counselor.

Figure IV-1. Job title



Location of organization

The location of the organization represented by respondents was determined by zip code. There was a broad distribution of responses by zip code with a total of 29 different zip codes reported. Several zip codes had two or more organizations represented. The zip code most frequently reported was 06790 (Torrington). This was followed by 06478 (Oxford), and 06095 (Windsor).

Seven out of a total of eight Connecticut counties were represented in the responses. There were a total of 41 valid zip codes; one was missing. The greatest percentage of respondents reported organizations located in Hartford (21.9%), Litchfield (21.9%), or New Haven (19.5%) Counties.

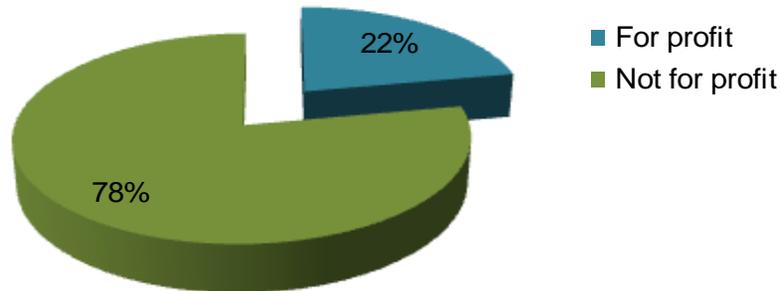
Table IV-1. Geographic distribution by county

County	Number of respondents	Percent
Hartford	9	21.9
New Haven	8	19.5
Fairfield	3	7.3
Middlesex	2	4.8
Windham	4	9.7
New London	6	14.6
Litchfield	9	21.9
Tolland	0	
Missing zip code	1	
Total number of responses	42	

Legal status of organization

Respondents reported the legal status of the organization they represented as for profit, not for profit, or as a government agency. Seventy-eight percent of respondents reported they were employed by a not for profit agency.

Figure IV-2. Legal status



Serve people with disabilities who want to work

Respondents were asked if in their job they primarily serve people with disabilities who want to work. Ninety-five percent of respondents reported that they serve individuals with disabilities who are seeking to be employed.

Service needs: Clients with significant disabilities

Respondents were first asked how many of their clients with significant disabilities need services in certain areas. They were then asked how available these services are to meet the needs of their consumers. The results for both these questions are included in each of the categories below.

Career or job decision and selection

Respondents were asked how many of the clients with significant disabilities they serve need assistance with aspects of career or job decision and selection. For three out of four career services, respondents indicated that all or most clients need to have their interests and abilities assessed (54% and 34%, respectively), need help learning what jobs are available (51% and 39%, respectively), and need guidance in choosing an appropriate job (48% and 45%, respectively). Nearly four-fifths reported that only some clients (64%) or none (15%) need help pursuing self-employment.

When asked how available career or job decision and selection services are, 63 percent of respondents reported that assessing client's abilities and interests and helping clients learn what jobs are available is always available. Respondents reported that helping consumers choose an appropriate job is either always available (56%) or usually available (27%). More than half of respondents indicated that assisting clients in pursuing self-employment is either

sometimes (47%) or never (11%) available. Table IV-2 shows that the need and availability of this set of services complement each other well, with the services needed by all or most having wide availability, and the service needed by only some clients available sometimes.

Table IV-2. Career or job decision and selection

Career or job decision and selection								
How many clients need the service?					How available is the service?			
	None %	Some %	Most %	All %	Never %	Sometimes %	Usually %	Always %
a) Assessing client's interests and abilities	0	12	34	54	0	15	22	63
b) Learning what jobs are available	0	10	39	51	2	15	20	63
c) Choosing an appropriate job	0	8	45	48	0	17	27	56
d) Pursuing self-employment	15	64	13	8	11	47	18	24

Education and training

Education and training services that a client might need comprised choosing a school or training program, funding for a school or training program, and life skills training, such as money or time management, and learning to get along with people. Approximately two-thirds of respondents reported that all or most (32% and 34%, respectively) clients need life skills training. More than two-thirds (68%) reported that some clients need assistance choosing a school or training program, and 44 percent indicated that some clients need help in securing funding for a school or training program.

The availability of education and training services varies. While more than half of respondents reported that choosing a school or training program is always or usually available (24% and 34%, respectively), more than one-third (37%) indicate it is only sometimes available. Although it is also more likely that life skills training is always or usually available (37% and 22%), about one-third (34%) report the training is only sometimes available.

In contrast, a greater percentage (46%) of respondents indicate that financial resources services for a school training program is only sometimes available with fewer suggesting that the service is always or usually available (21% and 18%, respectively).

Table IV-3. Education and training

Education and training								
How many clients need the service?					How available is the service?			
	None %	Some %	Most %	All %	Never %	Sometimes %	Usually %	Always %
a) Choosing a school or training program	11	68	8	13	5	37	34	24
b) Funding for school or training program	30	44	13	13	15	46	18	21
c) Life skills training	7	27	34	32	7	34	22	37

Job search

Over three-quarters of respondents reported that all or most clients with significant disabilities need help with writing a resume (27% and 56%, respectively) and preparing for a job interview (32% and 59%, respectively). All or most of these individuals also benefit from job coaching support (20% and 59%, respectively).

About three-quarters of respondents indicated that all three job search services are always available: resume writing (76%), preparing for a job interview (78%), and job coaching (71%), also demonstrating a good match between need and availability for these services.

Table IV-4. Job search

Job search								
How many clients need the service?					How available is the service?			
	None %	Some %	Most %	All %	Never %	Sometimes %	Usually %	Always %
a) Resume writing	0	17	56	27	2	5	17	76
b) Preparing for job interview	0	9	59	32	0	4	18	78
c) Job coaching	0	21	59	20	2	10	17	71

Health care and other benefit programs

Respondents were asked how many clients with significant disabilities need services related to health care and other benefit programs. Results show that knowledge about eligibility for Social Security or other health care benefits programs and benefits counseling is fairly evenly divided between all, some and most. However, for other health care and benefit programs, 50 percent indicated that only some need help finding health care providers and the majority (69%) report that only some need mental health assessment or substance abuse counseling. Only 11

percent of respondents reported that all or most of their clients need help obtaining prescription drugs.

Respondents were again evenly divided as to the availability of knowledge about eligibility for Social Security and other health care benefit programs and the availability of benefits counseling. Most respondents reported that finding health care providers or mental health and substance abuse services were either usually or sometimes available. Obtaining prescription drugs is never available according to 31 percent of respondents, but it is needed least often.

Table IV-5. Health care and other benefit programs

Health care and other benefit programs								
How many clients need the service?					How available is the service?			
	None %	Some %	Most %	All %	Never %	Sometimes %	Usually %	Always %
a) Knowledge about eligibility for SS or other health care benefits programs	2	39	36	23	0	32	36	32
b) Benefits counseling	0	33	39	28	0	33	34	33
c) Finding health care providers	15	50	24	11	8	49	32	11
d) Assessing mental health or substance abuse counseling	15	69	13	3	9	45	33	13
e) Obtaining prescription drugs	32	57	8	3	31	39	19	11

Support services and assistive technology

When asked about the need for support services and assistive technology, over half of respondents indicated that only some clients need any of the seven listed services. Support services and assistive technology least likely to be needed for any clients included: environmental controls (46%), communication aids (33%), supported employment services (32%), and mobility technology, such as a wheelchair or ramps (28%).

Nearly two-thirds (62%) of respondents reported that supported employment services are always available, though not needed by most. Personal care assistance (46%), hearing devices (42%), environmental controls (41%) communication aids (36%), and wheelchairs (32%) are more likely to sometimes be available, and visual aids are usually or sometimes available (32% and 32%, respectively).

Table IV-6. Support services and assistive technology

Support services and assistive technology								
How many clients need the service?					How available is the service?			
	None %	Some %	Most %	All %	Never %	Sometimes %	Usually %	Always %
a) Supported employment services	32	57	8	3	0	21	17	62
b) Personal care assistance	15	73	10	2	16	46	23	15
c) Hearing devices	16	78	6	0	21	42	24	13
d) Visual aids	24	76	0	0	22	32	32	14
e) Wheelchair, lifts, ramps	28	69	3	0	22	32	24	22
f) Communication aids	33	65	2	0	26	36	19	19
g) Environmental controls	46	54	0	0	32	41	12	15

Transportation

Assistance with transportation in the VR program is an ancillary service and is available to help individuals access other needed services and/or help them meet their Employment Plan goals. Reports of transportation as a barrier to employment, whether for ancillary services or to help a consumer get to work, is an important policy issue for people with disabilities who want to work. While BRS services can only assist with transportation for VR-related activities, the data on transportation provide a view of the broader need for transportation.

Respondents were asked how many clients with significant disabilities need transportation services. The greatest percentage (68%) reported that some clients need wheelchair accessible personal transportation including modifications to vehicles. Over half (56%) of respondents indicated that most clients need public transportation including options for bus, train, or a wheelchair accessible taxi, and half (50%) suggested that some clients need assistance with car maintenance and repairs.

Availability of transportation services varied. Over half (58%) of respondents indicated that services are never available for assistance with car maintenance, repairs and related costs, but 28 percent suggested these same services are sometimes available. A greater proportion of respondents indicate public transportation is always or usually available (26% and 26%, respectively), but over one-third (38%) suggest it is only sometimes available. Although wheelchair accessible personal transportation is always or usually available according to some CRPs (24% and 13%, respectively), it is also reported to be either sometimes or never available (32% and 31%, respectively). Availability of transportation services appears to fall short of the consumer need for these services.

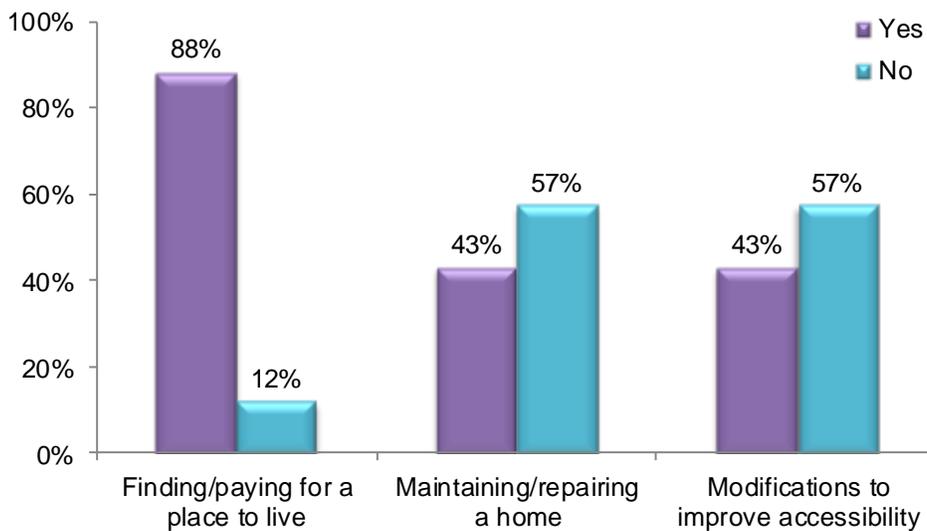
Table IV-7. Transportation

Transportation								
How many clients need the service?					How available is the service?			
	None %	Some %	Most %	All %	Never %	Sometimes %	Usually %	Always %
a) Assistance with car maintenance, repairs, gasoline	45	50	5	0	58	28	6	8
b) Public transportation	5	39	56	0	10	38	26	26
c) Wheelchair accessible personal transportation	33	67	0	0	31	32	13	24

Housing

The survey asked respondents to indicate if the individuals with significant disabilities they serve need help with any of the following housing and related issues, such as finding and paying for a place to live, maintaining or repairing a home, and modifications to improve accessibility inside the home. Eighty-eight percent of respondents indicate that their clients need help with finding and paying for a place to live. Slightly less than half (43%) of respondents report that clients need assistance with maintaining a home or improving accessibility to their home through modifications. The same proportion (43%) agreed that clients need modifications to improve accessibility.

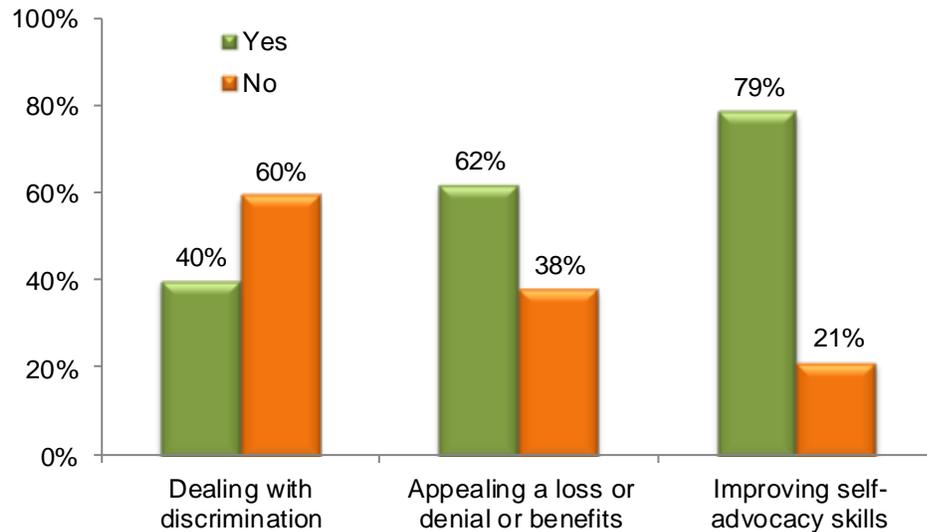
Figure IV-3. Housing



Legal or advocacy services

The majority of respondents agreed that their clients need help with improving self-advocacy skills (79%) and appealing a loss or denial of benefits (62%). Most respondents (60%) don't think their clients need help dealing with discrimination related to a disability.

Figure IV-4. Legal or advocacy services



Additional needs for clients with significant disabilities

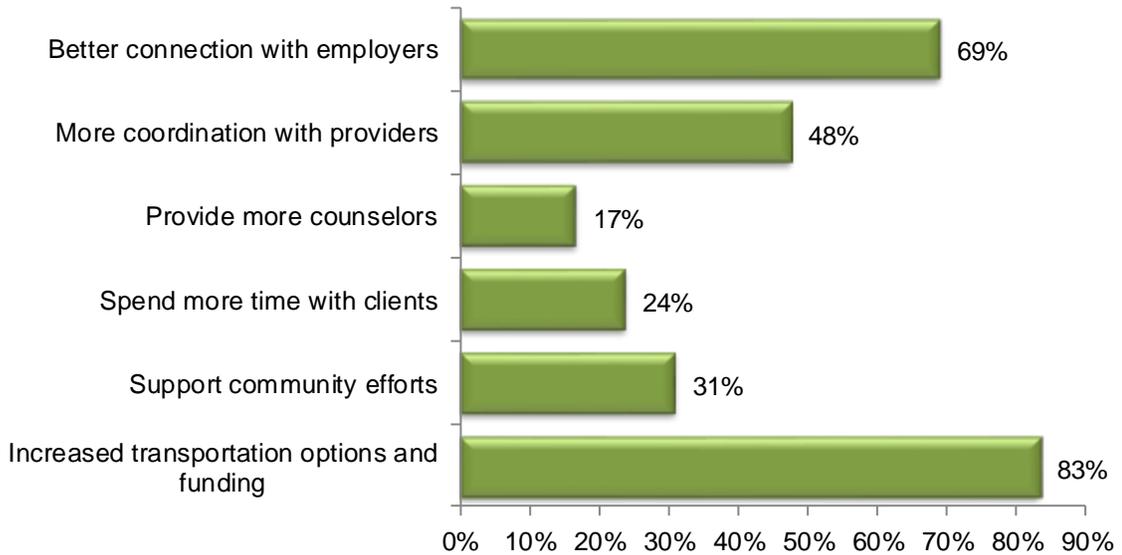
The survey asked respondents to list any other needs not previously listed that their clients with significant disabilities have. Out of ten responses, three underscored transportation as an additional need, particularly the importance of offering these services after hours and in rural areas. Other needs listed include:

- assistance with benefits (i.e., SNAP – the Supplemental Nutrition Assistance Program)
- case management
- service coordination
- life skills training
- independent living
- pre-vocational skills training
- budgeting skills
- social skills, such as conflict resolution
- navigating social service systems
- holistic care – social/leisure activities, personal care

Suggestions for BRS to improve service provision to clients with significant disabilities

Respondents were asked to indicate what BRS can do to improve service provision to clients with significant disabilities. The top three suggestions are: increased transportation options and funding (83%), better connection with employers (69%), and more coordination with providers (48%). It should be noted that increased transportation options and funding are only available for specific short term needs that are associated with another VR service and cannot be used for broader transportation needs.

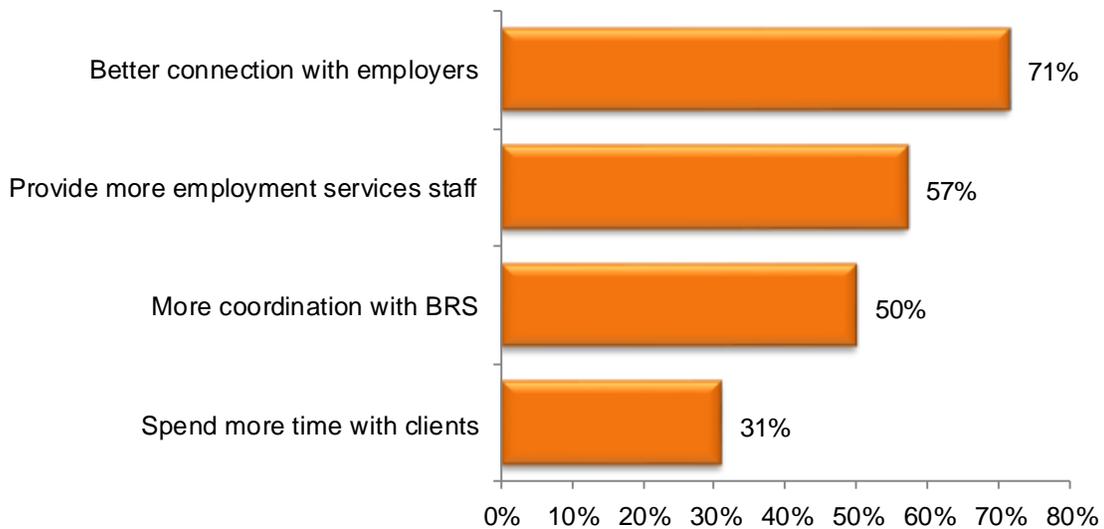
Figure IV-5. Suggestions for BRS to improve service provision to clients with significant disabilities



Suggestions for CRPs to improve service provision to clients with significant disabilities

In addition, respondents were asked to specify what they as a CRP could do to improve service provision to clients with significant disabilities. The greatest percentage (71%) suggested they could provide a better connection with employers. This was followed by providing more employment services staff (57%) and more coordination with BRS (50%).

Figure IV-6. Suggestions for CRPs to improve service provision to clients with significant disabilities



Minority individuals with disabilities

Services and programs

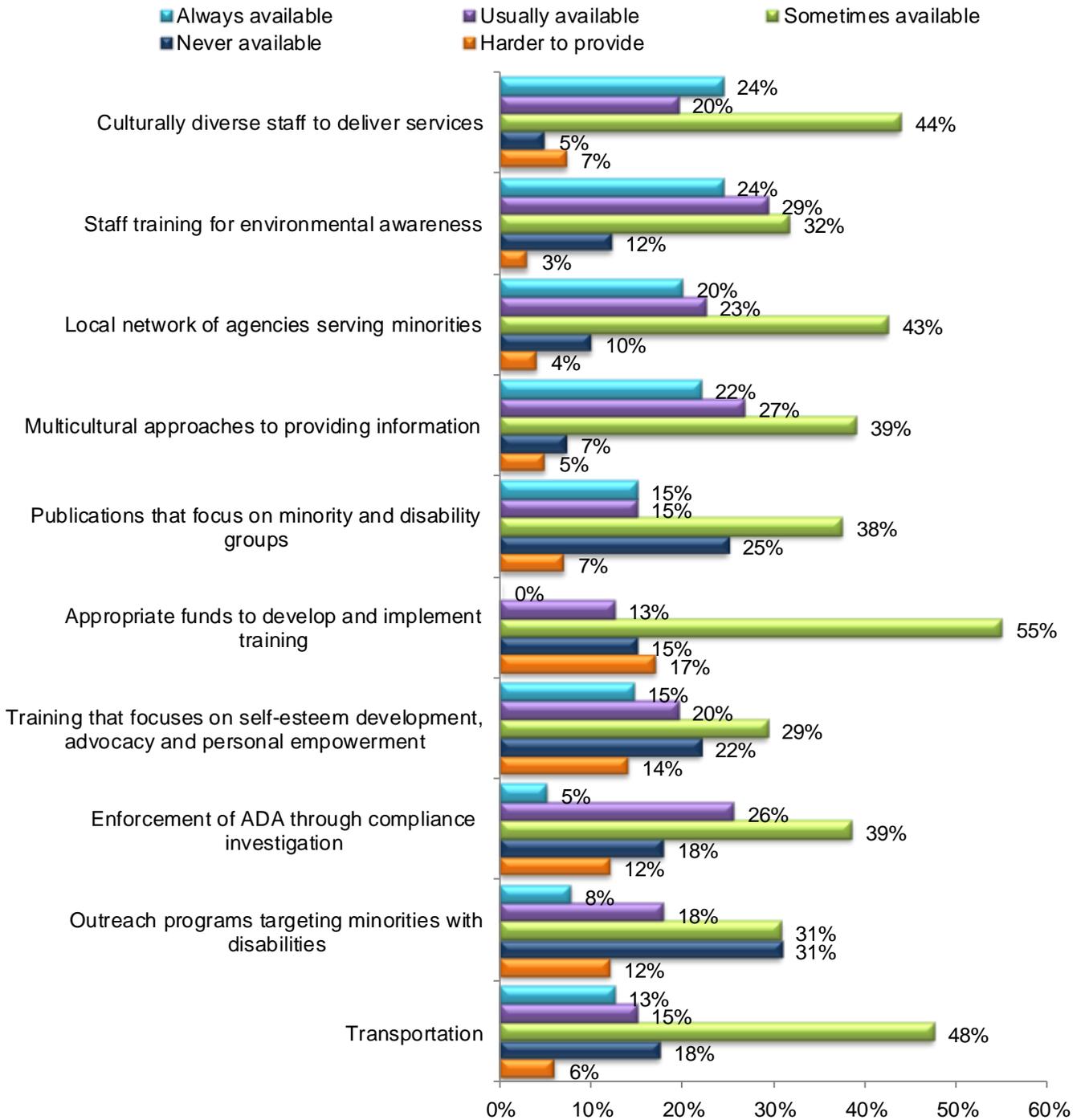
Respondents were asked to indicate how often certain services and programs are available to minority individuals with disabilities or if the services are harder to provide. Responses to this question varied. For most of the services listed, the greatest percentage of respondents indicated that the services are sometimes available. Feedback regarding outreach programs targeting minorities with disabilities was conflicted with 31 percent indicating services are sometimes available and 31 percent reporting they are never available.

Fewer than half of respondents indicated that culturally diverse staff to deliver services is always or usually available (24% and 20%, respectively). Just over half suggested that staff training for environmental awareness is always or usually available (24% and 29%, respectively). Additionally, slightly less than half reported that a local network of agencies serving minorities is always or usually available (20% and 23%, respectively).

The top three services that some respondents indicated are never available include outreach programs targeting minorities with disabilities (31%), publications that focus on minority and disability groups (25%), and training that focuses on self-esteem development, advocacy, and personal empowerment (22%).

Respondents suggested that some services are harder to provide. These include access to appropriate funds to develop and implement training (17%), training that focuses on self-esteem development, advocacy, and personal empowerment (14%), and enforcement of ADA through compliance investigation (12%).

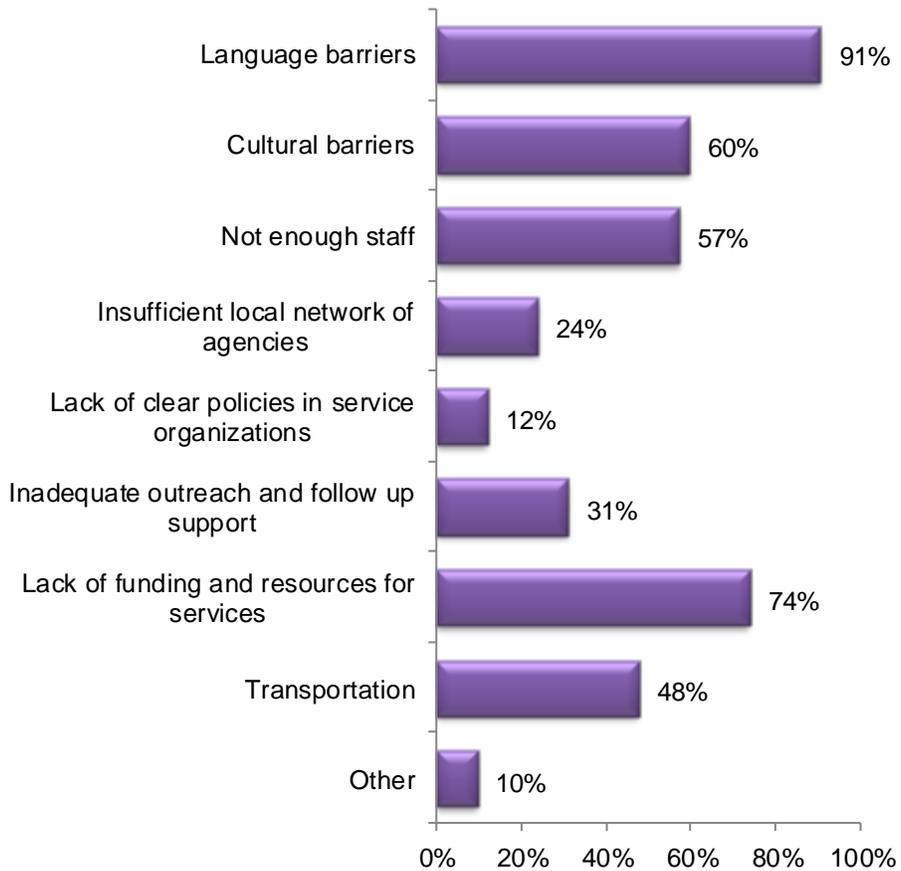
Figure IV-7. Services to minority individuals with disabilities



Barriers to services to minority individuals with disabilities

As noted by respondents, the three greatest barriers that limit the provision of existing services to minority individuals with disabilities are language barriers (91%), lack of funding and resources for services (74%), and cultural barriers (60%).

