

**The State of Connecticut
Bureau of Rehabilitation Services (BRS)
and
State Rehabilitation Council
Comprehensive Statewide Needs Assessment
(2014-2016)**

Submitted to:
**The State of Connecticut, Department of Rehabilitation Services (DORS)
Bureau of Rehabilitation Services
Connecticut State Rehabilitation Council**

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Evelyn Oliver Knight coordinated the CSNA process at BRS, identifying the key staff persons and their roles and responsibilities. Evelyn worked closely with the SRC and BRS leadership and staff to recruit a broad spectrum of partners and individuals to provide feedback for the assessment. She also coordinated the individual and group interviews and arranged for electronic and hard copy survey transmittals.

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EXECUTIVE SUMMARY

The State of Connecticut Bureau of Rehabilitation Services (CT-BRS), the State Rehabilitation Council (SRC) and the Interwork Institute at San Diego District University (SDSU) jointly conducted an assessment of the vocational rehabilitation needs of persons with disabilities residing in the State of Connecticut. The purpose of the assessment was to provide planners with information pertinent to the allocation of resources, to inform the development of BRS' next Unified State Plan scheduled for July 1, 2020 or for a modification to the current plan in 2018, and to comply with the needs assessment mandate in the Rehabilitation Act of 1973, as amended.

The process that was developed for conducting the needs assessment involved four primary data-gathering approaches:

- Electronic surveys conducted with four stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, businesses and BRS staff) and hard copy surveys with a random sample of former and current BRS consumers in Connecticut;
- Focus groups conducted with four stakeholder groups (individuals with disabilities, representatives of organizations that provide services to persons with disabilities, businesses and BRS staff);
- Key informant interviews conducted with BRS staff; individuals identified as knowledgeable about the needs of individuals with disabilities in Connecticut, and BRS staff; and
- Analysis of a variety of existing demographic and case service data relevant to individuals with disabilities.

Through the data collection efforts, researchers solicited information from four primary stakeholder groups: (a) former, current or potential consumers of BRS located throughout Connecticut; (b) community partners (e.g., the SRC, state agencies, America's Job Centers [AJCs]) and representatives of organizations that provide services to individuals who are potential or actual consumers of BRS; (c) BRS staff and (d) representatives of businesses operating in Connecticut. The approach was designed to capture input from a variety of perspectives in order to acquire a sense of the multi-faceted needs of persons with disabilities in the state. Efforts were made to gather information pertinent to the following seven main categories:

1. General agency performance;
2. Needs of individuals with the most significant disabilities, including their need for supported employment;
3. Needs of individuals with disabilities from different ethnic groups, including needs of individuals who may have been unserved or underserved by the Vocational Rehabilitation (VR) program;
4. Needs of individuals with disabilities served through other components of the statewide workforce development system;
5. Needs of youth with disabilities in transition;
6. Need to establish, develop or improve community rehabilitation programs (CRPs) that serve individuals with disabilities in Connecticut;

- 7. Business relations and services, including BRS’ ability to meet the needs of businesses in Connecticut regarding recruiting, hiring, accommodating and retaining employees with disabilities.

Tables 1 and 2 display the respondent groups and methods for the research conducted for this assessment:

Table 1
Summary of Research Results by Method and Group

Research Method	Research Group and Count				
	Consumer	Partner	Staff	Business	Total
Focus Groups and Interviews*	6	36	39	2	83
Electronic Survey	317	37	51	5	410
Hard Copy Survey	74	0	0	0	74
Totals	397	73	90	7	567

Table 2
**Focus Group and Interview distribution*

SRC	13
Exec. Leadership	3
Leadership Team	10
Supervisors	4
Counselors	22
Consumers	6
Partners	12
CRPs	8
CAP	3
Business	2
TOTAL	83

The following summary highlights recurring themes derived from the quantitative and qualitative data in the seven main areas of investigation.

Section One: General Agency Performance

The most common themes that emerged in this area were:

Barriers to employment- The lack of job preparedness was the main barrier to employment for individuals with disabilities according to surveyed and interviewed key informants. Interview

participants added low expectations (self, family, and partners) and family challenges as important factors impacting successful employment.