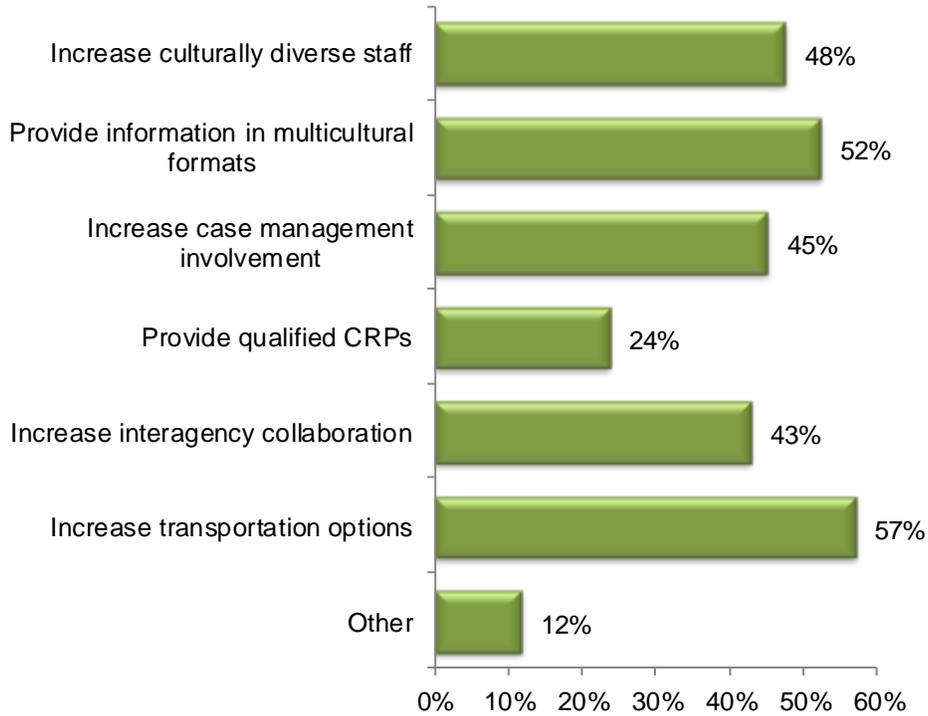
Figure IV- 8. Barriers to services to minority individuals with disabilities



Suggestions for BRS to improve service provision to minority individuals with disabilities

Respondents were asked to indicate what BRS can do to improve service provision to minority individuals with disabilities. The top three suggestions are to increase transportation options (57%), provide information in multicultural formats (52%), and increase culturally diverse staff (48%). Increasing transportation options only relate to specific short term needs that are associated with another VR service and cannot be used for broader transportation needs.

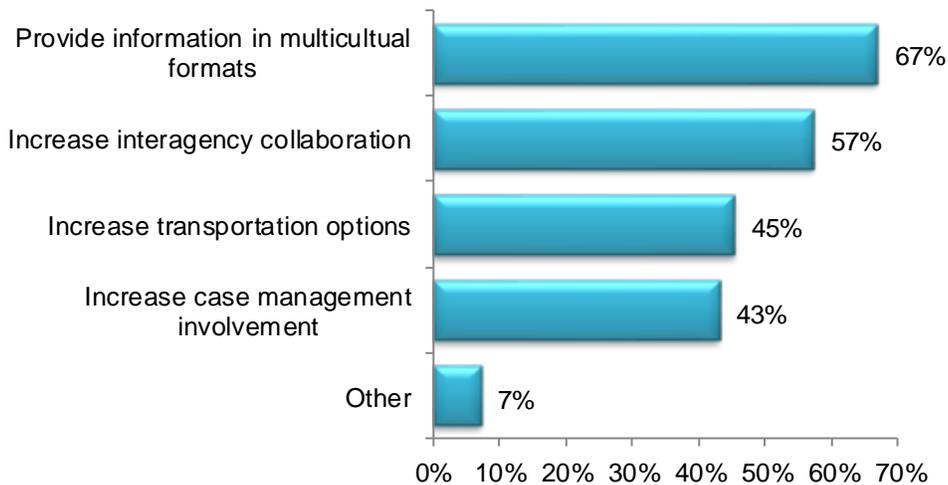
Figure IV-9. Suggestions for BRS to improve service provision to minority individuals with disabilities



Suggestions for CRPs to improve service provision to minority individuals with disabilities

The top three suggestions made by respondents for CRPs to improve service provision to minority individuals with disabilities include providing information in multicultural formats (67%), increase interagency collaboration (57%), and increase transportation options (45%).

Figure IV-10. Suggestions for CRPs to improve service provision to minority individuals with disabilities



Unserved and underserved individuals with disabilities

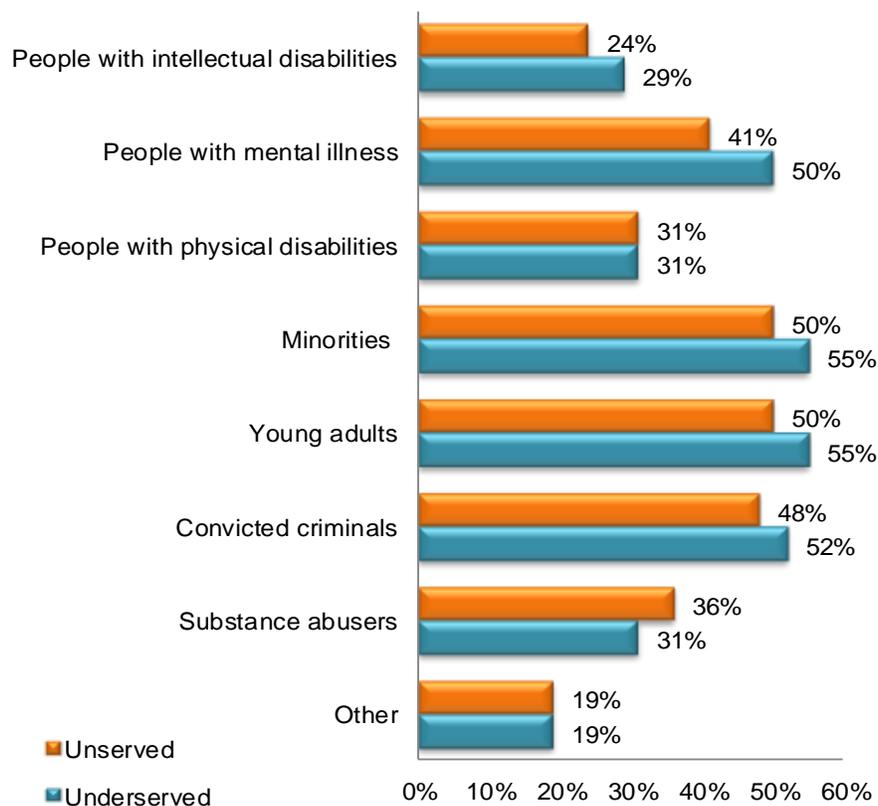
For the purpose of this study, “unserved” individuals are defined as people with disabilities who are not receiving vocational rehabilitation services from the state of Connecticut, who are interested in working and are of working age. “Underserved” individuals are defined as people with disabilities who are served by the state of Connecticut at less than the percentage of the group in the general population, who are interested in working and are of working age.

Unserved and underserved populations of individuals with disabilities

Respondents were asked to identify who they believe to be unserved and underserved populations of individuals with disabilities. Respondents most often indicated that unserved and underserved populations include minorities (50% and 55%, respectively), young adults (50% and 55%, respectively), and convicted criminals (48% and 52%, respectively). For both unserved and underserved groups, this was closely followed by people with mental illness (41% and 50%, respectively), substance abusers (36% and 31%, respectively), and people with physical disabilities (31% and 31%, respectively).

Some respondents (19%) indicated “other” categories of unserved populations and included people who are deaf, individuals with autism spectrum disorders, and veterans. “Other” categories of underserved individuals (19%) were the same as those for the unserved but included people with learning disabilities.

Figure IV-11. Unserved and underserved populations of individuals with disabilities

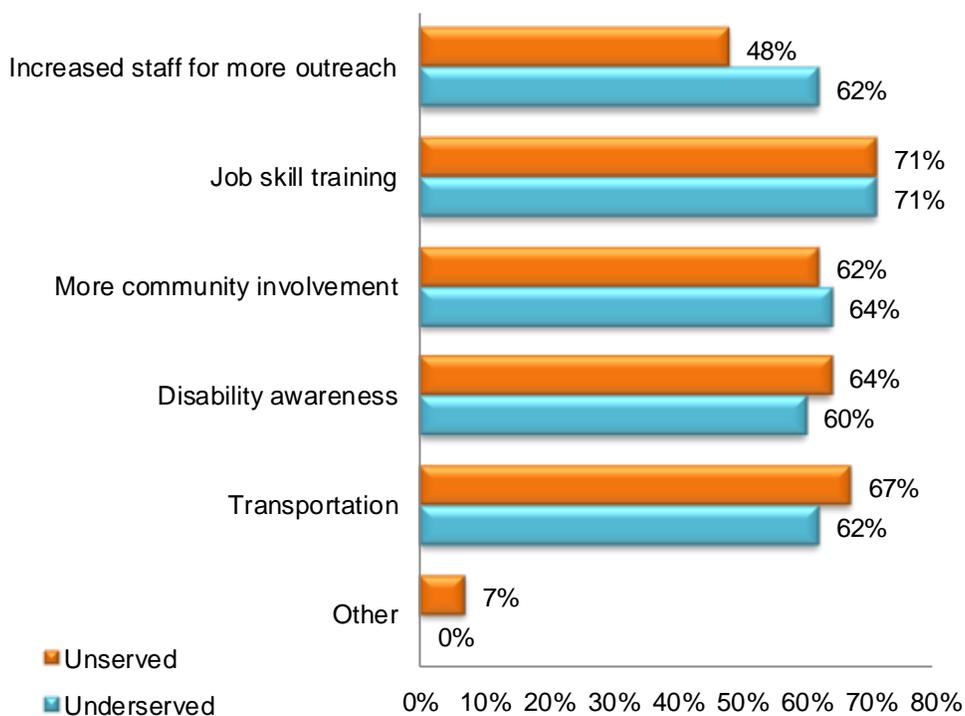


Services needed for unserved and underserved populations of individuals with disabilities

In addition, respondents were asked to indicate what services are needed for unserved and underserved individuals. The top three suggestions for unserved individuals are job skill training (71%), transportation (67%), and disability awareness (64%). Disability awareness is one of many VR services to employers that would be useful in the recruitment, hiring, and retention of qualified workers who are unserved.

For underserved individuals, the top three suggestions are job skill training (71%), more community involvement (64%), and transportation (62%). Sixty-two percent of respondents also indicated that increased staff for more outreach is necessary for underserved populations of people with disabilities.

Figure IV-12. Services needed for unserved and underserved populations of individuals with disabilities



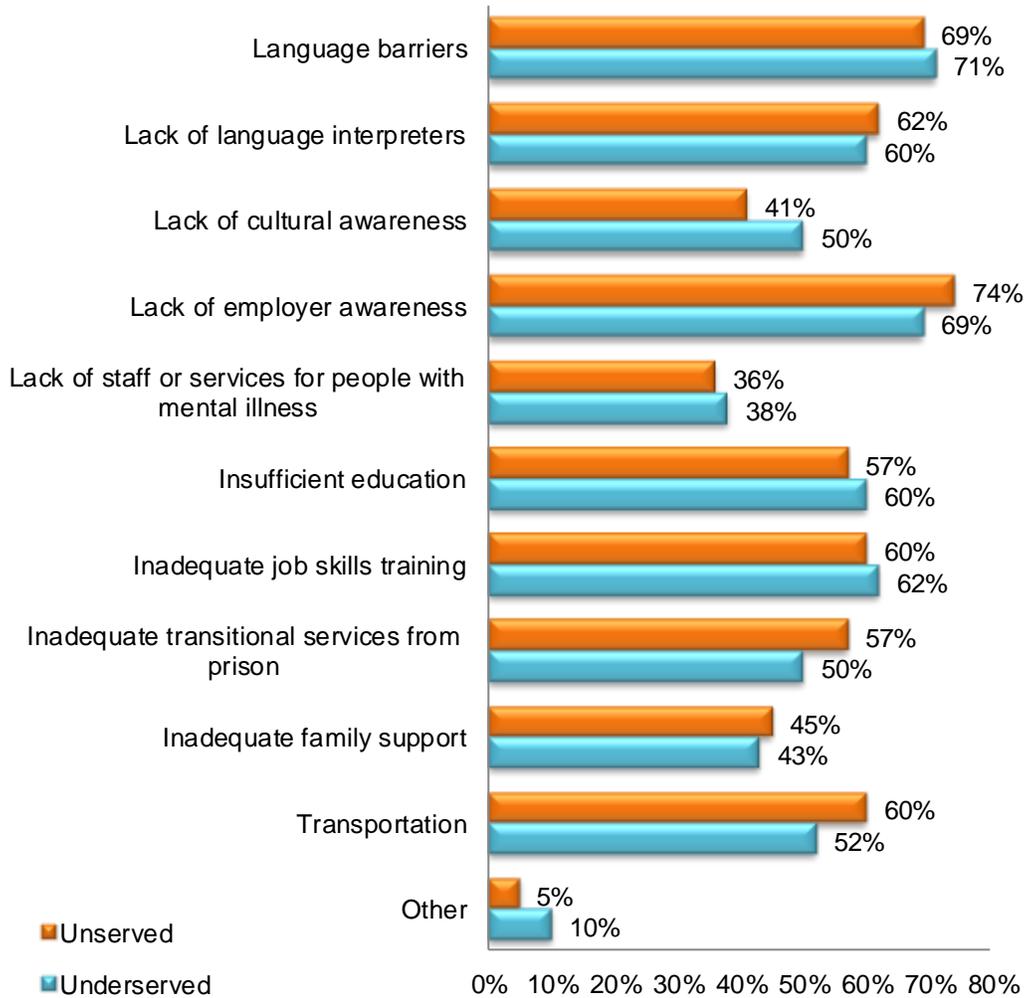
Barriers for unserved and underserved individuals with disabilities

Respondents indicated barriers that they believe exist for unserved people with disabilities. The top three are lack of employer awareness (74%), language barriers (69%), and lack of language interpreters (62%). These are closely followed by inadequate job skills training (60%), transportation (60%), insufficient education (57%), and inadequate transitional services from prison (57%).

The top three barriers indicated by respondents for underserved individuals with disabilities are language barriers (71%), lack of employer awareness (69%), and inadequate job skills training

(62%). Over half of respondents (60%) indicated that lack of language interpreters and insufficient education are also major barriers.

Figure IV-13. Barriers for unserved and underserved populations of individuals with disabilities



Suggestions for BRS to improve service provision to unserved and underserved individuals with disabilities

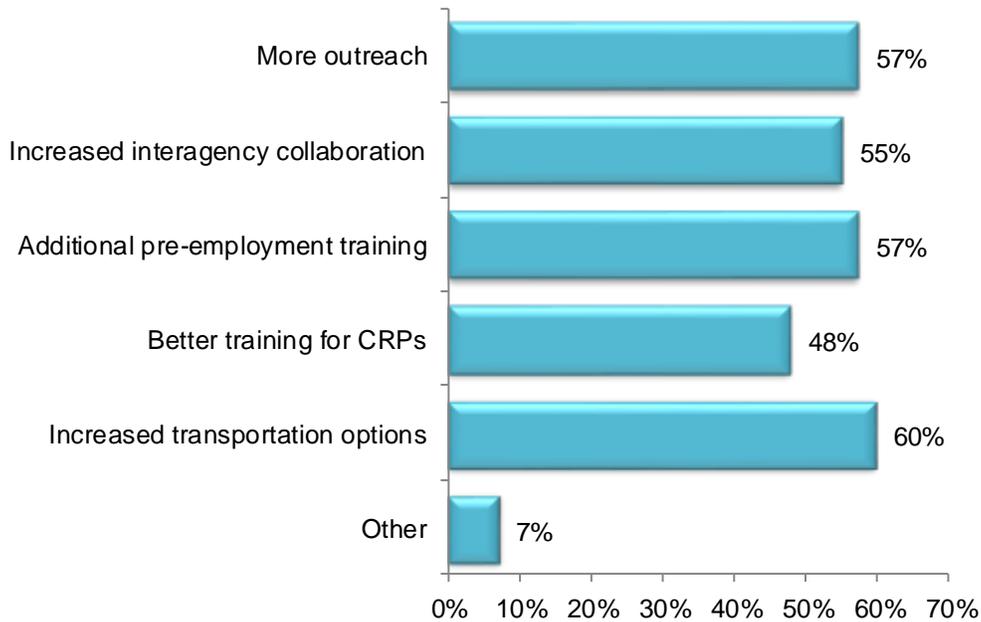
Respondents indicated what BRS can do to improve service provision to unserved individuals with disabilities. The top three suggestions are increase transportation options (55%), improve interagency collaboration (52%), and a public awareness campaign (52%). Increasing transportation options only relate to specific short term needs that are associated with another VR service and cannot be used for broader transportation needs. These were closely followed by suggestions to provide more job skills training (50%), and more interaction with the community (50%).

Figure IV-14. Suggestions for BRS to improve service provision to unserved individuals with disabilities



When asked to suggest what ways BRS can improve service provision to underserved individuals with disabilities, the greatest percentage of respondents (60%) suggested that increased transportation options should be provided. Fifty-seven percent each indicated that more outreach and additional pre-employment training should be made available to clients.

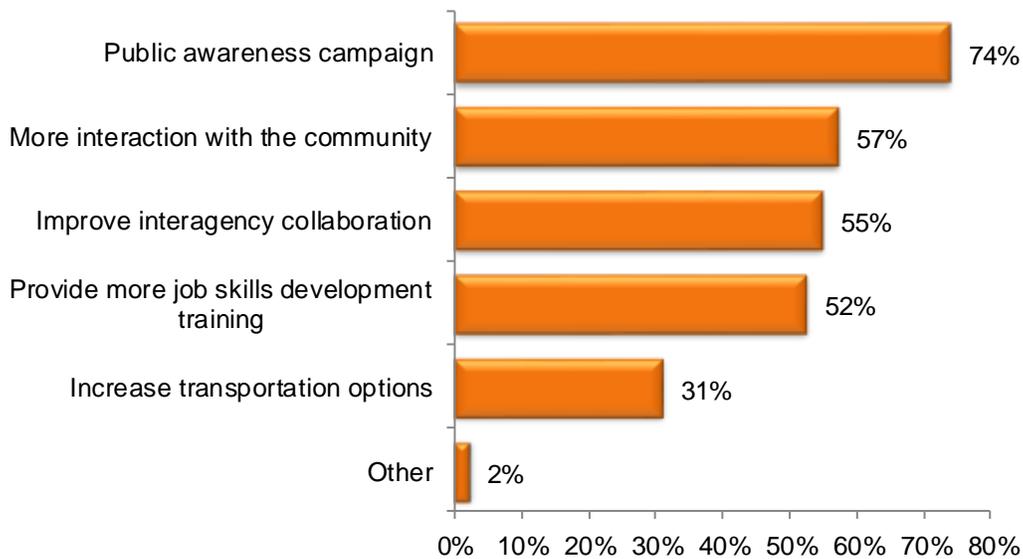
Figure IV-15. Suggestions for BRS to improve service provision to underserved individuals with disabilities



Suggestions for CRPs to improve service provision to unserved and underserved individuals with disabilities

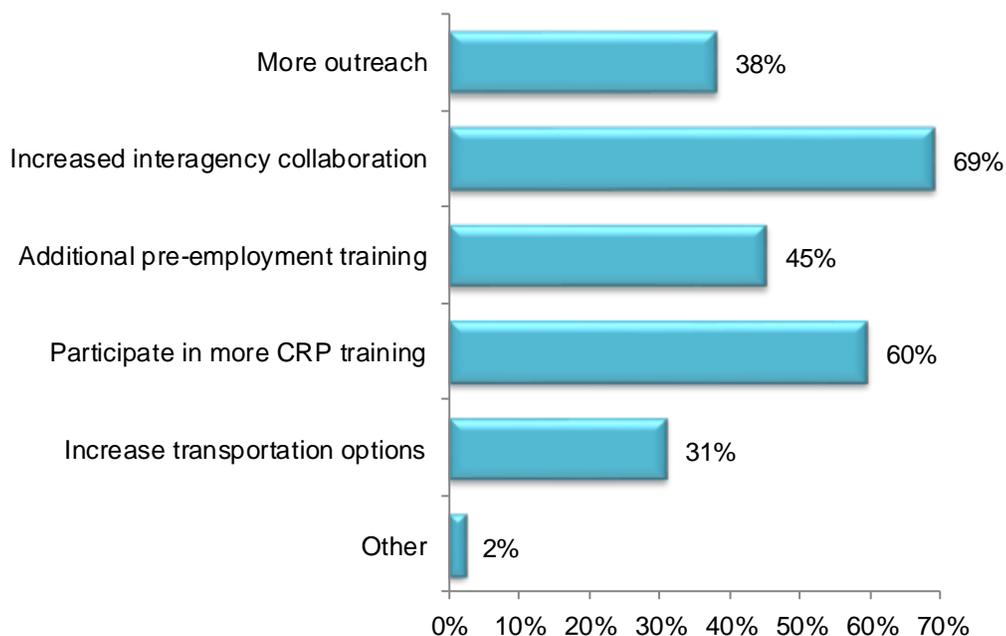
The top three suggestions indicated by respondents for CRPs to improve service provision to unserved individuals with disabilities are a public awareness campaign (74%), more interaction with the community (57%), and improve interagency collaboration (55%). This was closely followed by the suggestion to provide more job skills development training (52%).

Figure IV-16. Suggestions for CRPs to improve service provision to unserved individuals with disabilities



The top three suggestions for CRPs to improve service provision to underserved individuals with disabilities are increased interagency collaboration (69%), participation in more CRP training (60%), and additional pre-employment training (45%).

Figure IV-17. Suggestions for CRPs to improve service provision to underserved individuals with disabilities



Community Rehabilitation Providers

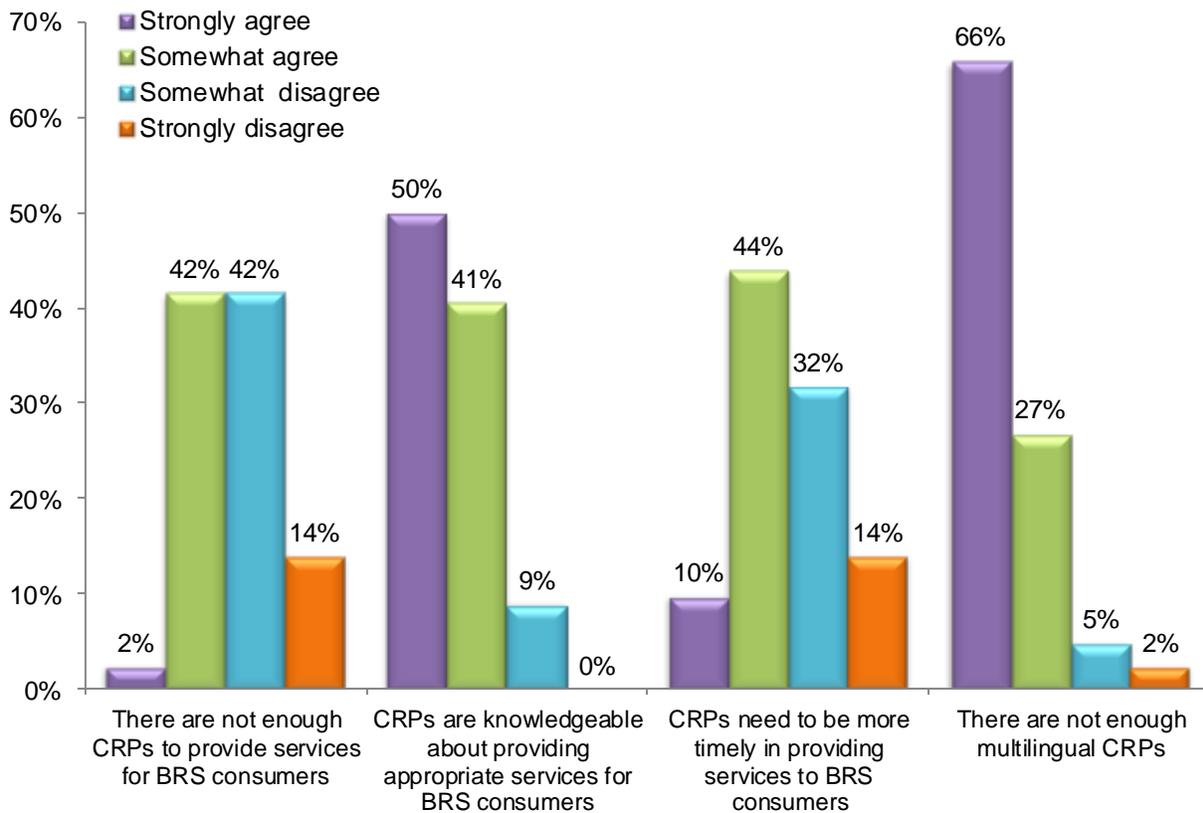
Respondents were asked how much they agree or disagree with several different statements about CRPs. First, they were asked to assess the statewide availability of CRPs to provide services to BRS consumers. Results were split with 42 percent somewhat agreeing and another 42 percent somewhat disagreeing that there are not enough CRPs to provide consumers with necessary services.

Respondents were also asked to evaluate how knowledgeable CRPs are about providing appropriate services for BRS consumers. Fifty percent strongly agree and another 41 percent somewhat agree that CRPs are knowledgeable about providing suitable services to their clients.

When queried about the timeliness of CRP services to BRS consumers, respondents were split with 44 percent somewhat agreeing and 32 percent somewhat disagreeing that CRPs need to be more timely in providing services to BRS consumers.

In addition, when asked about the availability of multilingual CRPs, the greatest percentage of respondents strongly or somewhat agreed (66% and 27%, respectively) that there are not enough CRPs with multilingual abilities to serve consumers.