Barriers to services- BRS service delivery practices such as ineffective interactions with staff and slow service were consistently identified by surveyed and interviewed key informants as the primary barrier to services for BRS consumers. The second most frequently named barrier was geographic access given limited transportation options and recent BRS office consolidations or closures. Interview participants added to this that low expectations, overwhelming bureaucracy and limited availability of services such as skills training, long-term supports and mental health care – as well as case management around basic needs – are major concerns.

Agency Performance

- *Increased efficiencies-* There was a 39% increase in the number of Plans developed over the three-year period, which likely corresponds to the 38% decline in the average amount of time from eligibility determination to Plan development, reaching a 57 day average, 33 days under the allowable timeframe of 90 days. This reflects BRS' concerted and successful effort to comply with federal requirements in response to RSA's 2013 monitoring report.
- *Placements*
 - BRS' rehabilitation rate declined slightly from 2014 (61%) to 2016 (57%).
 - Over 90% cases closed rehabilitated reflected individuals placed in employment without supports in an integrated setting.
 - The number of BRS consumers placed in employment in an integrated setting with supports decreased by 22%, with these consumers representing a declining proportion of BRS placements (from 8% to 5%).
 - Data and key informant feedback indicate that BRS provides very limited self-employment services and makes very few self-employment placements.

Expenditures

- BRS devotes half of case service dollars to employment related services (job readiness; job readiness training; job search assistance; occupational or vocational training; on the job supports; rehabilitation technology; and, on the job training). The fact that most of these expenditures increased over the three-year period suggests an increased BRS commitment to employment outcomes. Yet the lack of job preparedness was the main barrier to employment for individuals with disabilities according to surveyed and interviewed key informants.
- The one subset of employment-related services that decreased over the three-year period was occupational or vocational training, possibly signifying that this type of training is less relevant for individuals with most significant disabilities or is less accessible to individuals with disabilities.

*Section Two: Needs of individuals with the most significant disabilities,
including their need for supported employment*

The most common themes that emerged in this area were:

Barriers to employment

- Key informants agreed that barriers to employment are heightened for individuals with most significant disabilities because they have greater needs and often multiple diagnoses, requiring more support in the community, service network and workplace. In particular, their employment is likely to require long-term workplace supports which are costly or scarce.
- Forty-four per cent of all BRS applicants receive Social Security benefits, providing a measure of the segment of this population who may settle for working below their full potential because they fear that full time work will jeopardize their benefits.
- Over 3,500 individuals in Connecticut are earning less than minimum wage. This was attributed to the state's historically high utilization of "group employment" (sheltered workshops) for many individuals with intellectual and developmental disabilities who receive services from the Department of Developmental Services. Key informants identified this as a barrier to competitive, integrated employment, but acknowledged that measures are under way to begin to limit this option, pursuant to the Workforce Innovation and Opportunity Act (WIOA).

Barriers to services

- Both the quantitative and qualitative data show that the delivery system's capacity to serve individuals with most significant disabilities is extremely limited. This is especially true where Supported Employment is concerned, and even more so for Customized Employment which is virtually non-existent in Connecticut. There was agreement that the causes include insufficient funding, inconsistent policy and programming across state agencies and limited staff proficiency.
- These same factors play into BRS' own challenges in serving individuals with most significant disabilities. Dedicated BRS funding for Supported Employment is in fact limited, as are system resources for long-term supports. A financial literacy pilot program for SI/SSDI recipients ended in December 2016. BRS has yet to expand customized employment training, but is working actively with system partners to improve services for this population going forward, consistent with the WIOA requirements.

Agency Performance

- The disability types likely to be classified as most significantly disabled and require long-term supports (communications, Intellectual Disabilities/Developmental Disabilities and mental health impairments) represented 80% of BRS consumers in 2016. The disability type comprising the largest proportion served by BRS was mental health impairment, and yet the agency's rehabilitation rate for individuals with mental health impairments was by far lowest of all disability categories.
- Individuals with most significant disabilities represented 56% of BRS consumers in 2016, a slight decline from 60% in the two previous years. Transition-age youth made up 70% of BRS consumers with most significant disabilities.