Figure IV-18. CRPs



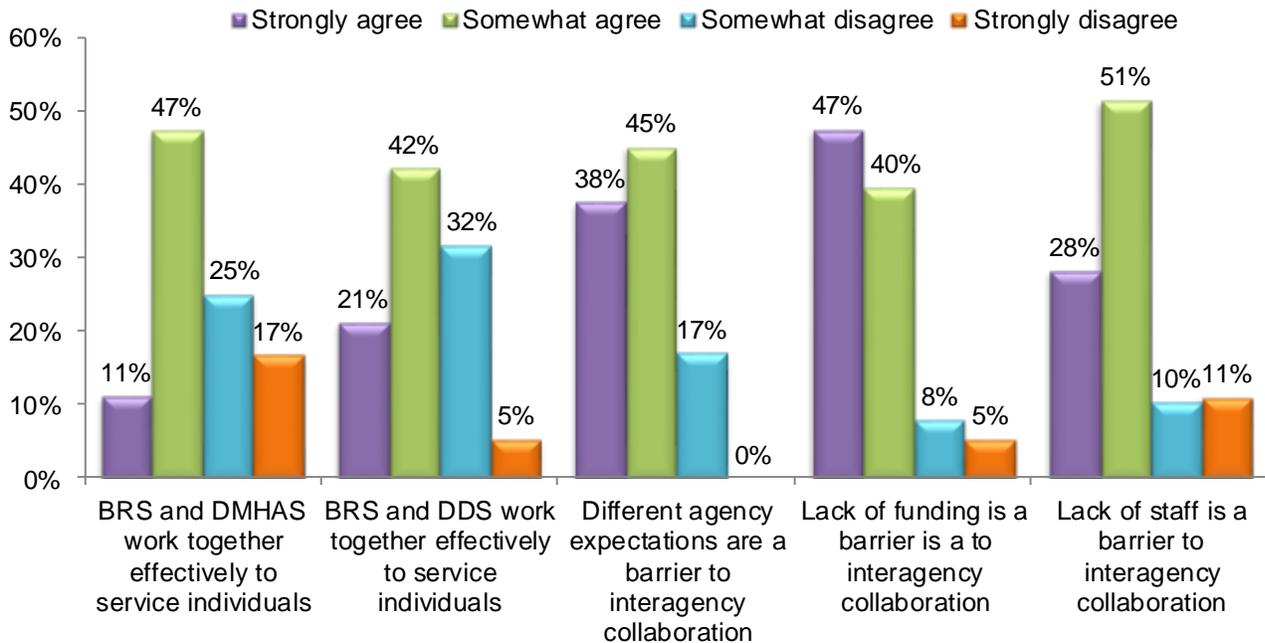
Interagency Collaboration

Finally, respondents were asked to indicate how much they agreed or disagreed with several statements about interagency collaboration. The first question asked respondents to assess the effectiveness of the partnership between BRS and the Department of Mental Health and Addiction Services (DMHAS). While more than half of respondents strongly or somewhat agreed (11% and 47%, respectively) that BRS and DMHAS work effectively together to service consumers, slightly less than half somewhat or strongly disagreed (25% and 17%, respectively) that the two agencies work together successfully to benefit clients.

When asked about the effectiveness of the BRS and Department of Developmental Services (DDS) collaboration, nearly two-thirds strongly or somewhat agreed (21% and 42%, respectively) that the two agencies work together effectively in providing services to consumers. Another 32 percent somewhat disagreed that the BRS /DDS partnership is effective in providing services to consumers.

A greater proportion of respondents strongly or somewhat agreed (47% and 40%, respectively) that lack of funding is a barrier to an effective partnership. This was followed by those who strongly or somewhat agreed that different agency expectations (38% and 45%, respectively) or lack of staff (28% and 51%, respectively) is an obstacle to collaboration between agencies.

Figure IV-19. Interagency collaboration



D. Conclusions and recommendations: CRP survey

The CRP survey evaluated the service needs of individuals in several groups including individuals with significant disabilities, minority individuals, unserved and underserved people with disabilities. CRPs indicated barriers that exist for these groups and suggested ways BRS and CRPs can improve service provision. In addition, CRPs assessed the role and availability of CRP services, the degree of interagency collaboration between certain agencies and barriers that prevent them from working together effectively.

Service needs for clients with significant disabilities

While many services are available to the clients CRPs serve, there are also gaps in the availability of services that are needed. For example, a greater proportion of CRPs indicated that some clients need mental health assessment or substance abuse counseling, but this is only sometimes available. More than half of CRPs indicated that while some clients need support services and assistive technology, these services are also only sometimes available. Over half of CRPs report they can never provide a client with help to maintain or repair a car and though more than half also indicated clients need public transportation, it is only sometimes available. More than four-fifths of CRPs agree that accessible and affordable housing is an unmet need. Other areas of need include improving self-advocacy skills, soft skills training, and pre-vocational skills training.

Service needs for minority individuals with disabilities

The greatest service needs for minority individuals with disabilities are outreach programs and publications that target this group and will help provide knowledge and raise awareness of the availability of services. In light of the barriers that exist that limit the provision of existing services, there was agreement that this population would also benefit from training that focuses on self-esteem development, advocacy, and personal empowerment.

Service needs for unserved and underserved populations of individuals with disabilities

Job skill training is essential for both unserved and underserved populations of individuals with disabilities. Some clients need short term transportation options to enable them to participate in specific VR services. In addition, disability awareness, as one of many comprehensive VR services, is particularly important to offer employers considering individuals who are part of the unserved population. Those who are underserved would benefit from more community involvement.

Barriers that inhibit employment opportunities for the unserved and underserved need to be addressed. The most critical obstacles are lack of employer awareness, language barriers, and inadequate job skills training.

Community Rehabilitation Providers

While CRPs agree they are knowledgeable about providing appropriate services to BRS clients, they also agree there are not enough of them to provide services and more specifically there are not enough multilingual CRPs.

Interagency collaboration

Although CRPs agree BRS has a good partnership with DMHAS and DDS in serving clients, there are still barriers to be overcome. These include different agency expectations that hinder collaboration, lack of funding, and lack of staff.

Recommendations

CRPs made a number of suggestions to address some of the areas of concern related to serving individuals with disabilities. Some suggestions indicate what they think BRS should do and other suggestions indicate what they think they should do as CRPs to improve services.

Improve service provision to clients with significant disabilities

In order to improve service provision to clients with significant disabilities, BRS should increase transportation options and funding, make better connections with employers, and provide more coordination with service providers.

CRPs should aim to develop better connections with employers, increase employment services staff, and coordinate more effectively with BRS.

Increase service provision to minorities with disabilities

To increase service provision to minorities with disabilities, BRS should develop better transportation options, provide information about services in multicultural formats, and add more individuals to their staff who are culturally diverse.

CRPs should be more culturally competent and provide information in multicultural formats, increase collaborative efforts across agencies, and do what they can to help increase transportation options for clients.

Improve service provision to unserved and underserved individuals with disabilities

Increasing transportation options, improving interagency collaboration, greater public awareness and outreach, and additional pre-employment training are all important goals for BRS pursue in improving service provision to unserved and underserved individuals with disabilities.

CRPs can improve service provision to the unserved and underserved through greater public awareness, more interagency collaboration, participation in more CRP training, and additional pre-employment training.

Increase the number of multilingual CRPs

While CRPs are split on whether or not more CRPs are needed, it was suggested that more multilingual CRPs may be needed to broaden services to Spanish and other non-English speaking BRS clients.

Improve interagency collaboration

While interagency collaboration is a broad concept, greater communication about and awareness of different agency perspectives can help break down the barriers that limit the positive impact collaboration can have. Having a better understanding of agency missions and strategies can also potentially mitigate interagency conflict and expand interagency cooperation. In the current economic situation, lack of funding and staff are more difficult to address, but changing organizational and administrative cultures from agency-centered to interagency-centered has the potential to reduce competition among agencies, enhance efficiency and effectiveness, increase agency productivity, reduce redundancy in service, and overall contribute to the success of interagency efforts.

V. Counselor Vocational Rehabilitation Survey

A. Introduction

BRS VR counselors assist individuals with significant physical or mental disabilities to prepare for, find, or maintain employment. The program serves people with all disabilities except legal blindness. Individuals who are legally blind receive VR through the Bureau of Education and Services for the Blind. Services provided by BRS VR counselors include: vocational counseling, job search assistance, skill training and career education in vocational and other schools, on-the-job training in business and industry, assistive technology services, vehicle and home modifications, supported employment services, and services to assist consumers access other relevant services that will enable them to meet the goals of their employment plan.

B. Methodology and analysis

Methodology

Survey instrument

The survey instrument was developed by the UCHC research team with input from BRS and the State Rehabilitation Council. The final instrument comprised ten overall areas (See Table V-1). For a copy of the survey see Appendix E.

Table V-1. Survey topical areas

Survey topical areas	
BRS role and employment location	Supported employment services
Service experience with individuals with most significant disabilities	Agency or local area partnerships
Service experience with unserved and underserved populations of individuals with disabilities	BRS initiatives
Service experience with minority individuals with disabilities	Transportation
Community rehabilitation providers	Additional comments or suggestions

Research sample and recruitment

The target research sample consisted of all BRS VR counselors who attended one of three regional meetings held in the fall of 2012. At that time, all counselors attending a meeting (n=83) completed the survey. See Table V-2.

Table V-2. BRS regions and number of VR counselors

BRS regions	Number of VR counselors completing the survey
Northern	28
Southern	28
Western	27

Response rate

Of the 83 VR counselors who attended the regional meetings, all completed surveys. The response rate was 100 percent.

Analysis

All data were entered into a secured database. Data were cleaned and then exported into SPSS 19.0 for analysis. Question by question descriptive statistics (frequencies, averages, and percentages) were performed.

Qualitative data from the open-ended questions were analyzed line by line in order to identify and interpret content. The responses were coded and organized into common themes using the constant comparative techniques of Glaser and Strauss (1967).

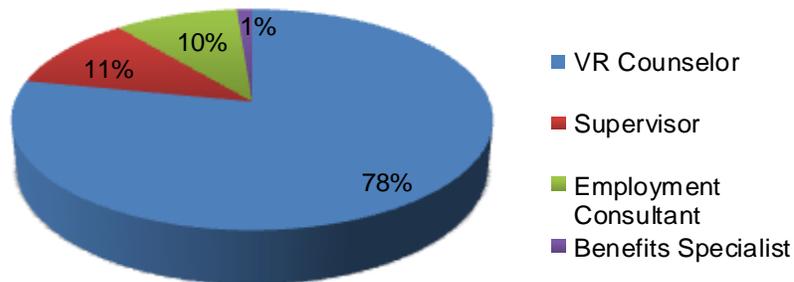
D. Results

BRS role and employment location

Job title

BRS VR counselors were asked what job title best describes their role. The greatest percentage (78%) are vocational rehabilitation counselors, followed by 11 percent who described their primary role as vocational rehabilitation supervisor and 10 percent who reported they are an employment specialist.

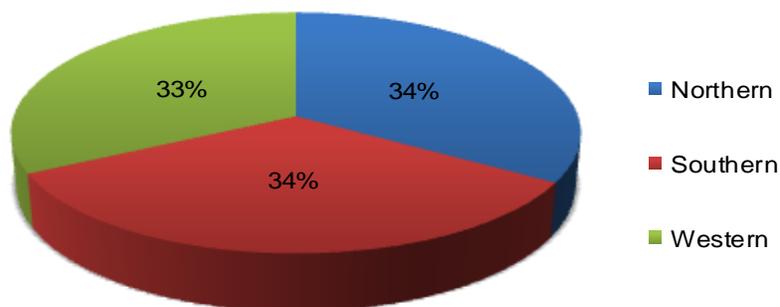
Figure V-1. Job title



BRS Regions

VR counselors participating in the survey were about evenly divided among the state's three regions.

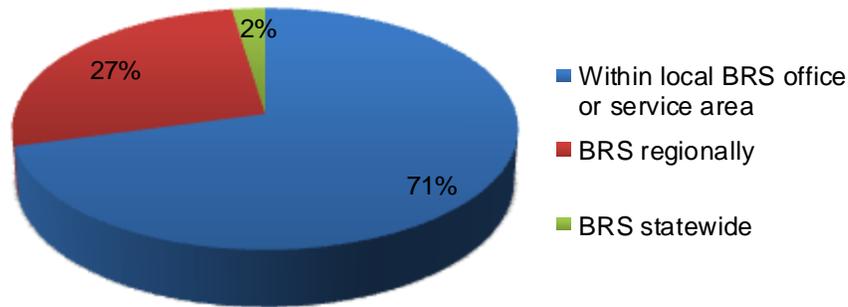
Figure V-2. BRS Regions



Level of work impact

Counselors were asked to indicate the level where their work has the most impact. The greatest proportion (71%) reported working within the local BRS office or service area. Twenty-seven percent indicated their work impacts BRS regionally and only two percent reported any impact at the state level.

Figure V-3. Level of work impact

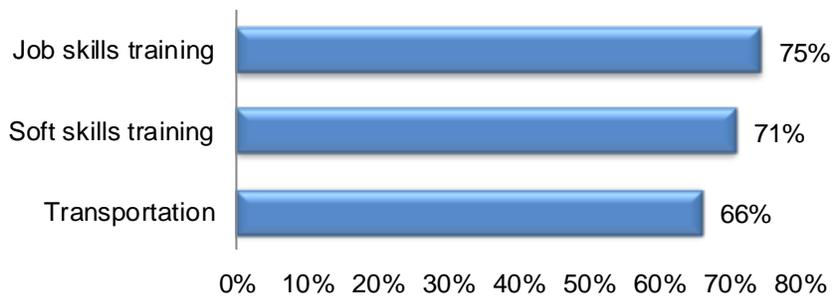


Service experience with individuals with most significant disabilities

Top three services needed

VR counselors indicated that the top three BRS services needed for individuals with most significant disabilities are: job skills training (75%), soft skills training (71%), and transportation (66%).

Figure V-4. Top three BRS services needed

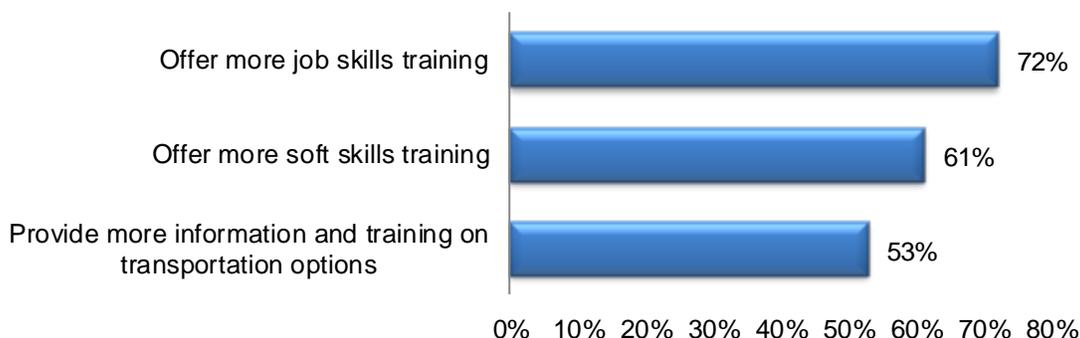


Top three BRS service improvement actions for people with most significant disabilities

Unsurprisingly, the top three suggestions for BRS action to improve service provision match the top three services needed. Nearly three-quarters (72%) of VR counselors suggested that BRS

offer more job skills training, followed by soft skills training (61%) and providing more information and training on transportation options (53%).

Figure V-5. Top three BRS service improvement actions



Counselors wrote in suggestions specifying some of the particular transportation needs that would improve service.

Help to make transportation more accessible/attainable in areas where there is no public transportation.

New companies to provide transportation services. Better utilization of existing transportation.

Other suggestions included the importance of better case management, developing employer connections and strengthening interagency partnerships.

Case management from outside sources.

Case management system that meets consumer needs.

Develop employment connections.

Develop more partnership with other agencies.

Service experience with unserved and underserved populations of individuals with disabilities

Populations of unserved and underserved

For the purposes of this study, the categories “young adults” and “students whose schools don’t refer to BRS” were combined. While unserved and underserved populations of individuals with disabilities can comprise a broad range of people, counselors indicated that in their experience unserved individuals are mostly young adults including students whose schools do not refer them to BRS (44%). The same two combined categories also ranked high among those considered to be underserved (63%). Additional categories of populations considered by many to be underserved include Spanish speakers (36%), other non-English speakers (36%), ex-offenders (31%) and young adults (28%).

Table V-3. Populations of unserved and underserved individuals with disabilities

	<u>Unserved</u>	<u>Underserved</u>
Populations of individuals with disabilities:	%	%
(a) Individuals with developmental disabilities	5	17
(b) Individuals with physical disabilities	4	10
(c) Individuals with psychiatric disabilities	4	10
(d) Young adults, including students whose schools don't refer to BRS	44	63
(e) *		
(f) Spanish speakers	7	36
(g) Other non-English speakers	15	36
(h) Substance abusers	4	18
(i) Ex-offenders	5	31

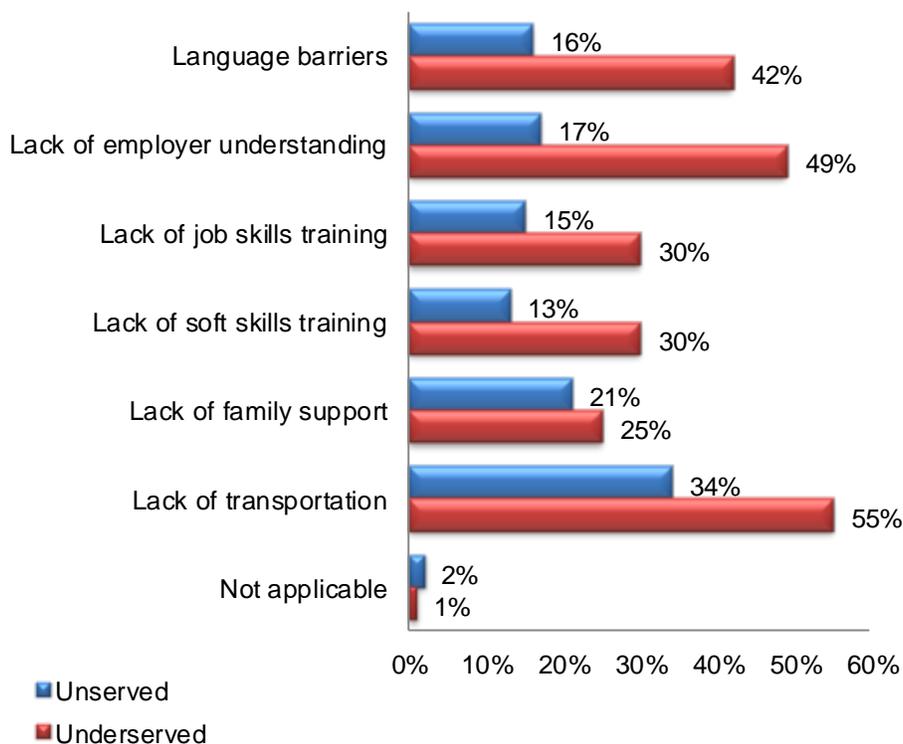
*Invalid question deleted

Other populations of unserved and underserved individuals that were mentioned included deaf consumers, people in the autism spectrum disorder population, and individuals who are minorities.

Top three barriers limiting BRS services to unserved and underserved populations of individuals with disabilities

Barriers limiting BRS services to unserved individuals include lack of transportation (34%), lack of family support (21%), and lack of employer understanding (17%). Lack of transportation (55%) was also listed as one of the top three barriers limiting BRS services to underserved people. This barrier was followed by lack of employer understanding (49%) and language barriers (42%).

Figure V-6. Barriers limiting BRS services to unserved and underserved individuals with disabilities



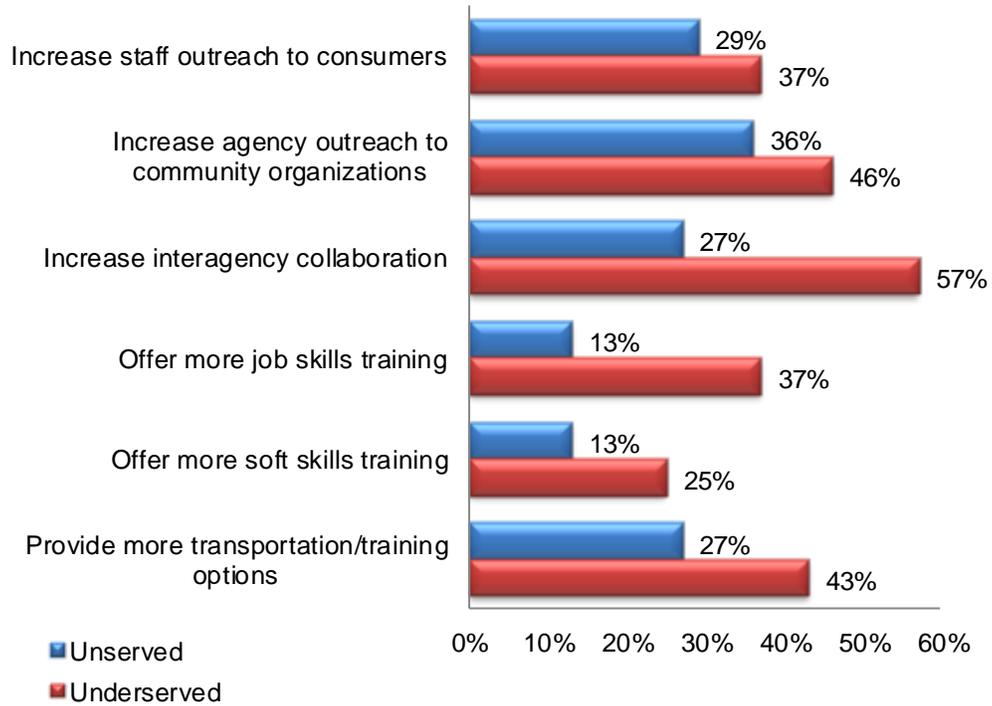
Other barriers suggested by counselors that limit BRS services to unserved and underserved individuals with disabilities include a criminal background and lack of community resources such as housing barriers and homelessness.

Three most important actions BRS can take to improve services to unserved and underserved populations of individuals with disabilities

The most important actions BRS can take to improve services to unserved individuals with disabilities are increase agency outreach to community organizations (36%), increase staff outreach to consumers (29%), provide more transportation training/options where related to other VR services and increase interagency collaboration (27% each).

Counselors indicated the three top actions BRS should implement for underserved individuals with disabilities are increase interagency collaboration (57%), increase agency outreach to community organizations (46%), and provide more transportation training/options (43%) where related to other VR services.

Figure V-7. Actions BRS can take to improve services to unserved and underserved individuals with disabilities



Service experience with minority individuals with disabilities

Minority populations most unserved or underserved by BRS

VR counselors reported that the three populations among minority individuals with disabilities that are most likely unserved are other non-English speakers (29%), individuals with psychiatric disabilities (17%), and Spanish speakers. Similarly, counselors suggested the most underserved among minority populations are Spanish speakers (42%), individuals with psychiatric disabilities (35%), other non-English speakers (31%), and individuals with physical disabilities (31%).

Table V-4. Minority populations most unserved or underserved

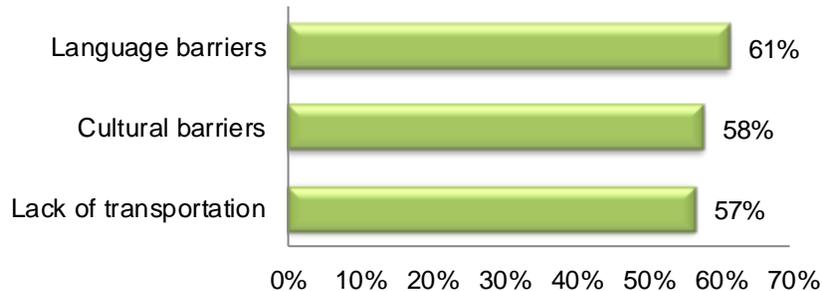
Populations of minority individuals:	Minority Unserved	Minority Underserved
	%	%
(a) Individuals with physical disabilities	11	31
(b) Individuals with developmental disabilities	6	25
(c) Individuals with psychiatric disabilities	17	35
(d) *		
(e) Spanish speakers	16	42
(f) Other non-English speakers	29	31

*Invalid question deleted

Top three barriers limiting the provision of existing services to minority individuals with disabilities

Language barriers (61%) are the most likely to restrict the provision of existing services to minority individuals with disabilities. Other barriers include those that are cultural (58%), and lack of transportation (57%).

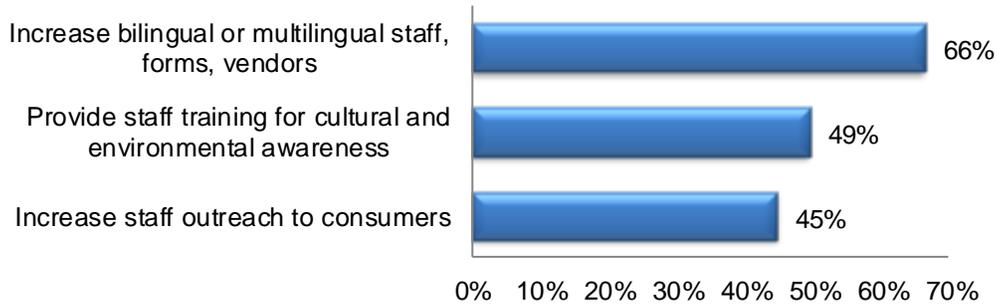
Figure V-8. Top three barriers limiting services to minority individuals with disabilities



Three most important actions BRS can take to improve service provision to minority individuals with disabilities

Increasing bilingual or multilingual staff, forms, and vendors (66%) is the most effective action BRS can implement to improve service provision to minority individuals with disabilities. Other steps BRS can take include providing staff training for cultural and environmental awareness (49%), and increasing staff outreach to consumers (45%).

Figure V-9. Three most important actions BRS can take to improve service provision to minority individuals with disabilities



Community Rehabilitation Providers

VR counselors were asked to assess Community Rehabilitation Providers and the services they provide. About three quarters disagree (43%) or strongly disagree (30%) that there are an adequate number of CRPs to meet the services needs of people with disabilities who are seeking employment. Over half agree that CRPs are knowledgeable about providing appropriate services to BRS consumers, but nearly three-quarters disagree (59%) or strongly disagree (12%) that CRPs hire and train qualified staff to serve BRS consumers.

Most respondents strongly agree or agree that staff turnover at CRP agencies is an issue (41% and 39%, respectively). In spite of this, about two-thirds agree that CRPs understand the vocational/employment services delivered by BRS. However, fewer than half agree that CRPs understand the vocational/employment services delivered by the DDS and the DMHAS. Counselors are split about their ability to provide effective rehabilitation services to BRS consumers using existing CRPs.

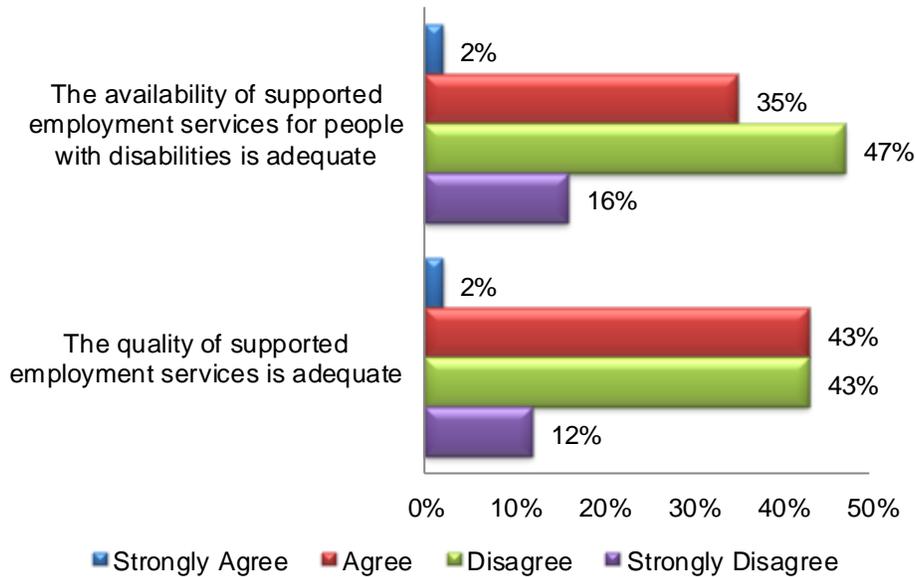
Table V-5. CRP services

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
How much do you agree with:	%	%	%	%
(a) There are an adequate number of CRPs to meet the needs of people with disabilities seeking employment.	6	21	43	30
(b) CRPs are knowledgeable about providing appropriate services for BRS consumers.	1	57	37	5
(c) CRPs hire and train qualified staff to serve BRS consumers.	1	28	59	12
(d) Staff turnover at CRP agencies is an issue.	41	39	17	3
(e) CRPs understand the vocational/employment services delivered by BRS.	1	66	27	6
(f) CRPs understand the vocational/employment services delivered by DDS.	0	47	44	9
(g) CRPs understand the vocational/employment services delivered by DMHAS.	0	44	45	11
(h) I am able to provide effective vocational rehabilitation services to BRS consumers using the existing CRPs.	7	39	48	6

Supported employment services

Opinion is about evenly split about the quality of supported employment services for people with disabilities, but nearly two-thirds disagreed or strongly disagreed that the availability of such services is adequate.

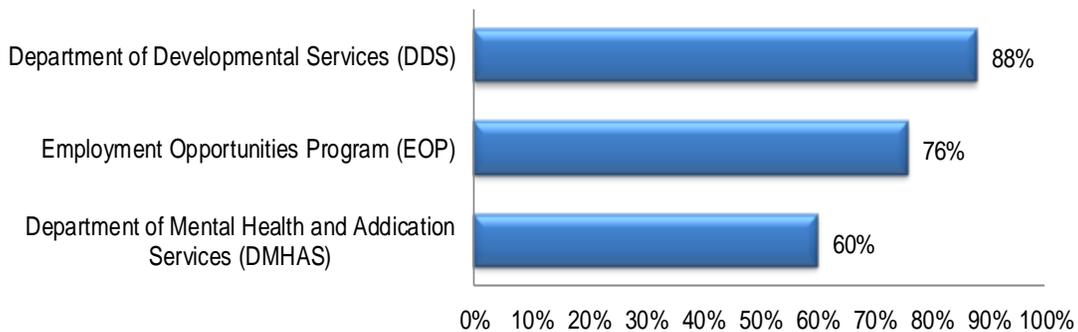
Figure V-10. Supported employment services



Resources used to provide supported employment services

Most counselors (88%) provide supported employment services with DDS resources, followed by the Employment Opportunities Program (EOP) (76%), and DMHAS (60%).

Figure V-11. Resources used to provide supported employment services

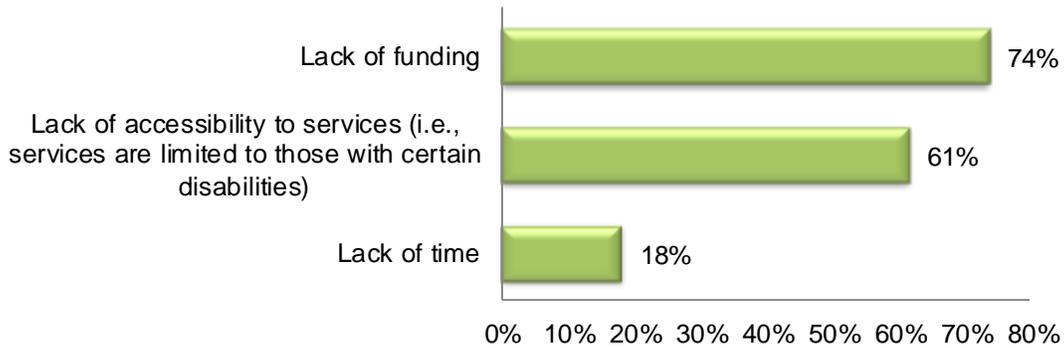


Other resources mentioned by counselors include the BRS Employment Division, employment network and CRPs, and the Acquired Brain Injury Medicaid waiver through the Department of Social Services (DSS).

Barriers to supported employment services for individuals with most significant disabilities

The primary barrier to supported employment is lack of funding (74%), followed by lack of accessibility to services (61%), and lack of time (18%).

Figure V-12. Barriers to supported employment services

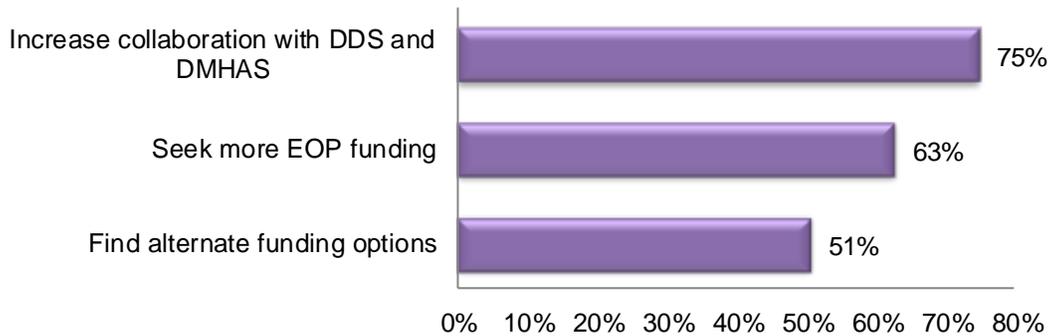


Related barriers include cumbersome application processes to other state agencies, differing supported employment models, limitations in Employment Opportunities Program (EOP) eligibility or hours allowed, lack of staff knowledge and expertise to complete the application process.

Three most important actions BRS can take to improve supported employment services

Three-quarters of counselors suggest the most important action BRS can take to improve supported employment services is increase collaboration with DDS and DMHAS. Seeking more EOP funding (63%) and finding alternate funding options (51%) were also mentioned.

Figure V-13. Three most important actions BRS can take to improve supported employment services



Other suggestions include better case management regulation related to long-term supports, reducing amount of hours needed for approval of EOP funding when appropriate, and training other agencies and counselors to take a more active role in supported employment and job supports.

Agency or local area partnerships

Type of partnership

Opinion was mixed regarding the existence of a clear or limited partnership between BRS and DDS (48% vs. 47%, respectively). A limited partnership was most often indicated between BRS and the Department of Labor (DOL) (51%) and BRS and DMHAS (61%).

Table V-6. Type of partnership

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Type of partnership between agencies:	%	%	%
(a) There is a clear partnership.	48	33	34
(b) There is a limited partnership.	47	51	61
(c) I am not aware of a partnership.	5	16	5

Partnerships utilized between BRS and other agencies

The most frequently reported partnership between BRS and DDS is the Summer Youth Employment program. This was followed by partnerships with CT Works (21%) and Connect-Ability (16%). Partnerships between BRS and DOL most frequently involved CT Works (70%), One Stop Workforce Development (58%), and Disability Program Navigators (46%). Partnerships between BRS and DMHAS included CT Works (17%).

Table V-7. Partnerships utilized between BRS and other agencies

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Agency or local area partnership you have used:	%	%	%
(a) Disability Program Navigators (DPN)	5	46	2
(b) CT Works	21	70	17
(c) One Stop Workforce Development	12	58	8
(d) Summer Youth Employment	23	36	12
(e) Connect-Ability	16	16	11

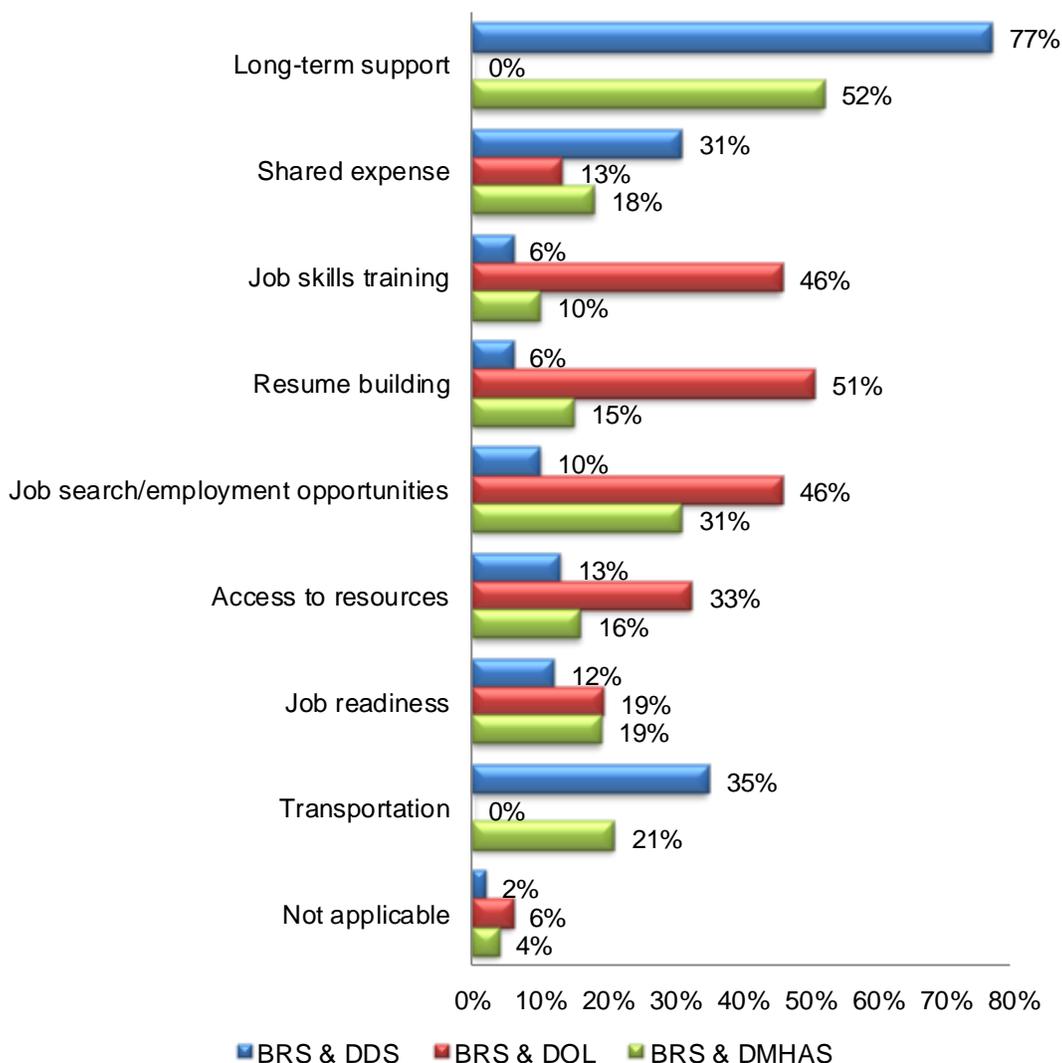
Partnership outcomes between BRS and other agencies for mutually served individuals

Some clients with significant disabilities are mutually served by BRS and another agency. The top three partnership outcomes between BRS and DDS for mutually served clients are long-term support (77%), transportation (35%), and shared expense (31%).

The top three outcomes for clients served by BRS and DOL are resume building (51%), job search/employment opportunities (46%), and job skills training (46%). The most frequently

reported outcomes for mutually served clients working with BRS and DMHAS are long-term support (52%), job search/employment opportunities (31%), and transportation (21%).

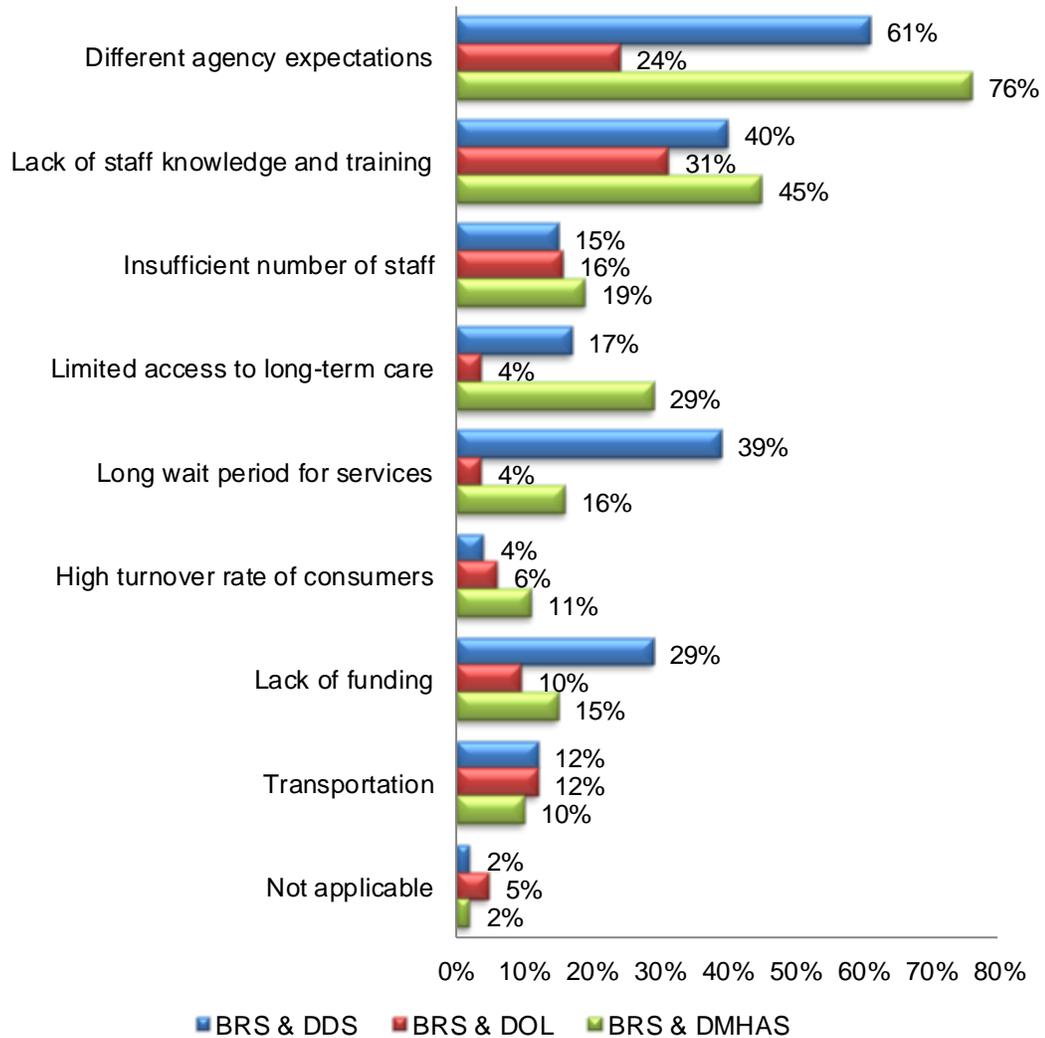
Figure V-14. Partnerships for mutually served individuals



Top three barriers that prevent partnerships between BRS and other agencies

Barriers that prevent the effective use of agency partnerships between BRS and DDS include different agency expectations (61%), lack of staff knowledge and training (40%), and long wait period for services (39%). The primary barriers between BRS and DOL are lack of staff knowledge and training (31%), different agency expectations (24%), and insufficient number of staff (16%). The most common barriers between BRS and DMHAS are different agency expectations (76%), lack of staff knowledge and training (45%), and limited access to long-term care (29%).

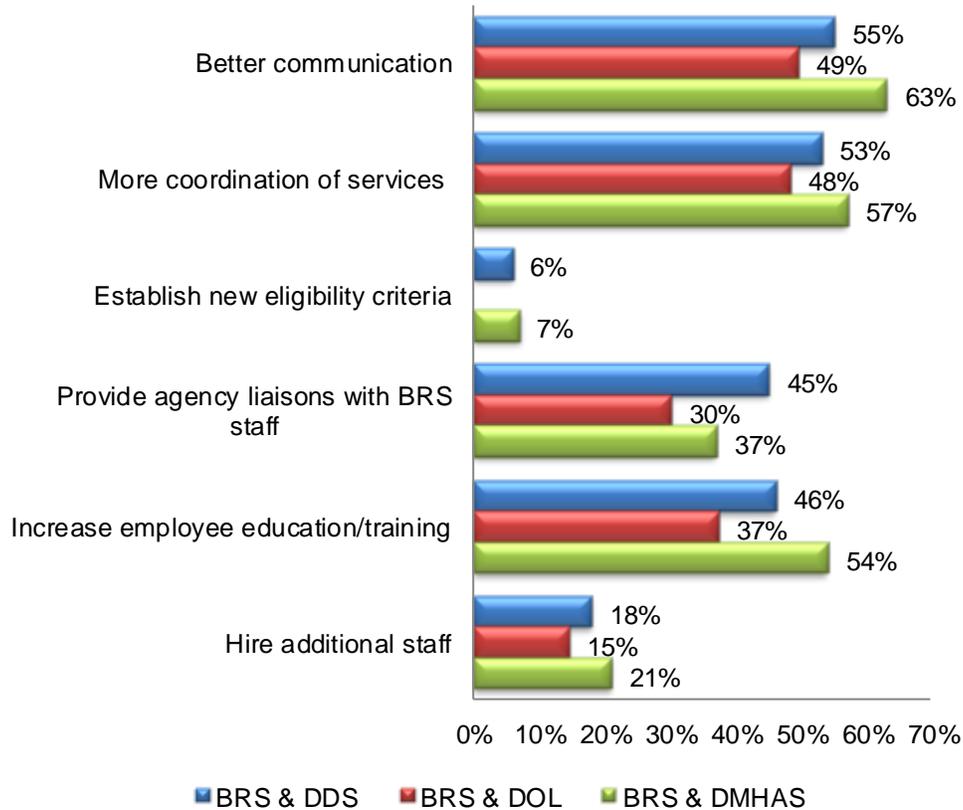
Figure V-15. Barriers that prevent partnerships between BRS and other agencies



Top three actions BRS can take to improve partnership outcomes

There was consensus among counselors regarding the top three actions BRS can take to improve partnership outcomes between themselves and DDS, DOL, and DMHAS. These are better communication (55%, 49%, and 63%, respectively), more coordination of services (53%, 48%, and 57%, respectively), and increase employee education/training (46%, 37%, and 54%, respectively).

Figure V-16. Actions BRS can take to improve partnership outcomes



BRS initiatives

Understanding the purpose of BRS initiatives

Counselors were asked to indicate the extent to which they agree or disagree in regard to how fully they understand the purpose of certain BRS initiatives. Most either strongly agree or agree they fully understand the purpose of the initiatives listed.

Table V-8. Understand the purpose of BRS initiatives

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
I fully understand the purpose of the following BRS initiatives:	%	%	%	%
(a) The BRS/Community Rehabilitation Provider (CRP) Prep Rallies	33	45	15	7
(b) The BRS/CRP Summer Youth Employment Program	51	39	9	1
(c) The Autism Spectrum Committee	35	48	13	4
(d) BRS Placement Specialists	68	31	1	0
(e) *				
(f) Industry Specific Training and Placement Programs (e.g., Homegoods, Mohegan Sun)	52	39	9	0

*Invalid question deleted

BRS initiatives: Benefits and improvements

Counselors were also asked to indicate whether or not specific BRS initiatives are beneficial to clients and if they need improvement. Most respondents strongly agreed or agreed that BRS initiatives are beneficial but that they also need improvement.

Table V-9. BRS initiatives: Benefits and improvements

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
How much do you agree with:	%	%	%	%
(a) The BRS/CRP Prep Rallies are beneficial to consumers.	17	55	19	9
(b) The BRS/CRP Prep Rallies need improvement.	26	65	9	0
(c) The BRS/CRP Summer Youth Employment Program is beneficial to consumers.	47	44	6	3
(d) The BRS/CRP Summer Youth Employment Program needs improvement.	37	57	6	0
(e) The Autism Spectrum Committee is beneficial to consumers/families.	22	61	14	3
(f) The Autism Spectrum Committee needs improvement.	32	41	27	0
(g) BRS Placement Specialists are beneficial to consumers.	68	29	2	1
(h) BRS Placement Specialists need improvement.	18	39	33	10
(i) *				
(j) *				
(k) The Industry Specific Training and Placement Programs are beneficial to consumers.	50	44	5	1
(l) The Industry Specific Training and Placement Programs need improvement.	26	54	16	4

*Invalid question deleted

BRS initiatives: Barriers and suggestions

Table V-10 provides an overview of barriers and suggestions for BRS initiatives. Additional information on barriers and improvements with supporting quotes follows.

Table V-10. BRS initiatives: Barriers and suggestions

BRS Initiative	Barriers	Suggestions for improvement
(a) BRS/CRP Prep Rallies	<ul style="list-style-type: none"> • Transportation • Lack of employer involvement • Lack of consumer engagement 	<ul style="list-style-type: none"> • More employer involvement • More staff coordination and preparation • Job fair
(b) The BRS/CRP Summer Youth Employment Program	<ul style="list-style-type: none"> • Lack of coordination and organization • Insufficient number of work sites • Transportation 	<ul style="list-style-type: none"> • Better coordination and organization • More time for consumer selection • Develop more work sites
(c) The Autism Spectrum Committee	<ul style="list-style-type: none"> • Intimidating behavior toward consumers, families and counselors • Unclear purpose of the committee • Limited locations for meetings 	<ul style="list-style-type: none"> • Better collaboration • Increase funding and resources • Provide more relevant recommendations
(d) BRS Placement Specialists	<ul style="list-style-type: none"> • Insufficient number of Placement Specialists • Limited employer outreach • Incomplete follow through 	<ul style="list-style-type: none"> • Hire more Placement Specialists • Expand employer outreach • Provide more counselor training
(e) *		
(f) Industry Specific Training and Placement Programs	<ul style="list-style-type: none"> • Transportation • Limited job opportunities • Lack of collaboration 	<ul style="list-style-type: none"> • Develop more job opportunities and training sites • More employer outreach • Expand programs to include hard-to-place consumers

*Invalid question deleted

BRS/CRP Prep Rallies

The greatest barrier mentioned was transportation, particularly not making transportation available to clients for VR-related events. This was followed by lack of employer involvement and lack of consumer engagement.

Transportation to the event.

Not enough employers with real jobs at rallies.

Consumers lose sight of purpose. Some are not motivated to attend.

Suggestions to improve Prep rallies included more employer involvement, more staff coordination and preparation, and making the rally more like a job fair.

More employers present who are willing to hire.

More staff/supervisors helping with coordination to make it successful.

Need it to be more of a job fair, partner with DOL/CT Works, employers that are hiring.

BRS/CRP Summer Youth Employment Program

Lack of coordination and organization, insufficient number of work sites, and limited transportation options were the most frequently listed barriers for the Summer Youth Employment Program.

Lack of appropriate communications regarding procedures.

More sites similar to consumers' interests.

Transportation usually last minute.

Suggestions to improve the Summer Employment Program include better coordination and organization, more time for consumer selection, and develop more work sites.

More lead time and better time to prepare and match students with job sites.

Should be more options for work sites.

The Autism Spectrum Committee

The perception of intimidating behavior toward consumers, families, and counselors was the greatest barrier, followed by an unclear purpose of the committee and limited locations for meetings.

Intimidating to families and consumers alike including counselors.

Not sure what their focus is and how productive.

Not help locally, too far from consumers' homes, required to travel over an hour to the meeting.

Suggestions to improve services included better collaboration, increase funding and resources, and provide more job-relevant recommendations for consumers.

Make it a more welcoming and collaborative effort with BRS staff, clients, families, and vendors.

More help to identify funding for recommended supports, service.

Make sure suggestions made by committee members are relevant to services available and funding exists for them.

BRS Placement Specialists

The most frequently mentioned barriers for BRS Placement Specialists are an insufficient number of specialists to complete the work, limited employer outreach, and incomplete follow through.

Need more of them – they do a great job and make in-roads with employers.

Lack of time to do outreach to employers.

Low follow through once a counselor has referred a consumer or recommended a consumer for a job posting.

Suggestions to improve BRS Placement Specialist services include hire more Placement Specialists, expand employer outreach, and provide more counselor training.

Need more bilingual/bicultural staff.

Allow more time to attend business events and work on business committees with employers.

Provide more training to new counselors.

Industry Specific Training and Placement Programs

Transportation was mentioned most frequently as a major barrier for industry specific training and placement programs (ISTPP) and was followed by limited job opportunities and lack of collaboration.

Transportation – clients in Greater New Haven can't participate in training and employment outside of this area.

Not enough different industries represented.

Managers of companies are still not completely on board with working with people with disabilities.

Improvements suggested include develop more job opportunities and training sites, more employer outreach, and expand programs to include hard-to-place consumers.

More opportunities in different parts of the state.

Increase employer base.

Find real programs for clients with low IQs, physical disabilities, etc.

Transportation

Overall, the transportation options mentioned are rarely available. Those that are most available are travel training and vehicle modifications.

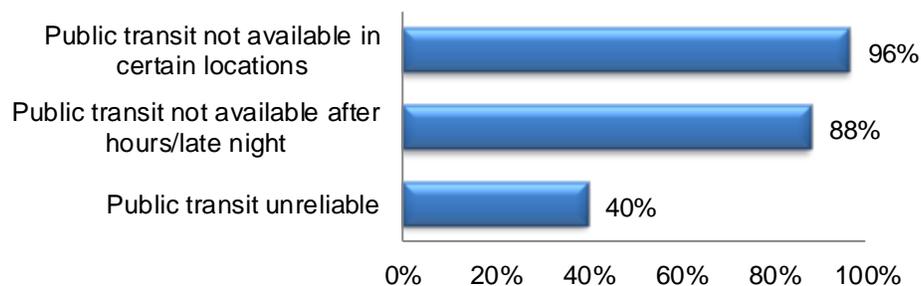
Table V-10. Transportation

	<u>Always</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
Transportation options:	%	%	%	%
(a) Travel training	34	10	55	1
(b) Public transportation	30	10	59	1
(c) ADA ParaTransit	9	21	66	4
(d) Vehicle modifications	21	22	53	4
(e) Private taxi	4	34	39	23
(f) Accessible taxi	4	35	38	23
(g) Family/friends	26	11	62	1
(h) Van pools/car pools	3	30	26	41

Top three transportation barriers

By far, the greatest transportation barrier is the lack of public transit in certain locations throughout the state (96%). This barrier was followed by the unavailability of public transit after hours or in the evening (88%), and the unreliability of public transportation (40%).

Figure V-17. Top three transportation barriers

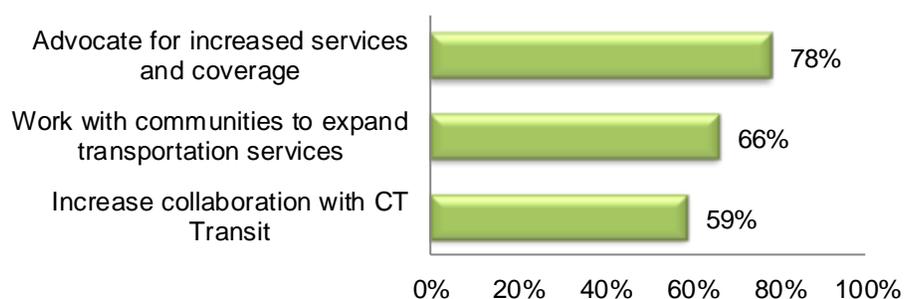


Top three actions BRS can take to improve transportation options

Transportation in the VR program is available to help individuals access other needed services and/or help them meet their Employment Plan. While respondents were asked what actions BRS can do to improve transportation options, it should be noted that BRS services can only assist with transportation for VR-related activities.