- Eighty-one individuals with most significant disabilities received Supported Employment services from BRS in 2016, down 39% since 2014. It was unclear from data and key informant feedback what types of services were provided to the balance (1,783) of consumers with most significant disabilities. The rehabilitation rate for individuals receiving Supported Employment services declined slightly from 51% to 47%. VR Supported Employment Foundations Training was expanded to two days to increase staff capacity to deliver this service.
- To comply with WIOA requirements pertaining to individuals earning subminimum wage, BRS and partners are holding regional information fairs. It was too early to measure the outcomes of this strategy but most observers gave it mixed reviews.
- Performance data available for this report are not current enough to reflect BRS' recent efforts to address the new WIOA requirements pertaining to Supported or Customized Employment and employment outcomes for individuals with most significant disabilities.

Section Three: Needs of individuals with disabilities from different ethnic groups, including needs of individuals who have been unserved or underserved by the VR program

The most common themes that emerged in this area were:

Barriers- Key informants were in general agreement that the barriers to both employment and services for individuals who are ethnic and racial minorities, including unserved and underserved populations, are of the same nature as for the general population of individuals with disabilities but are even more challenging, due in part to language and cultural issues, and in part to the lack of specialization in the service provider community to address their employment-related needs. Next most frequently identified as barriers were BRS operational and programmatic issues (slow service delivery, not meeting with consumers in the community, difficulties with or inadequate services) as well as geographic access.

Agency Performance

- *Race/Ethnicity-* While close to two-thirds of White and Asian cases were closed rehabilitated in 2016, Black and Hispanic cases were lower by 21 and 14 percentage points respectively, which could be an indicator of cultural and language barriers to services for these populations.
- *Other unserved/underserved-* Additional groups most frequently identified as unserved or underserved by BRS include individuals with psychiatric and developmental/ intellectual disabilities, those with autism spectrum disorder and those transitioning from school to post-secondary education or work.
- *Overall assessment-* Most key informants indicated that the list has not changed significantly in the last ten years, and that despite the state's efforts to serve these populations, their employment outcomes continue to lag behind those of other target groups. They considered BRS' strategies with these populations to be a good effort given the resources at their disposal and the new regulations under WIOA but encouraged the agency to continue to seek creative and collaborative solutions.

Section Four: Needs of individuals with disabilities served through other components of the statewide workforce development system

The most common themes that emerged in this area were:

Barriers- While there is generally little quantitative data on individuals with disabilities served by AJCs, it is widely acknowledged that AJC utilization and successful results are limited unless staffs are collocated or programs are jointly sponsored with VR. This tends to be due to inconsistent policy and programming across state agencies, inadequate staff training and accessibility issues. Quantitative and qualitative data analyzed in this study suggest that Connecticut is no exception. Key informants indicated that where there is co-location, there is better integration and greater likelihood of successful outcomes; otherwise they do not typically find AJCs to be user-friendly for individuals with disabilities who they said feel overwhelmed with paperwork and processes.

Agency Performance- BRS staff participating in interviews indicated that they do make referrals to CT Works, but the agency recorded a total of only 37 referrals from AJCs over the entire three-year period under review, 17 of those occurring in 2016. Twenty-two per cent of consumers surveyed indicated that they had tried to access CT Works services. At the systems level, BRS is collaborating in statewide efforts to fulfill the WIOA mandate for an integrated workforce system. In addition to participating in state level planning and implementation, this includes regional and local partnerships, involvement on the state and local Workforce Investment Boards (WIBs) and multiple examples of staff co-location.

Section Five: Needs of youth with disabilities in transition

The most common themes that emerged in this area were:

Barriers to employment- Survey participants ranked lack of job preparedness as the top barrier to employment for youth in transition, followed by challenges with basic needs, including geographic access to jobs. Staff added that lack of family supports is a third factor. These barriers are even more of a challenge for youth than in the general population because so many have never ventured outside the home and school safety net, most have never worked and schools typically do not expose them to realistic work and life experiences.

Barriers to services

- Staff and partner survey respondents had shared perceptions of the primary barriers to services for youth, ranking difficulty with or inadequacy of BRS programs, and BRS operational issues, as the top two, followed by lack of family supports and low expectations.
- Key informants identified lack of continuity among the 169 school districts, coupled with the changes in design and implementation of BRS' Pre-Employment Transition Services (Pre-ETS) program, Level Up, as barriers to service delivery. Observers did find that the strategy had given greater visibility to the need for strong, reality-based transition programming.