The top three actions BRS can take to improve transportation options are advocate for increased services and coverage (78%), work with communities to expand transportation services (66%), and increase collaboration with CT Transit (59%).

Figure V-18. Top three actions BRS can take to improve transportation options



Additional comments

Comments at the end of the survey focused on both barriers and suggestions for improvements. Selected quotes are grouped under the categories listed below.

BRS

Process with BRS should be streamlined and more clear across the board.

More staff so that counselors not feeling pressure/stressed to assist consumers.

Clerical support is limited in the local office and reduces VR counselors' ability to focus on counseling and guidance.

Better consideration of appropriate allocation of existing support staff between the local and district offices is needed.

One huge disservice to BRS itself is not being known. It is amazing how many people have no idea what BRS is or does. That means BRS is not getting the name and info out there enough. How can people with disabilities access our services if they don't know we even are here? And how many more businesses might hire our consumers if they knew more about us? I think we need to do a huge media campaign and public awareness blitz.

I believe BRS underserves the community as a whole because of the minimum outreach. I believe the homeless population, minorities, and others may be eligible and can benefit from BRS services, however are unable to access them.

As a new counselor, BRS should provide more training about partnerships with DOL, DDS, and DMHAS. There should be trainings regarding all ISTPP. I know there is a lot to learn but these things are vital to me being able to provide effective services to my consumer. More training overall not just about policy and procedures and it should be better organized.

Case management

Need a case management system that is consumer oriented.

Less focus on 26s in performance for counselors.

More consistency about policy.

Better way to look at minority indicator.

Less paperwork, more counseling.

Less fiscal work, we were not hired based on our math and fiscal strengths.

Allow sign off for counselors being in BRS for 2 years or if quality demonstrates understanding.

Training regarding case notes.

There has been less time to do as extensive a job with vocation counseling and guidance and consumer contact since the increased demands of the new case management systems. The system requires extensive use of additional forms which don't auto fill info already in the system. The billing/invoice part of the job doesn't flow well with the employment plan – too hard to get system to recognize vendor forms, names of services, etc. It seems that the “book keeping/fiscal” demands are adversely impacting time spent with consumers.

System 7

System 7 “freezes” and is inaccessible at times due to “updates.”

Allow more flexibility in developing plans so plans are /look more consumer friendly.

Technology

Cell phones/scanners – please. It's hard to appear professional with the amount of tech barriers we face.

Employment

The Employment Division has been an excellent resource for counselors and consumers.

Would be great if we could develop a temporary employment service as employers are using this 90% and 40% of temps lead to jobs!

Develop employer advisory committees with active roles perhaps industry specific.

We need to focus on more meaningful longer term, higher paying jobs for people.

More involvement by other agencies to help with employment.

Let's try some group work to reach more consumers or add us to a DOL workshop so we collaborate more with them.

Supported employment

Allow coordination of services with EOP funding to improve on-site supported employment for DMHAS clients.

ISTPP

Improve communication between program providers and case counselors, hold regular team meetings.

Employment counselors

ECs are supports at all levels of agency with increasingly more success as resource.

ECs should work more with DOL.

ECs should also try to get into schools working with co-ops, tech schools, guidance tech folks, etc.

ECs need to be more proactive and follow through with consumers they are working with. I feel that they are not held to performance standards like the VRCs. They also have to be more honest and upfront with employers when establishing OJTs and internships, as they sometimes oversell what BRS can do for a consumer.

CRPs

CRPs are a HUGE piece of the puzzle in terms of funding employment opportunities and interfacing with consumers, but their lack of knowledge re: disabilities and often their lack of professionalism is alarming. More training similar to what our new hires have to do is much needed.

Transportation

More funding for transportation needed.

Improve options and provide outreach regarding availability of services and bus tokens.

Need to improve transportation options to improve outreach and advertising about services availability for bus tokens – cheaper than livery services.

Addressing the transportation issues in the area where there are more rural locations is important. These consumers are the ones hardest to serve because there are no

transportation options if you don't have a car. Places like Lowe's Distribution Center in Plainfield are in an area with no public transportation, yet jobs there are full time and pay well. The biggest challenge is getting people there because it is in the middle of a rural location.

Cultural awareness training

There is a need for cultural awareness training across the state. Staff should be challenged to self-evaluate their own beliefs and values and begin to have honest dialogues that move towards changes and insight. In this field we are always challenging our consumers to stretch themselves and change, but forget to push ourselves. I truly believe this will improve our service delivery for all groups and pull the team closer together.

D. Conclusions and recommendations: Counselor survey

The Counselor survey evaluated service experiences with individuals in several groups including individuals with most significant disabilities, unserved and underserved and minority people with disabilities. VR counselors also evaluated CRP and supported employment services, transportation, and provided feedback on agency or local area partnerships and specified BRS initiatives.

Service needs for people with most significant disabilities

The greatest service needs of people with most significant disabilities are also the areas counselors indicated that BRS needs to improve. These include job skills and soft skills training, and better dissemination of transportation options to clients.

Service needs for unserved and underserved individuals with disabilities

Counselors indicated that the unserved are mostly students whose schools do not refer to BRS and the underserved are also students as well as those who are Spanish or other non-English speakers. Barriers for both these populations are similar and include lack of transportation, lack of family support and employer understanding, and language.

Recommendations suggest that BRS increase agency outreach to community organizations and provide transportation training/options for both groups. In addition, BRS should increase staff outreach to unserved consumers and increase interagency collaboration when focusing on the underserved.

Service needs for minority individuals with disabilities

Minority individuals that are most unserved and underserved include people with borderline intelligence scores, Spanish and other non-English speakers, and those with psychiatric disabilities. Not surprisingly, counselors indicate that language and cultural barriers are the greatest barriers to service.

Improving services for this population include addressing the language barriers by increasing bilingual and multilingual staff, forms, and vendors. In an effort to increase cultural competence, counselors indicated that BRS should provide staff training on cultural and environmental

awareness. Staff outreach to consumers who are minorities was also mentioned as a way to improve service provision to this population.

CRPs and supported employment services

Counselors indicated that more CRPs are needed to meet the needs of job seekers. In their opinion, while CRPs are knowledgeable about the services BRS consumers need, they do not hire and train qualified staff to provide those services. Opinion was split regarding the effectiveness of rehabilitation services to BRS consumers. Recommendations include further evaluation of CRPs and the adequacy of the services they provide.

Opinion was also split on the effectiveness of supported employment services. Lack of funding, inaccessibility to services, and lack of time were the most commonly mentioned barriers. It is suggested that BRS find alternate funding options, seek more EOP funding, and increase collaboration with DDS and DMHAS.

Agency or local are partnerships

A clear partnership was indicated between BRS and DDS, but partnerships between BRS and DOL and DMHAS need to be strengthened. Barriers to be addressed in the BRS/DDS partnership include different agency expectations, lack of staff knowledge, and training, and long wait period for services. Barriers between BRS and DOL are similar but include lack of sufficient staff to address service needs. The partnership between BRS and DMHAS is also challenged by different agency expectations and lack of staff knowledge and training, but unlike DDS and DOL, long-term care was mentioned as an ongoing challenge for the BRS and DMHAS partnership.

Recommendations for BRS and partnership agencies are overwhelmingly the same: better communication, more coordination of services, and increase employee education and training.

BRS initiatives

Counselors indicated that while most BRS initiatives are beneficial, some need improvement. The purposes of the Autism Spectrum Committee, for example, are not clear and counselors mentioned a need for better collaboration to improve certain initiatives.

Some barriers were common to a number of different initiatives and include transportation, lack of employer engagement, limited employer outreach or limited job opportunities. Better collaboration, more employer outreach, and the development of more work sites were mentioned across several initiatives while other suggestions for improvement were more initiative-specific.

Transportation

Lack of public transportation continues to be a major barrier and is an important policy issue for people with disabilities who want to work. Recommendations to improve transportation services include advocacy, and this suggestion should not be overlooked. Most cities regulate taxi services in their jurisdictions, but under pressure from advocacy groups, many now require local taxi companies to own and operate a certain number of accessible taxis so people with disabilities who cannot ride in regular sedans can call a taxi. Other suggestions mentioned were working with communities to expand services and increasing collaboration with CT Transit.

Additional comments

Few groups of people have higher rates of unemployment or lower rates of participation in the workforce than people with disabilities. However, suggestions made by VR counselors indicate the strong, positive role and opportunity BRS has to more fully integrate people with disabilities into employment through improvements in training, employer outreach, and other services needed to support job seekers. Outcomes from this evaluation demonstrate the deep level of commitment BRS counselors have for the clients they serve and provide a wide range of suggestions for improvements to create a stronger system of supports for individuals with disabilities.

VI. Consumer Vocational Rehabilitation Survey

A. Introduction

In order to include the voice of consumers who have recent and relevant experience with BRS, and to test whether BRS is meeting its program goals while providing the best services possible, this study conducted a needs assessment of BRS VR clients who had recently closed before finding employment and collected aggregate information to learn about the experiences of this particular group and to identify unmet employment needs and barriers. Because this population included consumers whose cases had been closed unsuccessfully without finding employment, the assessment responds to the CSNA guidelines by exploring the experiences of those with disabilities who may be unserved and underserved. The data collected directly from VR participants will be useful for informing policy makers and other stakeholders involved in the development and planning of VR programs.

B. Methodology and analysis

Methodology

Survey instrument

The survey instrument was developed by the UCHC research team with input from BRS and the State Rehabilitation Council. The final instrument comprised six overall areas (See Table V-1). For a copy of the survey see Appendix F.

Table VI-1. Survey topical areas

Survey topical areas	
Satisfaction with VR services	BRS staff and employment goals
Employment status and, if applicable, satisfaction with work experience	Disability information
Employment barriers	General information

Research sample

BRS maintains a database of all current and former VR clients. The target research sample consisted of 991 BRS VR clients whose cases closed during a six month time period, February through July 2012, without finding employment. It included 422 with a case closed status of 28 (without employment but received services under a plan) and 569 with a case closed status of 30 (without employment and did not receive services under a plan).

Recruitment

Each client received a personalized letter inviting them to participate, a numbered survey, and a self-addressed, postage-paid reply envelope. Following standard research methodology, after approximately four weeks, a second packet containing a personalized reminder letter, survey, and return envelope was sent to all those for whom a response had not yet been received. These methods are all well-documented strategies shown to increase the response rate to a mail survey (King, Pealer, & Bernard, 2001; Yammarino, Skinner, & Childers, 1991).

Both the survey and the letter were translated into Spanish. On the bottom of the English letter, a sentence in Spanish gave a number for clients to call if they wanted the survey in Spanish.

Two weeks after the second mailing, a randomly selected 100 nonresponder clients were identified to be contacted by phone. Clients were called three times at different times of day. To increase the response rate, an additional 50 randomly selected nonresponder clients were identified and added to the phone list two weeks after the first 100 clients were identified.

Response rate

The combination of mailed surveys and telephone calls produced a final response rate of 25 percent. Although under the goal of 30 percent, the overall response rate is still well within the mail survey range of 10 to 60 percent (Chiu & Brennan, 1990; Harbaugh, 2002).

Table VI-2. Response rate

Survey response:	Mail	Phone	Refused	Deceased	Wrong address
Number:	197	24	14	2	105
Total number of completed surveys	221				
Total ineligible	107				
Total sample excluding ineligible: $991 - 107 = 884$					
Total response rate: $221/884 = 25\%$					

Analysis

All data were entered into a secured database. Data were cleaned and then exported into SPSS 19.0 for analysis. Question by question descriptive statistics (frequencies, averages, and percentages) were performed.

Qualitative data from the open-ended questions were analyzed line by line in order to identify and interpret content. The responses were coded and organized into common themes using the constant comparative techniques of Glaser and Strauss (1967).

C. Results

Experiences with services

More than half of clients reported being satisfied or very satisfied with most of the services they received from BRS. The greatest proportion of clients was satisfied with the location and accessibility of the office (83% each). There was also a high level of satisfaction with their counselor's respect (79%), and moderate satisfaction with understanding of needs and interests (61%), and the client's involvement in setting their job goals (61%).

Somewhat fewer clients were satisfied with how long it took their counselor to return their calls (60%), their counselor's explanation of services to help them reach their employment goal (59%), their involvement in choosing the services they received (54%), and in choosing the agencies that the BRS counselor hired to work with them (54%). Only about half were satisfied with their overall experience with BRS (52%) and how long it took to receive services (51%).

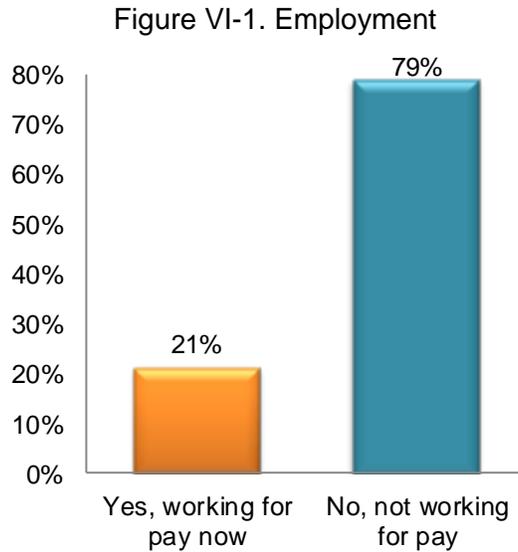
Fewer than half of respondents felt satisfied with the services they received (49%), such as job training and evaluation, and their counselor's efforts in helping them get a job (49%).

Table VI-3. Satisfaction with services

How satisfied were you with:	<u>Very Dissatisfied</u>	<u>Dissatisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
	%	%	%	%
(a) Your involvement in setting your job goals	16	23	42	19
(b) Your involvement in choosing the services you received (e.g., job training, evaluations, etc.)	17	29	37	17
(c) Your involvement in choosing the agencies that your BRS counselor hired to work with you	19	27	36	18
(d) Your counselor's understanding of your needs and interests	15	24	35	26
(e) Your counselor's respect for you	11	10	42	37
(f) Your counselor's efforts in helping you get a job	24	27	30	19
(g) Your counselor's explanation of services to help you reach your employment goal	19	22	37	22
(h) How long it took to receive services	23	26	34	17
(i) The services you received (e.g., job training, evaluation, etc.)	22	29	33	16
(j) How long it took your counselor to return your telephone calls and/or e-mails	19	21	35	25
(k) The location of the office	9	8	56	27
(l) The accessibility of the office (e.g., parking, signs outside/inside office, entrance to office, mobility within the office)	8	9	53	30
(m) Your overall experience with BRS	22	26	29	23

Employment

Nearly four-fifths (79%) of consumers reported they are currently not working for pay.



Employment experiences

Of those who reported they were currently working, most were satisfied or very satisfied with the number of hours they work (68%), their job overall (60%), and job security (54%). The majority of consumers were dissatisfied with their benefits (62%), opportunities for promotion (55%), and their wages (53%).

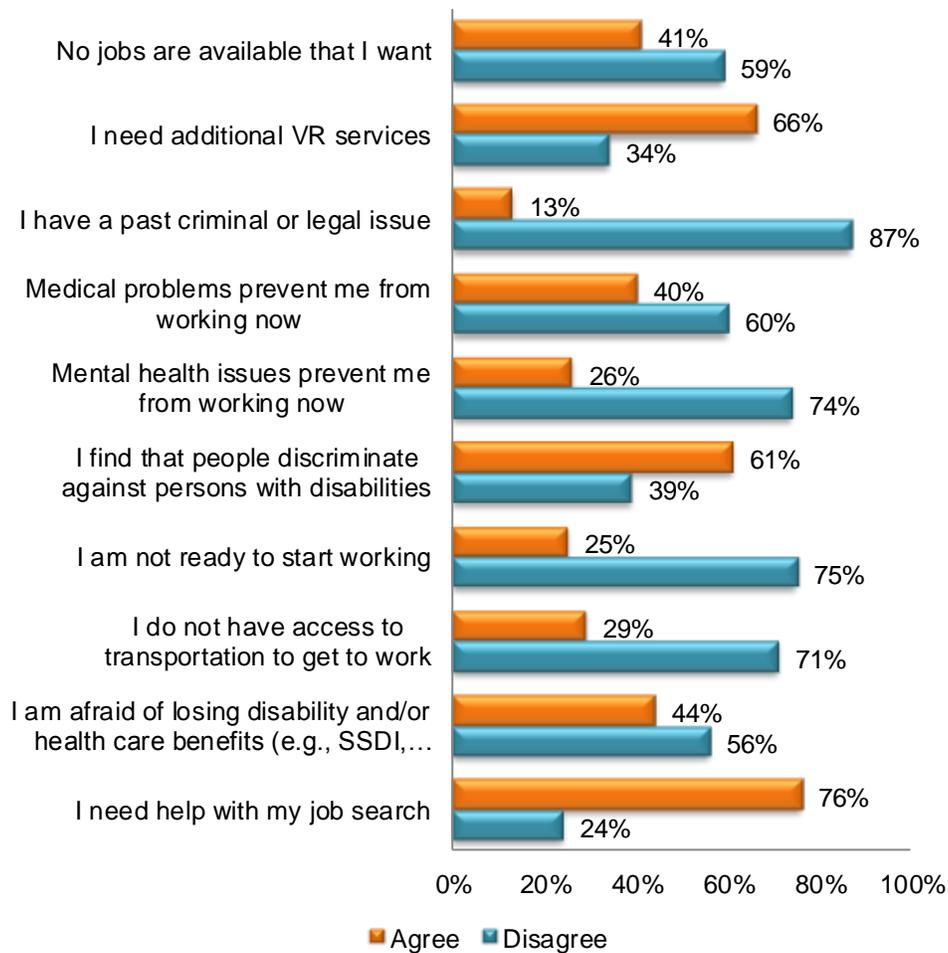
Table VI-4. Employment satisfaction

How satisfied are you with:	<u>Very Dissatisfied</u>	<u>Dissatisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
	%	%	%	%
(a) The number of hours you work	13	19	47	21
(b) Your wages	21	32	36	11
(c) Your benefits (e.g., health insurance, sick leave)	25	37	21	17
(d) Your chance to move up (e.g., promotion)	26	29	35	10
(e) Your job security	21	25	42	12
(f) Your job overall	17	23	45	15

Employment barriers

Employment barriers reported to be the most problematic were needing help with a job search (76%), needing additional VR services (66%), and discrimination against people with disabilities (61%).

Figure VI-2. Employment barriers



Additional barriers noted by respondents included limited BRS services, insufficient on-the-job support, and lack of education or training.

Limited BRS services

The period of time it took to receive services from vocational rehabilitation. BRS was extremely unhelpful in finding me a job and supporting my decision to go to school. [My counselor] was very rude most of the time during interactions. In the past 3 years, I am constantly having new counselors, they leave, and I never know who is who. And they always want me to start over and keep passing me to different departments.

I never want help from BRS with a job search again – it was terrifying. One of the jobs they lined me up with was as an assistant to someone looking for a wife. Having had a domestic abuse background, the position was extremely uncomfortable. BRS should understand that while mental health disability is not part of my disability rating, I am sensitive to certain issues. There's no guidance how to integrate these issues with employment. There needs to be a more holistic approach and focus when working with clients to help them find work.

I feel that I am a candidate for retraining. I fit the criteria, yet was never given the opportunity/help to complete or even start school/retraining. I made it very evident. My counselor! She did nothing to help me and closed my case just as I was very ready to work.

Insufficient on-the-job support

I didn't feel I was supported under ADA. I found jobs, but I needed a job coach and several jobs I had didn't want me to have a job coach. Without a job coach, I couldn't do my work correctly.

I have a brain injury that was not addressed in job training and placement. I don't understand a lot of what people say to me. They talk too fast. I can't work by myself. I need a job coach.

Needing more hands on work experience, let alone book work and theory.

A job coach that didn't teach me.

Lack of education or training

Lack of computer skills. Went to free services with BRS, but they only taught the basics.

Lost job because of my lack of computer skills.

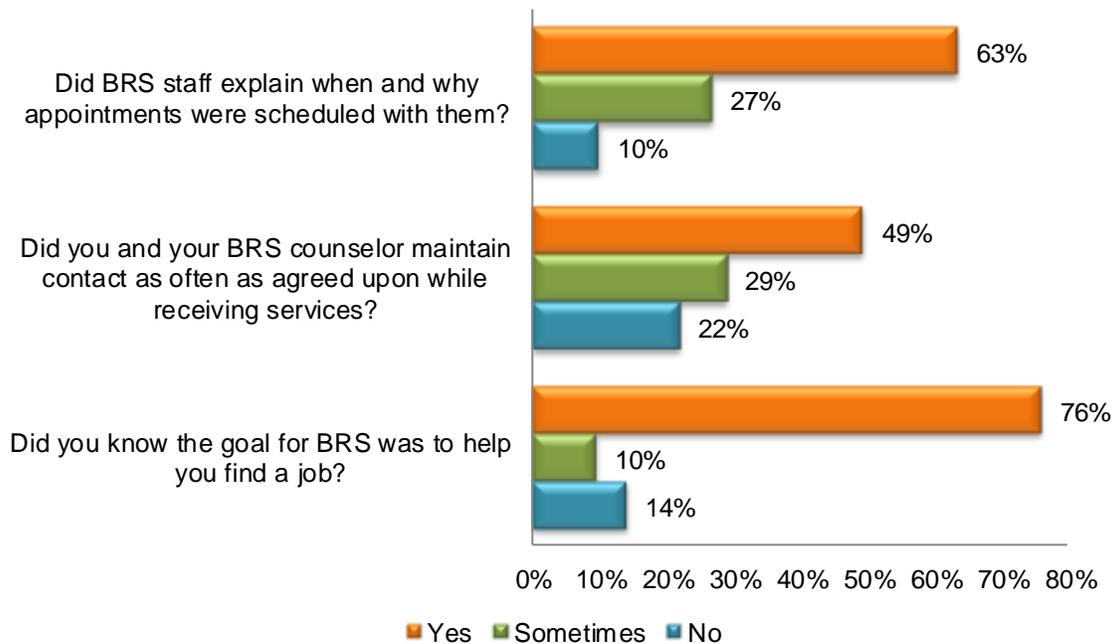
Often I find I am not motivated to work because I want a better education for my future in working for something I want to do.

Changing careers creates a barrier due to lack of experience. Previous 22 years in education doesn't transfer.

Experiences with BRS staff and employment goals

The majority of consumers (76%) reported that they know the goal of BRS is to find them a job. However, slightly more than half (51%) reported that staff never or only sometimes maintained contact as often as agreed upon, and more than a third (37%) said staff did not or only sometimes explain when and why appointments were scheduled.

Figure VI-3. BRS staff and employment goals



Additional comments about VR services

While some comments about BRS services were positive, there were many that demonstrated gaps in services for this group of VR clients whose cases closed without finding employment.

Positive comments

They were nice and helped me to get strong in not to give up.

I personally felt part of a team that had my best interest at heart. I was able for the first in a long time to embrace my disability without shame, hold my head high and went to work. BRS is the greatest!

My BRS worker was very hard working, organized, and understood my needs and abilities very well.

Insufficient services

Staff person was over committed had to see too many clients to provide appropriate level of help needed.

I received little to no employment support with career change regarding resume, job outlook, career support and guidance.

BRS was not very helpful in providing jobs or any information regarding vocational training. That was never mentioned. Still waiting for a return call after 2 weeks.

When I first started with BRS my worker, workers kept changing, arranged for an evaluation and was very good and had designed a plan of action, including possibly taking college classes. Then the worker left and I had to start over with a new one - did not continue with plan of 1st worker so I did not go back.

Appointments were difficult to get, months between at first due to limited staff, then my counselor retired and I didn't see anyone or hear anything for 8 months. Now I'm too depressed to care.

BRS was great disappointment for me. I was hoping to re-enter the work force through help and resources of BRS and was totally let down. I was paired up with Good Will counselor and coordinator who was not at all helpful. There was never enough opportunity to show that I'm capable of working in at least an office setting.

It took many months (8) to get into program because of changing staff and budgets at BRS. 1-2 months to be set up, only to be passed off to Ability Beyond Disability. Then all they offered was to sit and look at listings online with me. I can do that at home! When job ideas were offered they were physically demanding and not appropriate for my limitations. I feel I wasted 1 year trying to get help.

I wish they would not make me wait so long to call back. Attempts to call minimum 4-5 times - never received call back after leaving messages.

Staff/client interactions

I felt some level of friction between myself and my counselor in regard for my employment goals. Her goals for me were different than what I had planned for myself.

Overall it is a good program - I think I just got a worker who wasn't as involved with my situation. Didn't feel that my BRS counselor was flexible nor understood my specific barriers and situation even when I clearly expressed them to her. She would not consider retraining, wouldn't provide twice recommended ergonomic improvements for home work and classes. She "retired" and there was a long lapse in services.

My worker called me last January 2012 and said she would get back to me. She does not return phone calls and has not followed up as she promised. I am very upset with the way my case has been handled. I need help and want to work. I am trying very hard to find employment that provides a livable wage.

Counselor was basically useless. She never returned phone calls and was rude to me on more than one occasion.

Found counselors disorganized and negative.

Generally, I was totally dissatisfied with my counselor and agencies used. Counselor was judgmental, abrasive, sided with the agencies that lied about my contact with them. Agencies were not responsive to my needs and lied about my prospect or rather never told me that my prospects for a particular job were next to impossible. Agency placement managers were useless, didn't return calls, and stood me up. I would never recommend BRS to anyone!! I don't have enough room to voice my full explanation of dissatisfaction.

I was shocked at how very little my counselor did. I was always on time & she always kept me waiting. When I arrived in CA the Vocational Rehab Services were so much better. Even the location in CT was a dingy old factory building. My 1st impression was when my counselor handed me a "copy" of her calling card. With such high taxes CT can't afford business cards?! I'm not just disgusted I'm bitter that my counselor must get a good salary just to sit on her butt.

Coordination of services

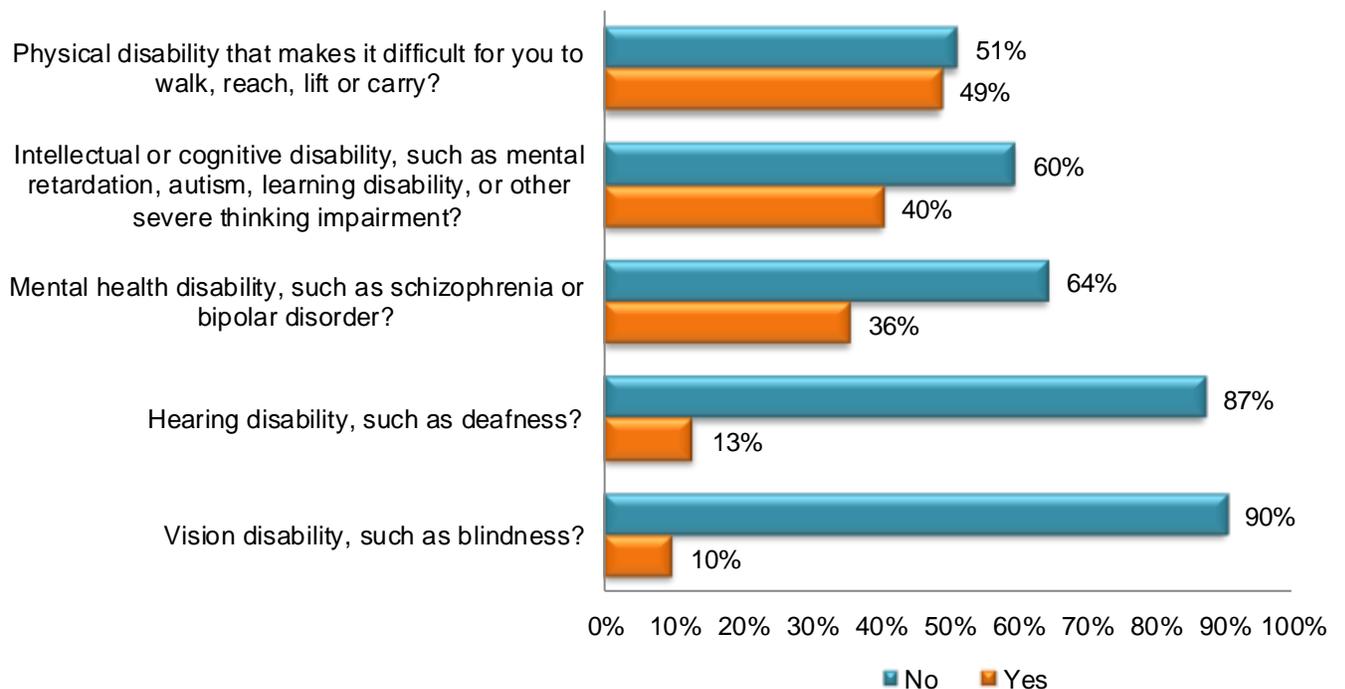
BRS simply does not work for people with developmental disabilities who need longer term job coaching. The definition of competitive employment is too restrictive. They try to work with agencies for people connected to DDS, but do not do a good job of coordinating services. DDS clients can work and deserve better BRS services that match their needs and abilities. I am my son's guardian, he has a job but not with BRS help at all.

They take a long time and do not devote enough time to brain injury clients. Brain injury clients should be referred to places such as Gaylord, Burke, or the V.A.

Disability information

Respondents were asked to indicate whether they had any of five types of disability, and multiple answers were allowed. The most frequently reported disability was a physical disability (49%) followed by an intellectual or cognitive disability (40%), and a mental health disability (36%). Fourteen percent of respondents reported multiple disabilities.

Figure VI-4. Disability information



Primary disability

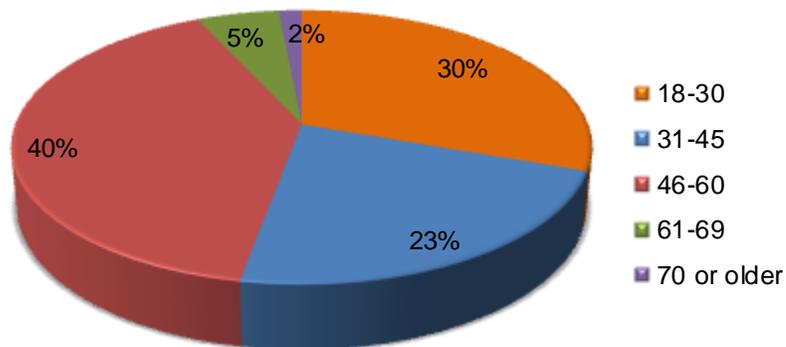
Of the 192 responses listing a primary disability, physical disability was reported 40 percent of the time followed by mental health disability (36%), intellectual or cognitive disability (17%), hearing impairment (5%), and visual disability (2%).

General information

Age

Demographic data indicate that the greatest percentage of respondents were between age 46 and 60 (40%), followed by 18 to 30 (30%), and 31 to 45 (23%).

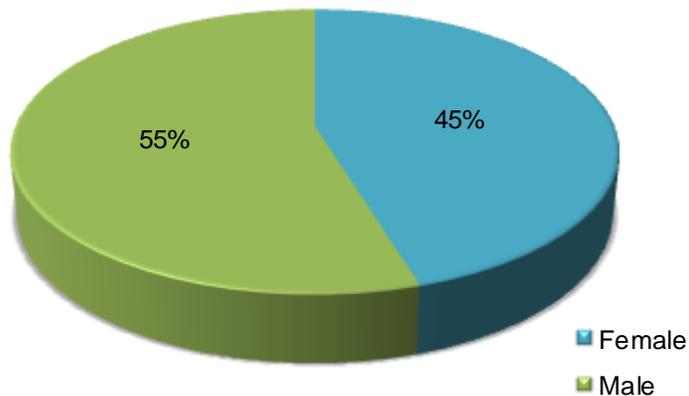
Figure VI-5. Age



Gender

Slightly more than half of respondents were male.

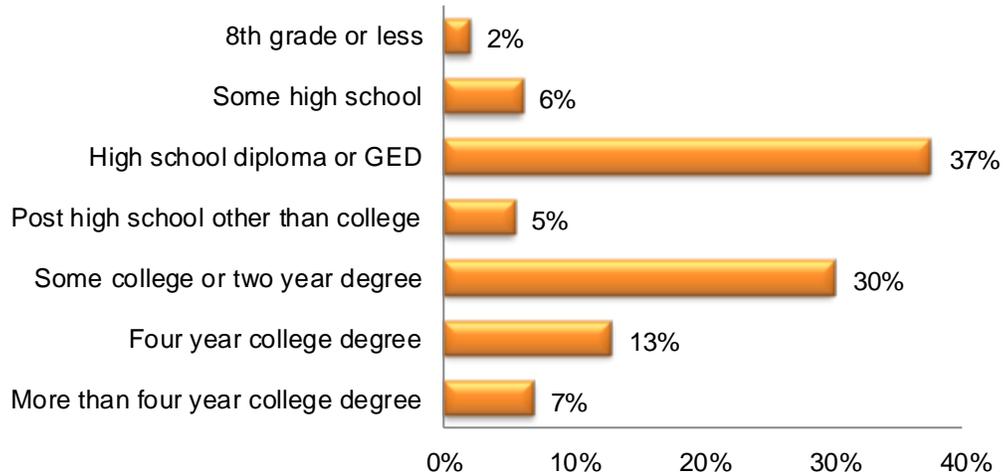
Figure VI-6. Gender



Education

Most consumers reported having a high school diploma (37%) or some college (30%).

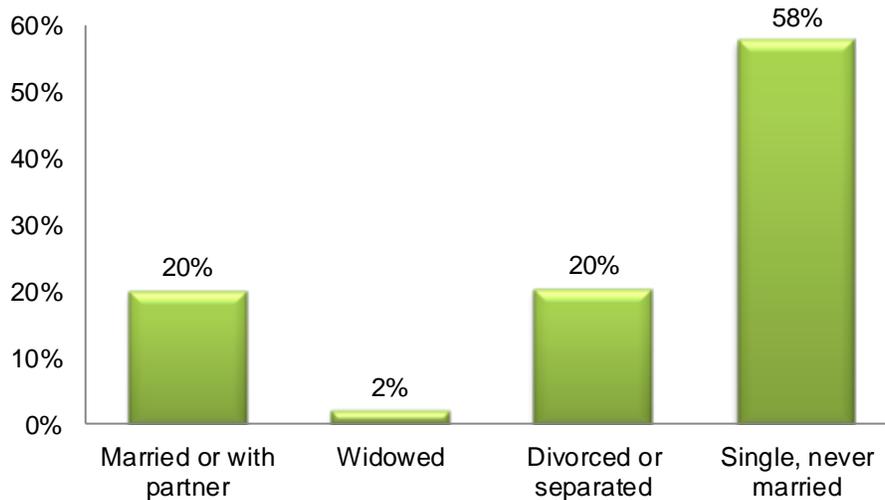
Figure VI-7. Education



Marital status

The majority of respondents were single and had never married (58%) followed by 20 percent who were married or lived with a partner and another 20 percent who reported being divorced or separated.

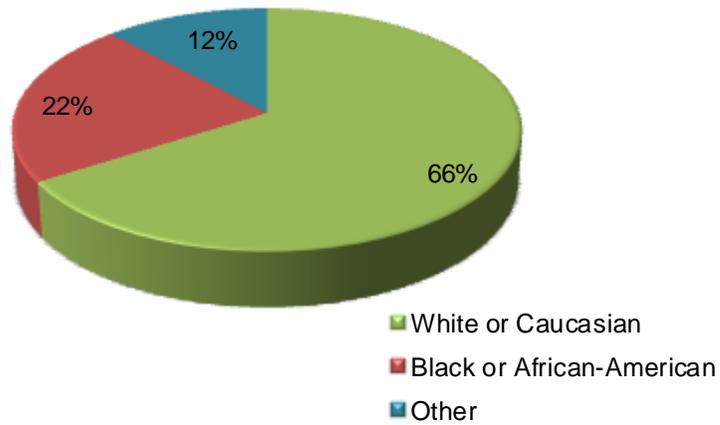
Figure VI-8. Marital status



Race

Most respondents were White or Caucasian (66%), and almost a quarter (22%) were Black or African American.

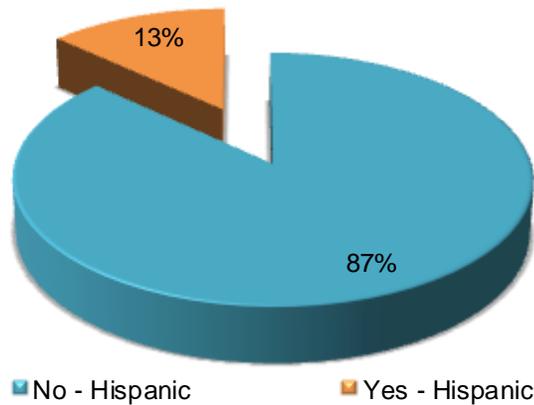
Figure VI-9. Race



Ethnicity

The majority of respondents were not of Hispanic or Latino origin (87%).

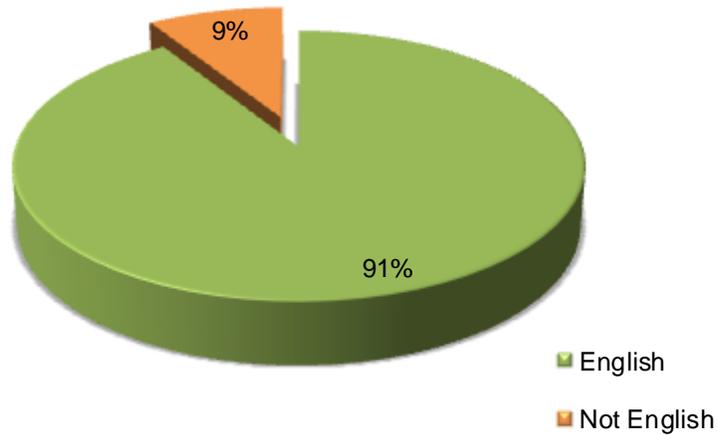
Figure VI-10. Ethnicity



Language

The greatest proportion of respondents reported speaking English (91%).

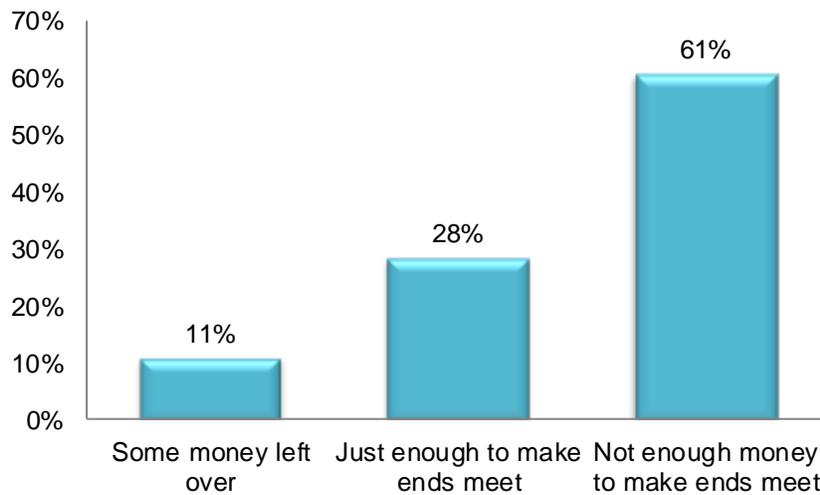
Figure VI-11. Language



Finances

Most individuals reported not having enough money to make ends meet at the end of the month (61%).

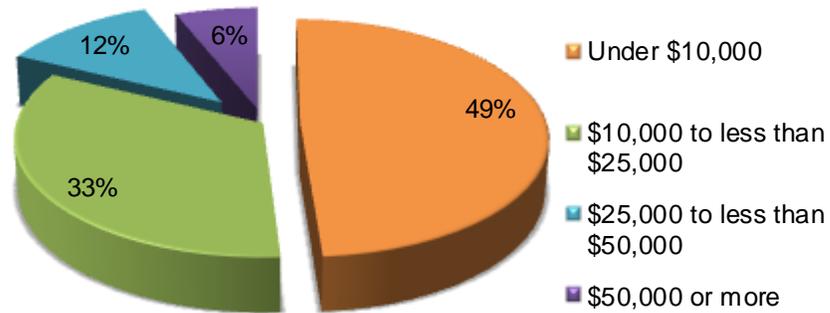
Figure VI-12. Finances



Total family income

For nearly half of individuals (49%), the total family income before taxes was under \$10,000. This was followed by 33 percent for \$10,000 to less than \$25,000 and 12 percent for \$25,000 to less than \$50,000.

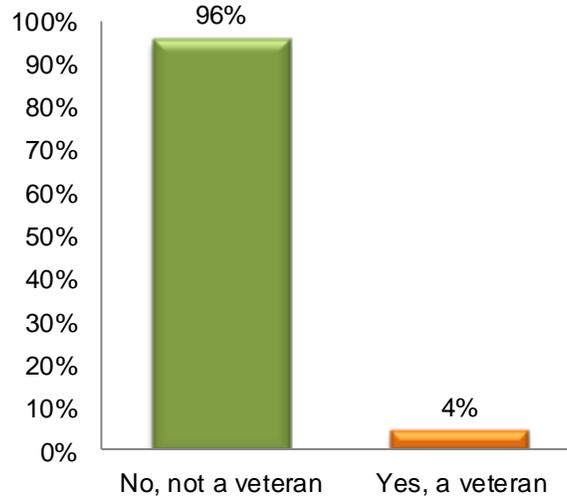
Figure VI-13. Income



Veteran status

Only 4 percent of individuals reported veteran status.

Figure VI-14. Veteran



D. Conclusions and recommendations: Consumer survey

The vocational rehabilitation program is designed to provide individually tailored services and job training to people with disabilities who want to work. The program’s goal is to enable its clients to maintain long-term employment and become self-sufficient. The consumer survey evaluated satisfaction with VR services, employment experiences and barriers, and service experiences with BRS staff of individuals whose cases had closed without finding employment.

Satisfaction with services

Most clients were satisfied with the location of the office and its accessibility as well as their involvement in setting job goals, their counselor’s respect, and their involvement in choosing the services they received.

Fewer individuals were as satisfied with length of time to receive services, the services themselves, counselor responsiveness, and overall experience with BRS. While satisfaction with many aspects of the VR process appears to be good, it might be helpful to modify existing BRS satisfaction surveys to probe areas where individuals may believe themselves to be underserved in the substance and outcomes of VR.

Employment experiences

Less than a quarter of respondents reported currently working. This small proportion certainly reflects the surveyed population of VR recipients who closed without employment. The current economic situation and paucity of employment opportunities exacerbate the situation. On the national level, labor force participation for people with disabilities is currently 20.8 percent and the unemployment rate is 13.7 percent (United States Department of Labor, 2013). In comparison, for people without disabilities the employment rate is 68.9 percent and 8.3 percent are unemployed. While there continues to be disparity between people with and without disabilities, greater efforts should be made to help people with disabilities prepare for work. Additionally, continuing to develop a network of employers who are disability-friendly is crucial in creating work opportunities for people who are qualified and want to work.

Although clients who reported working were satisfied with the hours they work, job security, and overall job, they were less satisfied with benefits, opportunities to advance, and wages. Opportunities for promotions and better wages might be addressed by focusing on providing additional training or on-the-job training to people seeking greater employment potential.

Employment barriers

The top three barriers in this assessment indicate the need for continuing to help people with a job search, dealing with discrimination, and making sure they have all the VR services they need to be successful in finding employment. Clearly, there is a need to address these barriers that are hindering people with disabilities from furthering their employment goals.

Experiences with BRS staff and employment goals

In general, respondents were satisfied with BRS staff and their employment goals, but some expressed dissatisfaction regarding the consistency of counselor communications. These concerns should be addressed in an effort to improve future services.

Additional comments

While some clients appreciate and value the services BRS provides, there are evident gaps in services that indicate the need for better communication and follow-up, more consistency in providing training or educational support, and developing a broader range of employment opportunities through collaboration.

Recommendations

In light of the data gathered from consumers for this assessment, the following recommendations are offered.

- Improve staff/client interactions, including better dissemination of information, ideas, concerns, goals, and results.

- To avoid gaps in counselor services, develop and implement protocols when clients have to be transferred to a different counselor (i.e., a letter to the client explaining the reason for a transfer and introducing the new counselor; conduct a briefing between the current counselor and new one for a more seamless transfer).
- Provide more comprehensive education and training, including training on advanced computer skills.
- Provide outreach to clients whose cases are closed and offer additional VR services.
- Send confidential satisfaction surveys to all clients after their case is considered closed in an effort to identify and address negative experiences.
- Follow up individually with each client who indicates they want to be contacted whether in a satisfaction survey or at any time they make this request known. Doing so should be useful in gaining a better understanding of the issues a client might be experiencing.

VII. Key Informant Interviews

A. Introduction

Key informant interviews allow an in-depth exploration of a topic and often result in the discovery of information that is not revealed when using survey methodology. In addition, key informant interviews provide opportunities for examining specialized systems, such as VR processes and targeted populations, including those with significant disabilities and those believed to be unserved or underserved. When cultural barriers make survey research difficult, key informant interviews with community leaders who are well acquainted with the people they serve are competent to provide this information. The key informant interviews conducted with experts for this evaluation enabled the assessment of progress and barriers and generated important suggestions for the VR program in CT. The results in this section also provide readily understandable information and compelling quotations from those interviewed.

B. Methodology and analysis

Methodology

Survey instrument

A semi-structured interview guide (Appendix G) was developed by UCHC researchers with input from BRS and the SRC. Ten interview questions focused on various target populations including those with significant disabilities, and those identified as unserved and underserved. Key informants were asked to describe major gaps or barriers that exist within VR for people with significant disabilities and measures that can be taken to better serve these individuals. In addition, key informants were asked to provide input about supported employment, community rehabilitation providers (CRPs), and the state workforce investment system and how services involving these supports could be improved.

Research sample

BRS identified individuals representing various organizations throughout the state. The initial list of potential key informants consisted of twenty-two individuals. One person declined to participate due to a perceived conflict of interest. Before data collection was complete, four additional individuals were added for a total of twenty-five key informants.

Agencies, organizations, or companies represented are listed below in no particular order.

Table VII-1. Agencies, organizations, or companies represented

Name of agency, organization, or company represented	
State Department of Education	Family Services, Woodfield
Columbus House	Epilepsy Foundation of CT
Department of Children and Families	State Education Resource Center
Southeastern Employment Services	Career Resources
American School for the Deaf	Department of Developmental Services
State Rehabilitation Council	Bureau of Rehabilitation Services
CT Autism Spectrum Resource Center	Community Enterprises
Department of Social Services	Commission on the Deaf and Hearing Impaired
CT Council of Organizations Serving the Deaf	CT Works, Disability Navigator Program
Mashantucket Pequot Tribal Nation, VR Program	Client Assistance Program, Office of Protection and Advocacy for People with Disabilities
Behavioral Health Care, Department of Specialty Services & Business Development	

Recruitment

Potential key informants were initially contacted by email to explain the project and invite them to participate. Within a week of the initial contact, phone follow-up was completed to schedule an interview date and time.

Response rate

Of the final list of twenty-five key informants, twenty-four participated and one did not respond to interview scheduling requests. The response rate was 96 percent.

Analysis

All of the interviews were recorded and transcribed, and interview transcripts were entered into Atlas.ti 7.0. This program is designed for qualitative (open-ended responses) information. Content from each open-ended question was analyzed using standard qualitative analysis techniques (McCracken, 1988). Transcripts were analyzed line by line in order to identify and interpret each individual's responses. 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.

C. Results

Target populations served by BRS

Informants were first asked to describe the target population served by their agencies. They reported a wide range of populations served, from particular age ranges or disabilities to a much broader group of clients of any age or ability. Some informants represented agencies serving a single age group, ethnicity or disability such as deaf or hard of hearing clients and children of deaf adults, people with intellectual, physical, mental health or psychiatric disabilities, people with autism spectrum disorders, transition-age youth with disabilities as well as school systems, educators and families, children in the state system because of abuse or neglect or children in the juvenile justice system, ex-offenders, and recognized Native Americans. Other informants represented agencies serving a much wider range of people with disabilities or all job seekers. Examples of the broader and more limited groups include:

Our target population is anyone seeking or needing employment. And again, our program is basically considered universal access meaning that any client or consumer or whatever can come to our front door and we would have levels of services for them no matter who they are or what their issues may be. Our focus is not specifically on people with disabilities.

We work with every disability. That's probably why we do so much business with BRS. Plus we do blindness and work with the Board of Education Services for the Blind. The majority of our referrals are mental health, brain injury, cognitive disabilities. We do a lot of work with spectrum disorders.

It is a big variant within the deaf community. You've got deaf, hard of hearing, deaf-blind in one community and people who were born deaf, people who become deaf later in life; some of them do not have a good education. Some have a good education but are frustrated with having difficulties getting a job.

Our target would be people with epilepsy, their families, healthcare providers, school nurses, teachers, anyone who comes into contact with a person with epilepsy.

How BRS services are accessed

Informants were also asked how BRS services are accessed by the populations they serve. Responses indicated that although there are many paths to BRS services, there are three primary ways for clients to access services: self-referral, agency or provider referral, and for transition-age students, through their school system.

Basically, somebody would be referred to us or they would do a self-referral... If somebody is currently in high school, we work together with their high school and the high school would refer them to us. Parents can refer their sons or daughters to this agency. Doctors, psychologists, psychiatrists. If we do presentations out in the community – referrals can come in through these people and avenues as well. Anybody can refer someone to us.

Each school is assigned a BRS counselor who acts as a liaison to that high school. Most of the students are referred through that collaboration between the high school and the liaison counselor, however some students do go in through the front door.

Some informants noted that their agency works collaboratively with BRS in providing services.

For... folks with intellectual disabilities, more often than not, we have the long-term sign off. So the person may go to BRS to do what we call the working interview or some sort of assessment or to try out different types of job sites ... Then we might follow up with additional support to support that person. But it is definitely a collaborative – over the years people were less likely to go to BRS – but I think we realize what expertise they have and what expertise we have and it really takes both working together.

Populations unserved and underserved by BRS

Two interview questions asked informants whether they believe there are populations of people either “unserved” (defined as populations not using BRS services that could benefit them) or “underserved” (defined as populations that could benefit more from BRS services). Most informants had some trouble distinguishing between the two, and named the same populations in answer to both questions. However, their detailed answers indicate that for the most part they were describing underserved populations. There were, however, a small number of groups identified as being truly unserved, either because they fall through the cracks in the BRS eligibility criteria or because beliefs and attitudes get in the way of services. These populations include certain transition-age students, students placed out of state, persons with mental health and addiction issues, persons who require significant ongoing supports, and a portion of the autism population. There were also several comments that the Willimantic area of the state is unserved.

One group of individuals we don't serve because by our criteria [we don't] consider them to have disabilities are people with what schools consider learning disabilities or borderline mental retardation, but that don't meet our criteria for either a mild intellectual deficit or a learning disability. So those folks can't get served in our system.

Probably people with significant mental health issues. There's been a lot of education but many people with mental health and addiction issues are still unserved. There's that myth that if they go back to work they're going to lose their benefits so I'd say that population.

There is a group that have disabilities that may not meet the disability code through DSM-V or recognized disability... These individuals who have the labels at this early age, transition age, may not have a recognized disability that meets our criteria, however, if these individuals don't get assistance during these key years, they end up coming to BRS with more disabilities that are diagnosable ... These are transition age students and as they age out of the system and are not able to adjust in the real world but they may have something like an adjustment disorder or a social or emotional disability... they get to adulthood and these issues aren't addressed then they end up becoming products of mental health system.

The Willimantic area is not served by BRS.

Well I still think the autism population because a lot of those folks do not appear that they need any help. And because they are so intellectually capable, they may come across as having a lot more skills than they actually have. So they may not look like they need a lot of help until you actually see them on the job and see where it's maybe more of the soft skills that they need, not that they cannot physically do the job.

If someone has some outstanding issues that aren't being addressed or that they refuse to get addressed, like drug or alcohol dependency, criminal charges, etc., they are not going to be able to get served. And if people are not able to show that they can be competitively [employed] without significant ongoing supports, they won't receive services from BRS.

The list of groups identified by informants as “underserved” is considerably longer. Many informants whose agencies serve persons with a particular disability named that population as underserved. The group named most frequently as underserved is persons with hearing disabilities. Other underserved populations mentioned by multiple informants include transition-age youth (including students in corrections and Section 504 students), non-English speakers, persons on the autism spectrum, and persons with severe disabilities who have the most significant needs. Additional populations mentioned by one informant include those with orthopedic and mobility disabilities, cognitive disabilities, mental illness and substance use disorders, the Native American population, persons who live in rural areas, and those who are homeless. A few examples illustrate the variety of named underserved populations:

Our agency has just started contracting with BRS to service people who are deaf and I've been in on their team to try and push services to the deaf population, but I think it's probably still underserved. I know they're working on it, but it's a difficult population to work with, so I can see why it's underserved.

Not everyone can access BRS the same way. People with severe disabilities may have more difficulty to access BRS. They might be getting services, but not all the services they need. People in rural areas might be underserved. It's all about location and they don't have the same means to get to offices where they can access services.

Certainly folks on the autism spectrum... I would have to say in some places, transitioning youth with disabilities. School districts vary a great deal in this state and probably in all states. Some refer lots of kids to us and some don't refer any.

Transition-age youth, folks that are deaf and hard of hearing, and those that are monolingual Spanish.

People with mental illness could be served more. They need long-term supports and if not hooked up with DMHAS services, there's no long-term supports out there for them and many of them they need those long-term supports to be successful. They may have minimal supports from BRS, but often what they need is the long-term supports.

Major gaps or barriers in vocational rehabilitation services

Questions concerning gaps and barriers in the vocational rehabilitation system for persons with significant disabilities, and measures to overcome the barriers and improve access generated lengthy discussion. Informants identified numerous gaps and barriers within the system, as well as suggestions for BRS actions to overcome the barriers and improve access to services. The

gaps noted most frequently involve lack of knowledge or awareness, either on the part of others about BRS and its services, or within BRS about its clients and the most effective ways to serve them. Informants noted that many in the general public, school systems, employers, and sister state agencies, lack awareness of all the services BRS offers, and that it should be a BRS priority to increase visibility through education in a number of ways. (See Table VII-2 for a summary of reported gaps and suggested solutions). They also noted that BRS often experiences high staff turnover, and that some staff members, as well as others, have preconceived ideas about their clients' abilities, and could use additional training about certain disabilities, such as deafness and autism.

BRS needs to get the word out. A lot of people just don't know that they exist. I think that they need to do a better job in getting the word out. They need to work more closely with school systems and in really again educating systems about what BRS does and what they don't do.

There needs to be more education about what BRS has to offer. We have to keep that education going because there's been such a turnover... They just hired 30 new counselors so that education piece about who they can serve, who needs to be served, what's in the community, things like that on both sides need to be out there for people to know. It needs to be an ongoing process not just a one shot deal of "ok, we're going to let everyone know what we're doing."

More training is needed, more workers that specialize in the various disabilities. There will be changes in their current system that will need to take place, like specialists in various offices.

The only thing that comes to mind might be the lack of training for BRS staff and understanding a particular disability, be it epilepsy or autism or brain injury – that they are not familiar enough so that they could offer the correct kinds of support.

In DSS – a deaf person cannot access anyone; they don't answer their TTY, and they don't really have any way for a deaf person to find out who their worker is and get things straightened out.

What is the biggest barrier? Well I think that people, in many respects, have a preconceived idea of what people with disabilities can do. So I don't know if they are given the same range of opportunities that maybe if you or I went in. Or maybe someone with a hidden disability like mental health.

Informants shared their perceptions of other gaps within BRS, such as a slow eligibility process, lack of services in the Willimantic area, and lack of support for clients in finding transportation solutions and developing the technological skills needed to be successful in job-seeking such as email and online job applications.

Looking at the eligibility process, if there's any ways to make that simpler, ways to expedite the intake process, to move people through more quickly. I think for an agency like DCF, when our staff don't even know what BRS does for the most part because we depend pretty much on the school system, there should be some more relationships between the local BRS offices and our local DCF offices.

What we need more of is job openings in the general area that people can get to.

Transportation in our area is not great and the bus routes don't cover the community all that well, so transportation is always an issue for the people I'm working with as well.

What we've done in our facility is set up a computer lab with 5-6 computers and people can come in and check emails, do applications at least three different days a week, and we help them set up email accounts and teach them how to use computers. Anything around technology is very important today. So anything BRS could do to help people meet the technology requirements they need in order to seek work would be useful.

That drive from the Willimantic area to Manchester is a hardship especially when transportation for this population is already an identified barrier.

Other reported gaps involve relationships with other agencies. Informants reported overlap in the roles of job developer for multiple agencies, leading to confusion and resentment among employers. In addition, clients who are served by multiple agencies may have case managers who do not work together effectively. Suggestions for improvement include ideas for job developer and case manager cross-agency cooperation.

Another thing is they do represent... all of the disability groups, so if they can continue to develop job developer training for all of the state agencies staff and providers, across disability – that would be helpful. I think if they could continue working on a system where people share job leads, that would be really helpful, that is the job developers in school systems and job developers in the private agencies that we use, the job developers in the private agencies that DMHAS uses, job developers that BRS uses.

I think one of the things that I found out is that we are serving so many clients that have transcended other programs. If someone is in DMHAS or the correctional system or in BRS. It seems like there are many different case managers, or many different systems that a person or consumer can actually touch at a state level as well as a local level. There needs to be some more community case management in that field, whereby we would have a better understanding of all of those services that the consumer is actually accessing so that we can better serve them. Oftentimes we find out later, "oh, you've already been there" – if we had known that in the beginning we would have been better able to serve that individual effectively.

Table VII-2. Major Gaps in VR Services and Suggested Solutions

Gaps/Barriers		Suggested Solutions
1	Lack of knowledge/awareness about BRS services (among general public, schools, other state agencies, employers)	Increase visibility in the community with education about who BRS is and what they offer; educate schools and employers; build relationships with other agencies such as DCF; broaden partnership with Dept of Education beyond pilot; expand "Prep Rallies" to schools and parents
2	Lack of knowledge within BRS and among providers about people with certain disabilities (e.g. deafness, autism, brain injury)	Create and train specialists in particular disabilities (e.g. deafness, autism, brain injury); mandate similar training for providers
3	Preconceived ideas about what people with disabilities can do (among both BRS staff and employers); negative employer perceptions about costs of accommodations	Stop sending clients to "default" employers such as retail; give creative incentives to employers for hiring; increase training and mentoring for new staff
4	Poor communication with deaf clients (by BRS, providers, employers)	Provide more interpreter services; hire more staff & providers who are sign language proficient; add more videophones to BRS offices; make forms deaf-friendly; expand services to deaf-blind individuals through BESB collaboration
5	Slow eligibility process	Make eligibility process simpler; expedite intake; offer a "fast track" alternative for clients ready to start job search; allow applications and documentation online via secure website
6	Transportation	Develop jobs in areas with good transportation; link clients with existing transportation options
7	Lack of client technology skills for job-seeking	Train clients on using computers, email, online job applications
8	Multiple case managers for one client don't work together (e.g. BRS with DMHAS, DDS, Corrections)	Create "community case managers" who combine services from multiple agencies
9	Job developer overlap	Develop job developer training across state agency staff and across disability; share job leads; increase ties to employers; convene regional partnerships around serving employers
10	Lack of service in Willimantic area	Reconsider BRS presence in Willimantic CTWorks

Supported employment

Informants related the need for supported employment among the populations they serve, as well as existing barriers and suggestions for BRS to meet supported employment needs. The degree to which supported employment is important differs greatly by population. It was identified as very important to persons with cognitive, intellectual, and mental health disabilities as well as many on the autism spectrum. Even within those populations, however, the need ranges from short-term or occasional to many hours per week.

Probably 90 percent of our [autism] population, I don't think they can enter a job without that kind of support and they can't keep it without that type of support either.

Supported employment would be for our mental health consumers and folks with developmental disabilities.

Oh – it's a great need. Our folks will always need some kind of support. Whether it is one hour a week, or 6 hours a day – it varies, it's all over... But usually we are the ones that end up providing that. So they may go to BRS for assessment or for job placement, or whatever other types of stuff. But usually the long-term follow-up – we do that.

Several informants pointed out that BRS provides only short-term assistance, not the long-term supports required of supported employment, which are picked up mostly by other agencies such as DDS and DMHAS. For many on the autism spectrum, those alternative agency support systems may not exist, and for people with other disabilities the two agencies may not work in concert.

BRS limits itself to people who are going to only need a few hours of on-going support per week. And most of the people that we support need more than just a few hours of support.

One of the biggest ones is individuals on the autism spectrum because of the unique characteristics of individuals that are classified in that group ... There is a waiver through DDS, but they only have 78 slots for the entire state. So if that's the fastest growing diagnosed disability unique group then [they] will need supports in place to help people in this particular group. Without the supports that one group we find we don't have as much success with in terms of long term employment.

For folks with mental health issues, I think one of the biggest barriers for us is that VR looks at long term supports differently than the mental health system and it's hard because there's two different philosophies and two different agencies. To me that's a barrier. Getting messages down to the front line staff throughout all three agencies is challenging. We're talking about DMHAS and DDS and we have to ask do they truly understand what services we can provide, when we can provide them, and that the services are short term. Getting that information out to their frontline staff is critical so they know who would be an appropriate referral to BRS.

There was also some discussion of the need for supported employment options for students of transition age in their school systems in order to help them access employment.

I would like to see the supported employment piece also stressed with school systems... Not all schools have it. Usually supportive employment has been looked at mostly in the adult service agency realm, like a BRS or a DDS, not necessarily with schools. But again, I think that supported employment piece might assist students who are still in school to access employment earlier.

There is a need for supported employment particularly for students with intellectual disabilities and those with multiple disabilities and physical disabilities and students on the spectrum. I think districts sort of do that but I don't know that they know to call it supported employment.

A few informants noted that job coaches sometimes lack the skills or training needed to be effective in supported employment, and suggested that clients would benefit if coaches received better training and information about the clients.

The training of the support people or the job coaches is problematic. There isn't a regular or ongoing mechanism to train job coaches.

BRS counselor sends a client to a job site or whatever and they have these assistants, or job coaches or whatever you call them, - they do not give the job coaches enough information about the client so if the job coach goes to the site, they don't know that this client has mental illness and is shocked by when they get upset at the job and it looks a little bit out of control and I think that is kind of unfair to the job coach and it is also unfair to the employer and I think that communication – I understand about HIPAA and all that – but if you are going to charge somebody to be the job coach to help that person maintain employment, they got to have some background history on that client.

Workforce investment system

There were a number of barriers identified by informants to the successful operation of the workforce investment system, as well as suggestions for that system to meet the ongoing service needs of BRS clients. They noted that one of the most significant barriers is that the system does not work well with “hard to place” individuals, including ex-offenders, the homeless, and people with low literacy skills as well as people with disabilities, because it is geared toward rapid re-engagement and meeting performance metrics.

The Workforce Investment Act system is based on outcomes and ... on the likelihood of a person maintaining, getting employment and succeeding. And these are the ways that these workforce boards are funded. Individuals with severe barriers are typically hard to place, and ... if you enroll them, you are probably working against you in terms of your denominator or in terms of your outcomes... There is a sense that all workforce development programs want to serve people with disabilities; we just don't know how to work with them within the constraints of the federal act itself whereby we would be penalized for working with people with disabilities.

Another gap noted is a mutual lack of knowledge between the workforce investment system and the business community; i.e., many businesses do not understand the system, and those in the system lack understanding of employer needs. Some school systems also do not appreciate the resources available with workforce investment. In addition, there is a need for more assistance for people who lack skills and computers for email and online job searches, particularly with newer strategies like social networking.

I think that we also have to do a better job of connecting you know youth that are exiting out of the school systems at age 18 and try to connect them to more employment activities within our current workforce development system. Youth that have disabilities – that's another area that could use improvement.

We need to better understand the employer's needs and make it more central to what we're doing.

One of the biggest problems is the entire workforce investment system keeping up with the massive changes in hiring, filling out applications and interviewing that's happening in the employment settings, like the electronic application and tracking systems, timed applications, social networking and those kinds of things that people are needing to use for jobs. I'm just not seeing it from BRS nor am I seeing it from rehab providers, except spottily here and there. Nor do I see it as a regular issue with the CT Works and DOL folks.

On the positive side, some mentioned that valuable training and internship opportunities have increased, and that there are pockets of good collaboration and good use of resources where CTWorks is co-located.

Community rehabilitation providers

Informants were asked their opinion about the need for additional community rehabilitation providers (CRPs), and whether the services provided by existing CRPs need improvement. There were mixed views on the need for more CRPs; some noted additional needs in certain geographic areas or for particular services, such as services for non-English speakers or those with hearing disabilities or autism.

Some are better than others. Most of them are rather stagnant in terms of not developing service programs and expertise in the trends that are going on, such as keeping up with autism issues.

There aren't agencies in some of the communities we serve who do a good job of serving our consumers. We also have gaps around the state of CRP services available for Spanish speaking people, folks who need sign language – we always have huge shortages in those areas.

Others indicated that the quantity of existing providers is adequate, but believed that quality is sometimes lacking, with many CRPs providing excellent service and others falling short of ideal. Training for CRPs was recommended frequently to increase quality of services.

I don't know if there is a need for more... They do assessments, situational assessments. Some of their assessments are like cookie-cutter assessments – that's where I get concerned for our folks.

I think that BRS could help Community Rehab providers to be more creative with the resources that they have. I think again by keeping them updated about current practices, what best practices are – sharing with them some success stories of other CRPs and what people are doing. Seeing if people can pool some of their resources and work more together and do some creative development, resource development, job development.

Yes, there always a need, but the problem is its quality... The problem is finding providers that provide quality services. Some CRPs take money from BRS and don't do what they're supposed to do.

Cultural competence

One theme that cuts across many informant responses is the need for increased cultural competence on the part of existing and new BRS employees and CRPs in dealing with people of varying ethnicity, language, disability, and other factors.

BRS people are well educated. They know what they're doing, but our issues come down to cultural issues, the way services are offered – there's a pattern to be followed and they're the same for everyone. That doesn't work for our communities.

Yes, again cultural competency issues need to be addressed, increasing knowledge of Native communities – where the communities are, who's involved, what programs exist, what services are offered therein, and what programs are still needed.

People in the deaf community need to feel they can trust people; language is a huge barrier. BRS counselors are mostly white and that in itself is a barrier. They should have a variety of ethnicity.

I think that what sometimes happens with BRS and the team is that sometimes the consumer isn't looked at holistically. This includes cultural issues (i.e., race, sex, orientation, religion). Sometimes listening to consumers from their lens is critical.

We have a growing Asian community and some are insulated and they don't seek help from social service agencies. I'm not sure how we can reach out to them.

Some informants suggested training to increase the sensitivity and competence of BRS employees and CRPs, while some noted the need for hiring individuals of more varied background and experience.

Positive comments

Although the key informant questions were designed to elicit information about gaps in BRS services, particularly for unserved and underserved populations and those with severe disabilities, informants spontaneously added many comments about positive features in BRS programs and services and things that have improved over the years. Several mentioned increasing responsiveness, the positive impact of Connect-Ability, and the value of benefits counseling, among others.

The one thing that I have been impressed with as far as BRS and ever since I have gotten to know them and work with them for probably well over 10 or 12 years, is that they are incredibly receptive to anything that advances their clients. And they don't feel bound by bureaucracy – they will do whatever they need to do to make things happen. I can't say that for other state agencies that I have dealt with in the past. But BRS is incredibly creative, willing to take the risk, because I think they truly understand how dynamic situations can be – and that one size does not fit all.

I think that one of the things that they did really well was helping the different state agencies to work more effectively together.

I just want to go on record to say that BRS has done an outstanding job with Connect-Ability and the different media coverage that they have done. Also I know that they do the employment summits for employers.

Well I think that one of the things that they do really well is the Benefit Counseling. And that is a huge huge asset for our folks and their families and the people that they are working with.

D. Conclusions and recommendations

Informants confirmed that both the target populations for BRS services and the methods of accessing those services are wide and varied. Persons of all ages and disabilities are served, as long as employment is one of their goals. While the employment needs of persons with visual disabilities are served primarily by a sister agency, persons with other sensory, physical, cognitive, intellectual and mental health disabilities of all ages can seek services from BRS themselves, or through family members, school systems, or other providers.

Despite the wide net cast by BRS, the needs of some populations of clients or potential clients appear to be unserved or underserved, according to informants. Unserved populations may include people who fall through the cracks in the BRS eligibility criteria, such as certain transition-age students, students placed out of state, persons with mental health and addiction issues, persons who require significant ongoing supports, and a portion of the autism population. A wider range of client populations does receive some BRS services, but could benefit more from them. Underserved populations identified by informants include persons with hearing disabilities, transition-age youth (including students in Corrections and Section 504 students), non-English speakers, persons on the autism spectrum, persons with severe disabilities who have the most significant needs, persons with cognitive disabilities, mental illness and substance use disorders, the Native American population, persons who live in rural areas, and those who are homeless.

Informants also identified a number of perceived gaps in BRS services, and suggested some ways to fill them. The most commonly mentioned gaps were informational: lack of knowledge of BRS services, and gaps in BRS workers' knowledge of particular disabilities, such as deafness and autism. Other gaps mentioned include poor communication with deaf clients, a slow eligibility process, and lack of coordination among case managers and job developers. Suggested solutions ranged from increased visibility for BRS and training for agency workers and CRPs to eligibility process simplification and methods of promoting better coordination among case managers and job developers.

Supported employment was described as a key service for a subset of BRS clients, especially those with intellectual or mental health disabilities and those on the autism spectrum. Informants stressed the importance of expanding the availability of supported employment to transition-age students and providing better training for job coaches. The workforce investment system is perceived as a key BRS partner whose collaboration has enhanced training and internships opportunities. However, a number of workforce investment system limitations were described, including limited knowledge of some employer priorities and an emphasis on speedy outcomes at the expense of hard to place individuals.

There were mixed opinions on both the quantity and quality of community rehabilitation providers. There may be a need for additional CRPs in some geographic areas and to serve underserved populations such as those with autism and hearing disabilities. While many existing CRPs do an excellent job, others produce lower quality results and require additional training. Informants also noted a need for increased cultural competence in both CRPs and BRS workers. While training for existing workers can enhance cultural competence, there is also a need to hire persons of varied backgrounds and additional persons with disabilities.

Finally, informants related several positive observations about BRS, its employees, and progress over the years. They described BRS employees as dedicated, creative, and responsive to ideas that would enhance their clients' welfare. They also praised efforts to enhance inter-agency cooperation through Connect-Ability and other channels.

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IX. Appendices

- Appendix A: 2011 Medicaid Infrastructure Grant Needs Assessment Peoples with Disabilities Survey – Selected measures for no VR group versus closed group versus active group
- Appendix B: 2011 Medicaid Infrastructure Grant Needs Assessment Peoples with Disabilities Survey – Selected measures for no VR group versus any VR group
- Appendix C: 2011 Medicaid Infrastructure Grant Needs Assessment Peoples with Disabilities Survey – Selected measures for VR users only – closed versus active
- Appendix D: Community Rehabilitation Provider Survey
- Appendix E: Counselor Vocational Rehabilitation Survey
- Appendix F: Consumer Vocational Rehabilitation Survey
- Appendix G: Key Informant Interview Guide

**Appendix A: 2011 Medicaid Infrastructure Grant Needs Assessment
Peoples with Disabilities Survey
Selected measures for no VR group versus closed group versus active group**

Age

What is your age?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Less than 18 | <input type="checkbox"/> 46 - 60 |
| <input type="checkbox"/> 18 - 30 | <input type="checkbox"/> 61 - 69 |
| <input type="checkbox"/> 31- 45 | <input type="checkbox"/> 70 or older |

Education

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

Marital status

What is your marital status?

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single, never married |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Living together as though married |
| <input type="checkbox"/> Divorced or Separated | |

Race

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 (describe) _____

Hispanic origin

Are you of Spanish, Latino, or Hispanic origin?

- No Yes

Language – English versus other

What language do you mainly speak at home?

- English Spanish Other (describe) _____

Income

In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with...

- Some money left over
- Just enough to make ends meet
- Not enough money to make ends meet

Self-rated health

How would you rate your overall health at this time?

- Excellent
- Good
- Fair
- Poor

Disability category

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
<u>Physical</u> disability that makes it difficult for you to walk, reach, lift or carry?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Intellectual or cognitive</u> disability, such as mental retardation, autism, learning disability, or other severe thinking impairment?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Mental health</u> disability, such as schizophrenia or bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Hearing</u> disability, such as deafness?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Vision</u> disability, such as blindness?	<input type="checkbox"/>	<input type="checkbox"/>

Substance use disorder

Have you ever been diagnosed with substance use disorder?

- No Yes

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?

- Yes, I am currently working for pay
- No, I am not currently working for pay, but I have worked for pay in the past
- No, I have never worked for pay

Actively seeking employment

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?
-

Likelihood of getting a new job in the next 12 months

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

Turned down a raise/promotion

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

Received assistive technology modifications

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

For your main 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

Received paid help at work

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 either to get or keep a job? Please check only one box for each statement.

	<u>Very Important</u>	<u>Moderately Important</u>	<u>Somewhat Important</u>	<u>Not Important OR Not Needed</u>
Help at <u>work</u> from a paid personal assistant or helper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix B: 2011 Medicaid Infrastructure Grant Needs Assessment
Peoples with Disabilities Survey
Selected measures for no VR group versus any VR group**

Mean hours working

How many hours do you typically work each week at your main job?

_____ hours a week

Hourly wage

What is your average hourly wage before taxes for your main job?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$8.25 an hour | <input type="checkbox"/> \$15 – 19.99 an hour |
| <input type="checkbox"/> \$8.25 – 9.99 an hour | <input type="checkbox"/> \$20 or more an hour |
| <input type="checkbox"/> \$10 – 14.99 an hour | <input type="checkbox"/> Other: \$_____per_____ |

Talents used

How much of your talents and abilities does your main job require you to use?

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> A lot | <input type="checkbox"/> A little |
| <input type="checkbox"/> Some | <input type="checkbox"/> None at all |

Competitive employment

Are you competitively employed at your main job? This means you have a paid job in the community which you applied for on your own and is not set aside for persons with disabilities. Or, you are self-employed.

- No
 Yes

Were you competitively employed at your last job? This means you had a paid job in the community which you applied for on your own and was not set aside for persons with disabilities. Or, you could have been self-employed.

- No
 Yes

Job coach or support staff

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 either to get or keep a job? Please check only one box for each statement.

	Very <u>Important</u>	Moderately <u>Important</u>	Somewhat <u>Important</u>	Not Important OR Not Needed
Job coach or support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of job

What is your main job or position? _____

**Appendix C: 2011 Medicaid Infrastructure Grant Needs Assessment
Peoples with Disabilities Survey
Selected measures for VR users only – closed versus active**

Importance of specific AT devices

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.

	<u>Very Important</u>	<u>Moderately Important</u>	<u>Somewhat Important</u>	<u>Not Important OR Not Needed</u>
Computer access aids (touch screens, modified or keyless entry, voice to text software, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication aids (communication boards, voice activated telephone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing and listening aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devices for people who are blind or have visual impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural adaptations (entrance ramps, expanded doorways, accessible workspace, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility aids (electric wheelchair, stair lift, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation aids (lift van, lift bus, adaptive driving controls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Importance of supports

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 either to get or keep a job? Please check only one box for each statement.

	<u>Very Important</u>	<u>Moderately Important</u>	<u>Somewhat Important</u>	<u>Not Important OR Not Needed</u>
Help at <u>work</u> from a paid personal assistant or helper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job coach or support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from other professionals such as a personal manager or case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work accommodations based on disability or personal needs, such as extra training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transportation difficulties

What transportation difficulties have you had in the past 12 months? Check all that apply.

- A person is not always available to assist or to drive me.
- 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, accessible 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.
- Other (describe) _____

Challenges to overcome in order to work or get a different job

What are some of the challenges you will have to overcome in order to work or have a job?

Appendix D: Community Rehabilitation Provider Survey
Bureau of Rehabilitation Services
Comprehensive Statewide Needs Assessment (CSNA)
2012 Community Rehabilitation Provider Survey

ABOUT THIS SURVEY

- The CSNA is an opportunity for combining existing information and new information to inform the State Plan. The purpose of the needs assessment is to improve rehabilitation services for people with disabilities in the future. We are doing this by **collecting feedback directly from community rehabilitation providers** who voluntarily agree to participate.
- **All surveys will be kept strictly confidential.**
- **Only the aggregated group results will be published in a report.** No individual identities or individual responses will be reported. The report will be sent to state agencies, vocational rehabilitation partners, the Rehabilitation Services Administration (RSA), and posted on the Bureau of Rehabilitation Services website.
- This survey is administered by a research team from the University of Connecticut Health Center (UCHC).

INSTRUCTIONS

- Complete all questions on each page.
- The questionnaire will take about 30 minutes to complete.
- You may choose to not answer a question if you prefer.
- After you have completed the survey and are satisfied with your responses, return the survey to the person collecting the surveys.
- For questions send email to: Admin.UconnSurveys@uchc.edu or phone 1-877-773-6158

Thank you for completing this survey.

Background Information

1. Which of the following best describes your job title and/or primary role? [check only one]
 - Job developer
 - Vocational director
 - Vocational service manager
 - Employment specialist
 - Billing/fiscal
 - Other, specify: _____

2. What is your organization's 5 digit zip code? _____

3. What is the legal status of your organization? [check only one]
 - For profit Not for profit Government agency

4. In your job do you primarily serve people with disabilities who want to work?
 - Yes No

Service Needs

This section asks about rehabilitation needs and your experiences in serving **individuals with significant disabilities**. Below is a list of services that individuals with disabilities might need. In number 5, mark the answer that best describes how many of your clients with significant disabilities use this service. In number 6, answer how available this service is for your clients who have significant disabilities.

5. Thinking about your clients with significant disabilities, **how many** need this service?

	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Don't know</u>
Career or job decision and selection					
(a) Assessing client's interests and abilities	<input type="checkbox"/>				
(b) Learning what jobs are available	<input type="checkbox"/>				
(c) Choosing an appropriate job	<input type="checkbox"/>				
(d) Pursuing self-employment	<input type="checkbox"/>				
Education and training					
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Don't know</u>
(e) Choosing a school or training program	<input type="checkbox"/>				
(f) Funding for a school or training program including books	<input type="checkbox"/>				
(g) Life skills training (i.e., money, time management, getting along with people)	<input type="checkbox"/>				

Job search					
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Don't know</u>
(h) Resume writing	<input type="checkbox"/>				
(i) Preparing for a job interview including help with social skills	<input type="checkbox"/>				
(j) Job coaching (help with applying for and learning a job)	<input type="checkbox"/>				
Health care and other benefit programs					
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Don't know</u>
(k) Knowledge about eligibility for Social Security or other health care benefit programs	<input type="checkbox"/>				
(l) Benefits counseling – how work impacts benefits	<input type="checkbox"/>				
(m) Finding health care providers	<input type="checkbox"/>				
(n) Accessing mental health or substance abuse counseling	<input type="checkbox"/>				
(o) Obtaining prescription drugs	<input type="checkbox"/>				
Support services and assistive technology					
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Don't know</u>
(p) Supported employment services (i.e., on-going employment support)	<input type="checkbox"/>				
(q) Personal care assistance (i.e., help with daily activities at home and work)	<input type="checkbox"/>				
(r) Hearing devices (i.e., amplification systems)	<input type="checkbox"/>				
(s) Visual aids (i.e., screen magnifiers)	<input type="checkbox"/>				
(t) Wheelchair, lifts, ramps	<input type="checkbox"/>				
(u) Communication aids (i.e., speech board)	<input type="checkbox"/>				
(v) Environmental controls (i.e., hands-free control of lighting)	<input type="checkbox"/>				

Transportation					
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Don't know</u>
(w) Assistance with car maintenance, repairs, or gasoline	<input type="checkbox"/>				
(x) Public transportation (i.e., bus, train, wheelchair accessible taxi)	<input type="checkbox"/>				
(y) Wheelchair accessible personal transportation including modifications to vehicles	<input type="checkbox"/>				

6. Thinking about your clients with significant disabilities, **how available** are these services to meet the needs of your consumers?

	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Don't know</u>
Career or job decision and selection					
(a) Assessing client's interests and abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Learning what jobs are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Choosing an appropriate job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Pursuing self-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and training					
	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Don't know</u>
(e) Choosing a school or training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Financial resources for a school or training program including books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Life skills training (i.e., money, time management; getting along with people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Job search					
	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Don't know</u>
(h) Resume writing					
(i) Preparing for a job interview including help with social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Job coaching (help with applying for and learning a job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care and other benefit programs					
	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Don't know</u>
(k) Knowledge about eligibility for Social Security or other health care benefit programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Benefits counseling – how work impacts benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Finding health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Accessing mental health or substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) Obtaining prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services and assistive technology					
	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Don't know</u>
(p) Supported employment services (i.e., on-going employment support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(q) Personal care assistance (i.e., help with daily activities at home and work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(r) Hearing devices (i.e., amplification systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(s) Visual aids (i.e., screen magnifiers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(t) Wheelchair, lifts, ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(u) Communication aids (i.e., speech board)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Environmental controls (i.e., hands- free control of lighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transportation					
	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Don't know</u>
(w) Assistance with car maintenance, repairs, or gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(x) Public transportation (i.e., bus, train, wheelchair accessible taxi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(y) Wheelchair accessible personal transportation including modifications to vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please indicate if the individuals with significant disabilities you serve need help with any of the following. [check all that apply]

Housing

- Finding and paying for a place to live
- Maintaining or repairing a home
- Modifications to improve accessibility inside the home

Legal or Advocacy Services

- Dealing with discrimination related to a disability
- Appealing a loss or denial of benefits
- Improving self-advocacy skills

8. Please list any other needs not previously listed that your clients with significant disabilities have _____

9. Please indicate what BRS can do to **improve service provision** for clients with significant disabilities. [check all that apply]

- Better connection with employers to develop programs/ commitments to hire
- More coordination with providers
- Provide more counselors
- Spend more time with clients
- Support community efforts
- Increased transportation options and funding

10. Please indicate what you as a CRP can do to **improve service provision** for clients with significant disabilities. [check all that apply]

- Better connection with employers to develop programs/commitments to hire
- More coordination with BRS
- Provide more employment services staff
- Spend more time with clients
- Other, specify: _____

Minority individuals with disabilities

11. From your experience, please indicate **how often** the following services and programs are available to minority individuals with disabilities or if they are **harder to provide**.

	<u>Never available</u>	<u>Sometimes available</u>	<u>Usually available</u>	<u>Always available</u>	<u>Harder to provide</u>
(a) Culturally diverse staff to deliver services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Staff training for cultural, environmental awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Local network of agencies serving minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Multicultural approaches to providing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Publications that focus on minority and disability groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Appropriate funds to develop and implement training and provide opportunities for economic independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Training that focuses on self-esteem development, advocacy, and personal empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Enforcement of ADA through compliance investigation, mediation, and legal redress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Outreach programs targeting minorities with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please indicate what **barriers** exist and limit the provision of existing services for minorities with disabilities. [check all that apply]

- Language barriers
- Cultural barriers
- Not enough staff
- Insufficient local network of agencies
- Lack of clear policies in service organizations to determine eligibility for services
- Inadequate outreach and follow up support
- Lack of funding and resources for services
- Transportation
- Other: _____

13. Please indicate what BRS can do to **improve service provision** to minority individuals with disabilities. [check all that apply]

- Increase culturally diverse staff to deliver services
- Provide information in multicultural formats and through multiple channels (i.e., word of mouth, phone calls, mailings, posted announcements, newspapers)
- Increase case management involvement with parents and youth in transition
- Provide qualified CRPs
- Increase interagency collaboration
- Increase transportation options
- Other: _____

14. Please indicate what you as a CRP can do to **improve service provision** to minority individuals with disabilities. [check all that apply]

- Provide information in multicultural formats and through multiple channels (i.e., word of mouth, phone calls, mailings, posted announcements newspapers)
- Increase case management involvement with parents and youth in transition
- Increase interagency collaboration
- Increase transportation options
- Other: _____

Unserved or underserved individuals with disabilities

“Unserved” individuals are people with disabilities who 1) are not receiving vocational rehabilitation services from the state of Connecticut, 2) who are interested in working, and 3) are of working age.

15. From your experience, who do you believe to be unserved populations of individuals with disabilities? [check all that apply]

- People with intellectual disabilities
- People with mental illness
- People with physical disabilities
- Minorities (i.e., African Americans, Hispanics)
- Young adults
- Convicted criminals
- Substance abusers
- Other: _____

16. Please indicate what **services** are needed for unserved individuals. [check all that apply]

- Increased staff for more outreach
- Job skill training
- More community involvement
- Disability awareness including awareness of psychiatric illnesses
- Transportation
- Other: _____

17. Please indicate what **barriers** exist for unserved individuals. [check all that apply]

- Language barriers
- Lack of language interpreters
- Lack of cultural awareness
- Lack of employer awareness
- Lack of staff or services for people with mental illness
- Insufficient education
- Inadequate job skills training
- Inadequate transitional services from prison to the community
- Inadequate family support
- Transportation
- Other: _____

18. Please indicate what BRS can do to **improve service provision** for unserved individuals.

[check all that apply]

- Public awareness campaign
- Increase staff
- Improve interagency collaboration
- More interaction with the community
- Provide more job skills development training
- Increase transportation options
- Other: _____

19. Please indicate what you as a CRP can do to **improve service provision** for unserved individuals. [check all that apply]

- Public awareness campaign
- Improve interagency collaboration
- More interaction with the community
- Provide more job skills development training
- Increase transportation options
- Other: _____

“Underserved” individuals are people with disabilities who 1) are served by the state of Connecticut at less than the percentage of the group in the general population, 2) who are interested in working and 3) are of working age.

20. From your experience, who do you believe to be underserved populations of individuals with disabilities? [check all that apply]

- People with intellectual disabilities
- People with mental illness
- People with physical disabilities
- Minorities (i.e., African Americans, Hispanics)
- Young adults
- Convicted criminals
- Substance abusers
- Other: _____

21. Please indicate what **services** are needed for underserved individuals. [check all that apply]

- Increased staff for more outreach
- Job skill training
- More community involvement
- Disability awareness including awareness of psychiatric illnesses
- Transportation
- Other:_____

22. Please indicate what **barriers** exist for underserved individuals. [check all that apply]

- Language barriers
- Lack of language interpreters
- Lack of cultural awareness
- Lack of employer awareness
- Lack of staff or services for people with mental illness
- Insufficient education
- Inadequate job skills training
- Inadequate transitional services from prison to the community
- Inadequate family support
- Transportation
- Other:_____

23. Please indicate what BRS can do to **improve service provision** for underserved individuals. [check all that apply]

- More outreach
- Increased interagency collaboration
- Additional pre-employment training
- Better training for CRPs
- Increase transportation options
- Other:_____

24. Please indicate what you as a CRP can do to **improve service provision** for underserved individuals. [check all that apply]

- More outreach
- Increased interagency collaboration
- Additional pre-employment training
- Participate in more CRP training
- Increase transportation options
- Other:_____

Community Rehabilitation Providers (CRPs)

25. Please indicate how much you agree or disagree with each statement below about CRPs by checking one of the following: strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [check one box for each statement]

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
(a) There are not enough CRPs to provide services for BRS consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) CRPs are knowledgeable about providing appropriate services for BRS consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) CRPs need to be more timely in providing services to BRS consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) There are not enough multilingual CRPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interagency Collaboration

26. Please indicate how much you agree or disagree with each statement below about interagency collaboration by checking one of the following: strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [check one box for each statement]

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
(a) BRS and DMHAS work together effectively to serve individuals with significant disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) BRS and DDS work together effectively to serve individuals with significant disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Different agency expectations are a barrier to interagency collaboration related to people with significant disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Lack of funding is a barrier to interagency collaboration related to people with significant disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Lack of staff is a barrier to interagency collaboration related to people with significant disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix E: Counselor Vocational Rehabilitation Survey
Bureau of Rehabilitation Services
Comprehensive Statewide Needs Assessment (CSNA)
2012 BRS Counselor Vocational Rehabilitation Survey

ABOUT THIS SURVEY

- The purpose of the comprehensive statewide needs assessment is to gather information that will help BRS to improve vocational rehabilitation services for people with disabilities in the future. One method included in this assessment is to survey **BRS counselors** who voluntarily agree to share their intimate knowledge of the VR program.
- **All surveys will be kept strictly confidential.**
- **Only the aggregated group results will be published in a report.** No individual identities or individual responses will be reported or shared with BRS. The report will be sent to state agencies, vocational rehabilitation partners, the Rehabilitation Services Administration (RSA), and posted on the BRS website.
- This survey is administered by a research team from the University of Connecticut Health Center (UCHC) and a CO Consultant on behalf of the BRS and the State Rehabilitation Council and will take about 20 minutes to complete.

INSTRUCTIONS

- Answer the questions on each page as completely as you can.
- Please use a black pen and fill in only one choice response for each statement (see example below) unless otherwise instructed.
- You may choose to not answer a question if you prefer.
- After you have completed the survey and are satisfied with your responses, return the survey to the person collecting the surveys.
- For questions send email to: Admin.UconnSurveys@uchc.edu or phone 1-877-773-6158

Thank you for completing this survey.

BRS role and employment location

1. What is your job title?
 - Supervisor
 - VR Counselor
 - Employment Consultant
 - Benefits Specialist
 - Other, specify: _____

2. What region do you work in? (fill in only one)
 - Northern Region
 - Southern Region
 - Western Region

3. Of the levels listed below, please indicate the level where your work has the most impact: (fill in only one)
 - BRS statewide
 - BRS regionally
 - Within local BRS office/service area

Service experience with individuals with most significant disabilities

4. From your experience, please indicate the top three BRS services that are needed for **individuals with most significant disabilities**. (fill in no more than 3 boxes)
 - Job skills training
 - Soft skills training
 - Case management
 - Accessibility and accommodations
 - Assistive technology
 - Transportation
 - Other, specify: _____

5. What are the three most important actions BRS can take to **improve** service provision for **individuals with most significant disabilities**? (fill in no more than 3 boxes)
 - Offer more job skills training
 - Offer more soft skills training
 - Increase case management
 - Improve communications regarding accessibility and accommodations
 - Provide more information on assistive technology
 - Provide more information and training on transportation options
 - Other, specify: _____

Service experience with unserved and underserved populations of individuals with disabilities

6. From your experience, which populations of individuals with disabilities do you believe to be **unserved** and/or **underserved** by BRS? (fill in all that apply)

Unserved **Underserved**

Populations of individuals with disabilities:		
(a) Individuals with developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>
(b) Individuals with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>
(c) Individuals with psychiatric disabilities	<input type="checkbox"/>	<input type="checkbox"/>
(d) Young adults	<input type="checkbox"/>	<input type="checkbox"/>
(e) Students whose schools don't refer to BRS	<input type="checkbox"/>	<input type="checkbox"/>
(f) *	<input type="checkbox"/>	<input type="checkbox"/>
(g) Spanish speakers	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other non-English speakers	<input type="checkbox"/>	<input type="checkbox"/>
(i) Substance abusers	<input type="checkbox"/>	<input type="checkbox"/>
(j) Ex-offenders	<input type="checkbox"/>	<input type="checkbox"/>
(k) Other, specify:		

**Invalid question deleted*

7. What top three barriers still exist which limit the provision of existing BRS services to **unserved** and **underserved** populations of individuals with disabilities? (fill in no more than 3 boxes in each column)

Unserved **Underserved**

Barriers limiting existing services:		
(a) Language barriers	<input type="checkbox"/>	<input type="checkbox"/>
(b) Lack of employer understanding	<input type="checkbox"/>	<input type="checkbox"/>
(c) Lack of job skills training	<input type="checkbox"/>	<input type="checkbox"/>
(d) Lack of soft skills training	<input type="checkbox"/>	<input type="checkbox"/>
(e) Lack of family support	<input type="checkbox"/>	<input type="checkbox"/>
(f) Lack of transportation	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other, specify:		
(h) Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

8. What are the three most important actions BRS can take to **improve** services to **unserved** and **underserved** populations of individuals with disabilities? (fill in no more than 3 boxes in each column)

Unserved **Underserved**

Improvement in services:		
(a) Increase staff outreach to consumers	<input type="checkbox"/>	<input type="checkbox"/>
(b) Increase agency outreach to community organizations	<input type="checkbox"/>	<input type="checkbox"/>
(c) Increase interagency collaboration	<input type="checkbox"/>	<input type="checkbox"/>
(d) Offer more job skills training	<input type="checkbox"/>	<input type="checkbox"/>
(e) Offer more soft skills training	<input type="checkbox"/>	<input type="checkbox"/>
(f) Provide more transportation training/options	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other, specify:		

Service experience with minority individuals with disabilities

9. Among **minority** individuals with disabilities only, which three populations are the most **unserved** and **underserved** by BRS in your experience? (fill in no more than 3 boxes in each column)

Minority Unserved **Minority Underserved**

Populations of minority individuals:		
(a) Individuals with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>
(b) Individuals with developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>
(c) Individuals with psychiatric disabilities	<input type="checkbox"/>	<input type="checkbox"/>
(d) Individuals with borderline intelligence scores	<input type="checkbox"/>	<input type="checkbox"/>
(e) Spanish speakers	<input type="checkbox"/>	<input type="checkbox"/>
(f) Other non-English speakers	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other, specify:		

10. What top three barriers limit the provision of existing BRS services to **minority individuals with disabilities**? (fill in no more than 3 boxes)
- Language barriers
 - Cultural barriers
 - Lack of understanding and accessibility for available services
 - Lack of funding
 - Lack of interagency collaboration
 - Lack of transportation
 - Not applicable
 - Other, specify: _____
11. What are the three most important actions BRS can take to **improve** the provision of services to **minority individuals with disabilities**? (fill in no more than 3 boxes)
- Increase bilingual or multilingual staff, forms, vendors
 - Provide staff training for cultural and environmental awareness
 - Increase staff outreach to consumers
 - Increase interagency collaboration
 - Offer more job skills training
 - Offer more soft skills training
 - Provide more transportation training/options
 - Other, specify: _____

Community Rehabilitation Providers (CRPs)

12. From your experience, please indicate the extent to which you agree or disagree with the following statements.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
How much do you agree with:				
(a) There are an adequate number of CRPs to meet the needs of people with disabilities seeking employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) CRPs are knowledgeable about providing appropriate services for BRS consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) CRPs hire and train qualified staff to serve BRS consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Staff turnover at CRP agencies is an issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) CRPs understand the vocational/employment services delivered by BRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) CRPs understand the vocational/employment services delivered by DDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
How much do you agree with:				
(g) CRPs understand the vocational/employment services delivered by DMHAS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) I am able to provide effective vocational rehabilitation services to BRS consumers using the existing CRPs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supported Employment Services

13. From your experience, please indicate the extent to which you agree or disagree with the following statements.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
How much do you agree with:				
(a) The availability of supported employment services for people with disabilities is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The quality of supported employment services is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What resources, if any, do you use to provide supported employment services? (fill in all that apply)
- Employment Opportunities Program (EOP)
 - Department of Developmental Services (DDS)
 - Department of Mental Health and Addiction Services (DMHAS)
 - Other, specify: _____
15. From your experience, what barriers to *supported employment* still exist for individuals with **most significant disabilities**? (fill in all that apply)
- Lack of funding
 - Lack of accessibility to services (i.e., services are limited to those with certain disabilities)
 - Lack of time
 - Other, specify: _____

16. What are the three most important actions BRS can take to improve *supported employment* services for individuals with **most significant disabilities** (fill in no more than 3 boxes)?
- Seek more EOP funding
 - Increase collaboration with DDS and DMHAS
 - Find alternate funding options
 - Seek more community support
 - Increase long-term care support
 - Other, specify: _____

Agency or Local Area Partnerships

17. Please assess any agency or local area partnerships between **BRS** and the following agencies: Department of Developmental Services (DDS), Department of Labor (DOL), and Department of Mental Health and Addiction Services (DMHAS).

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Type of partnership between agencies:			
(a) There is a clear partnership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) There is a limited partnership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I am not aware of a partnership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please indicate what agency or local area partnerships between **BRS** and the agencies listed below *you have used*.

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Agency or local area partnership <i>you have used</i> :			
(a) Disability Program Navigators (DPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) CT Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) One Stop Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Summer Youth Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Connect-Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Other, specify:			

19. What top three outcomes have the partnership between **BRS** and each of the agencies listed below provided for individuals with most significant disabilities who are mutually served? (fill in no more than 3 boxes in each column)

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Benefits of partnerships:			
(a) Long-term support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Shared expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Job skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Resume building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Job search/employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Access to resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Job readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Other, specify:			
(j) Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What top three barriers still exist that prevent the use of agency or local area partnerships between **BRS** and each of the agencies listed below? (fill in no more than 3 boxes in each column)

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Barriers between partnerships:			
(a) Different agency expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Lack of staff knowledge and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Insufficient number of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Limited access to long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Long wait period for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) High turnover rate of consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Lack of funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Other, specify:			
(j) Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. What are the top three actions **BRS** can take to **improve** the outcomes of its partnership with each of the agencies listed below for **individuals with most significant disabilities**? (fill in no more than 3 boxes in each column)

	<u>BRS & DDS</u>	<u>BRS & DOL</u>	<u>BRS & DMHAS</u>
Improvements needed between partnerships:			
(a) Better communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) More coordination of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Establish new eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Provide agency liaisons with BRS staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Increase employee education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Hire additional staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other, specify:			
(h) Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRS Initiatives

22. From your experience, please indicate the extent to which you agree or disagree with the following statements about BRS initiatives.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
I fully understand the purpose of the following BRS Initiatives:				
(a) The BRS/Community Rehabilitation Provider (CRP) Prep Rallies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The BRS/CRP Summer Youth Employment Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) The Autism Spectrum Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) BRS Placement Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Industry Specific Training and Placement Programs (e.g., Homegoods, Moghegan Sun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Invalid question deleted

23. From your experience, please indicate the extent to which you agree or disagree with the following statements about BRS initiatives.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
How much do you agree with:				
(a) The BRS/CRP Prep Rallies are beneficial to consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The BRS/CRP Prep Rallies need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) The BRS/CRP Summer Youth Employment Program is beneficial to consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) The BRS/CRP Summer Youth Employment Program needs improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) The Autism Spectrum Committee is beneficial to consumers/families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) The Autism Spectrum Committee needs improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) BRS Placement Specialists are beneficial to consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) BRS Placement Specialists need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) The Industry Specific Training and Placement Programs are beneficial to consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) The Industry Specific Training and Placement Programs need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Invalid question deleted

24. Please list any barriers below with BRS initiatives and what BRS can do to **improve** these initiatives for **individuals with most significant disabilities**.

BRS Initiative	Barriers	Suggestions for improvement
(a) BRS/CRP Prep Rallies		
(b) The BRS/CRP Summer Youth Employment Program		
(c) The Autism Spectrum Committee		
(d) BRS Placement Specialists		
(e) *		
(f) Industry Specific Training and Placement Programs		

**Invalid question deleted*

Transportation

25. From your experience, how well are the following transportation options for individuals with most significant disabilities in Connecticut being provided?

	<u>Always</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Never</u>
Transportation options:				
(a) Travel training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) ADA ParaTransit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Vehicle modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Private taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Accessible taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Van pools/car pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Other, specify:				

26. What top three transportation barriers still exist? (fill in no more than 3 boxes)

- Public transit not available in certain locations
- Public transit not accessible
- Public transit unreliable
- Public transit unaffordable
- Public transit not available after hours/late night
- Lack of knowledge about transit services, including schedules
- Other, specify: _____

27. What are the three most important actions BRS should take to **improve** transportation options for individuals served? (fill in no more than 3 boxes)

- Apply for more grants/funding
- Advocate for increased services and coverage
- Increase awareness of transportation services
- Work with communities to expand transportation services
- Refer more clients to Travel Training
- Increase collaboration with CT Transit
- Other, specify: _____

Please go on to the last page.

Appendix F: Consumer Vocational Rehabilitation Survey
Bureau of Rehabilitation Services
Comprehensive Statewide Needs Assessment (CSNA)
2012 Consumer Vocational Rehabilitation Satisfaction Survey

ABOUT THIS SURVEY

- The purpose of the needs assessment is to gather information that will help BRS to improve vocational rehabilitation services for people with disabilities in the future. We are doing this by **collecting feedback directly from consumers who have received vocational rehabilitation** who voluntarily agree to participate.
- **All surveys will be kept strictly confidential.**
- **Only the aggregated group results will be published in a report.** No individual identities or individual responses will be reported or shared with BRS. The report will be sent to state agencies, vocational rehabilitation partners, the Rehabilitation Services Administration (RSA), and posted on the BRS website.
- This survey is administered by a research team from the University of Connecticut Health Center (UCHC) on behalf of the BRS and the State Rehabilitation Council and will take about 10 minutes to complete.

INSTRUCTIONS

- Answer the questions on each page as completely as you can.
- Please use a black pen and fill in only one choice response for each statement (see example below).
- You may choose to not answer a question if you prefer.
- After you have completed the survey and are satisfied with your responses, return the survey in the postage paid, self-addressed envelope provided.
- For questions send email to: Admin.UconnSurveys@uchc.edu or phone 1-877-773-6158

Thank you for completing this survey.

Satisfaction with Services

1. Please tell us **how satisfied** you were with the vocational rehabilitation services you received from BRS.

	<u>Very Dissatisfied</u>	<u>Dissatisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
How satisfied were you with:				
(a) Your involvement in setting your job goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Your involvement in choosing the services you received (e.g., job training, evaluations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Your involvement in choosing the agencies that your BRS counselor hired to work with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Your counselor's understanding of your needs and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Your counselor's respect for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Your counselor's efforts in helping you get a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Your counselor's explanation of services to help you reach your employment goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) How long it took to receive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) The services you received (e.g., job training, evaluation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) How long it took your counselor to return your telephone calls and/or e-mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) The location of the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) The accessibility of the office (e.g., parking, signs outside/inside office, entrance to office, mobility within the office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Your overall experience with BRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment

2. Are you working for pay now?

- No Yes

If you answered No, please skip to question number 4.

3. If you are working for pay now, please tell us **how satisfied** you are with your employment experience.

	<u>Very Dissatisfied</u>	<u>Dissatisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
How satisfied are you with:				
(g) The number of hours you work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Your wages				
(i) Your benefits (e.g., health insurance, sick leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Your chance to move up (e.g., promotion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Your job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Your job overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Barriers

4. Please tell us if you agree or disagree with the following statements.

	<u>Agree</u>	<u>Disagree</u>
(a) No jobs are available that I want.	<input type="checkbox"/>	<input type="checkbox"/>
(b) I need additional VR services.	<input type="checkbox"/>	<input type="checkbox"/>
(c) I have a past criminal or legal issue.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Medical problems prevent me from working now.	<input type="checkbox"/>	<input type="checkbox"/>
(e) Mental health issues prevent me from working now.	<input type="checkbox"/>	<input type="checkbox"/>
(f) I find that people discriminate against persons with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
(g) I am not ready to start working.	<input type="checkbox"/>	<input type="checkbox"/>
(h) I do not have access to transportation to get to work.	<input type="checkbox"/>	<input type="checkbox"/>
(i) I am afraid of losing disability and/or health care benefits (e.g., SSDI, SSI, Medicaid).	<input type="checkbox"/>	<input type="checkbox"/>
(j) I need help with my job search.	<input type="checkbox"/>	<input type="checkbox"/>
(k) Please list any other employment barriers you have experienced. _____ _____		

BRS Staff and Employment Goals

5. Please tell us your experiences with the BRS staff as related to your employment goals.

	<u>Yes</u>	<u>Sometimes</u>	<u>No</u>
My experiences with BRS staff:			
(a) Did BRS staff explain when and why appointments were scheduled with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Did you and your BRS counselor maintain contact as often as agreed upon while receiving services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Did you know the goal for BRS was to help you find a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have any additional comments about your vocational rehabilitation services?

If you have outstanding issues and need to speak with someone about your BRS experience, please contact Evelyn Knight by phone: 860-424-4871 or by e-mail: evelyn.knight@ct.gov

Disability Information

7. Sometimes a disability may make it more difficult for a person to work. Do you have any of the following disabilities? Please fill in either No or Yes for each one.

	<u>No</u>	<u>Yes</u>
<u>Physical</u> disability that makes it difficult for you to walk, reach, lift or carry?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Intellectual or cognitive</u> disability, such as mental retardation, autism, learning disability, or other severe thinking impairment?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Mental health</u> disability, such as schizophrenia or bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Hearing</u> disability, such as deafness?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Vision</u> disability, such as blindness?	<input type="checkbox"/>	<input type="checkbox"/>

8. What is your primary disability? _____

General Information

9. What is your age?
 Less than 18 46 - 60
 18 - 30 61 - 69
 31- 45 70 or older
10. What is your sex?
 Male
 Female
11. 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
12. What is your marital status?
 Married Single, never married
 Widowed Living together as though married
 Divorced or Separated
13. 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 (describe) _____
14. Are you of Spanish, Latino, or Hispanic origin?
 No Yes
15. What language do you mainly speak at home?
 English Spanish Other _____

Please go on to the last page.

16. In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with...
- Some money left over
 - Just enough to make ends meet
 - Not enough money to make ends meet
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 less than \$25,000
 - \$25,000 to less than \$50,000
 - \$50,000 or more
18. Are you a veteran?
- No
 - Yes

Thank you for sharing your thoughts to help us improve services for all consumers.

Please mail your completed survey in the postage paid, self-addressed envelope provided.

Appendix G: Key Informant interview Guide

Guiding Questions

1. Describe the target population you or your agency serves.
2. Describe your understanding of how BRS services are accessed by that population.
3. From your experience, what populations of individuals with disabilities do you believe to be **unserved** by BRS? (e.g., Who do you know that is not using BRS services and could benefit from them?)
4. From your experience, what populations of individuals with disabilities do you believe to be **underserved** by BRS? (e.g., Who do you know that could benefit more from BRS services?)
5. From your experience, what major gaps or barriers exist within vocational rehabilitation services for individuals with significant disabilities in Connecticut? This includes those who are **unserved** or **underserved**.
 - a. What can BRS do to overcome these barriers?
 - b. Are there other measures BRS can take to improve access to services?
6. Are you familiar with Supported Employment?
If Yes, what is the need for Supported Employment among the population(s) you serve?
 - a. What barriers exist?
 - b. What can BRS do to meet the needs of this population?
7. Based upon your experience and understanding of the entire workforce investment system in Connecticut, please describe any additional service needs.
8. In your opinion, is there a need for additional Community Rehabilitation Providers?
 - a. **If Yes**, why do believe that?
9. In your opinion, is there a need for an improvement in the services provided by existing Community Rehabilitation Services?
 - a. What specific improvement(s) is (are) needed?
 - b. What suggestions do you have for BRS to facilitate needed improvement(s)?
10. Do you have other suggestions or comments?

Thank you for your time and consideration. Your responses will be compiled with others to help BRS meet the needs of vocational rehabilitation consumers.