Respondents all agreed that the dramatic reduction in work-based experiences was the most regrettable casualty of the reversal.

Agency Performance

- *Increased efficiencies*- BRS significantly increased the number of transition Plans developed (+87%) over the three-year period. This corresponded to a 47% decrease in the average number of days from eligibility to Plan (compared to a 38% decrease agency-wide) and a simultaneous increase in the proportion of agency Plans accounted for by youth cases, from 18% to 25%.
- *Outcomes and Expenditures*- The increased efficiencies did not translate to improved outcomes or expenditures over this same period. BRS' rehabilitation rate for transition cases decreased from 50% to 42%, with a 32% increase in cost per case. Likewise, the cost for transition cases closed unsuccessfully increased by 35%, in contrast to a 7% agency-wide decrease in that same time.

Section Six: Need to establish, develop or improve CRPs in Connecticut

The most common themes that emerged in this area were:

Barriers- About two-thirds of partner and staff survey respondents indicated that providers are able to meet the employment needs of individuals with disabilities. The other third, who thought providers are not able to do so, attributed it to insufficient quantity or poor quality of providers. CRPs felt that BRS often has unrealistic expectations about the referrals made, while staff respondents felt that providers are not accountable for outcomes. The areas where service availability was considered lowest included vehicle and home modification (according to partners) and benefits planning, assistive technology and transportation assistance (according to staff).

Agency Performance- BRS contracts with 64 CRPs for employment-related services to individuals with disabilities, in particular, to deliver specialized services (Spanish, ASL, most significant disabilities). At the time of this study, the agency had just announced that a new procurement process would be put in place as of March 1, 2017, but as of this writing, the terms of the new process had not been made public. In surveys and interviews it was agreed that CRPs range widely in quality and availability, with a similarly wide range of reasons. BRS staff tended to attribute the challenges to poor CRP management leading to inadequate staff support and high turnover, whereas CRPs pointed to low reimbursement rates, lack of a team approach with BRS and limited availability of qualified workers who are interested in this type of work.

Section Seven: Business Relations and Services

The most common themes that emerged in this area were:

Barriers- Key informants indicated that a major barrier to employment for individuals with disabilities is employer attitudes. This is especially true for individuals with most significant

disabilities. Participants observed that employers are not well educated about the merits of hiring individuals with disabilities and the services available to them. In addition, contemporary hiring and workplace protocols present challenges for individuals with disabilities. Where youth employment programs are concerned, it was noted that employers tend to be receptive, but they often do not follow through on commitments, e.g., to hire youth who complete internship programs, because they know there will be a continuous supply of “free” interns.

Agency Performance

- To address employer issues and improve relationships, BRS established a Business Services Unit that works to find solutions for both employers and consumers and ultimately promotes employment outcomes. Staff focus group participants were very supportive of the new division although they thought there should be more positions and observed that there are already unfilled vacancies which impacts the Unit’s effectiveness.
- Very few employers participated in surveys or interviews. The employer responses received cannot be generalized across all employers or potential employers, but are presented for consideration in strategies to work with employers and assess their recruiting and hiring needs.
- The two employers in the focus group said they have a good relationship with BRS and were appreciative of BRS’ assistance in screening and hiring. One had hired approximately 13 employees with BRS’ assistance. One reported being very impressed with how user-friendly the BRS process is.

Concluding Remarks

The needs assessment for Connecticut BRS is the result of a cooperative effort between the agency and the State Rehabilitation Council, with assistance from San Diego State University. This effort has compiled quantitative and qualitative information on the employment needs of individuals with disabilities from various sources, including national and state statistics as well as surveys and interviews with key stakeholders. The purpose is to provide BRS and the SRC with information on perceived needs, service gaps and agency strengths and challenges. This information is intended for use in BRS planning for vocational rehabilitation services that will improve outcomes for individuals with disabilities who seek employment.

BRS is already taking steps to address the complex challenges raised in this report. As with any other VR agency in the country, the bureau is implementing WIOA while at the same time maintaining a service delivery system in which fiscal and human resources are continually tested. This includes attempting to meet the demands of Pre-ETS requirements while sustaining effective levels of service to the adult population. Recommendations provided in this report are based on the findings and are offered as potential means of continuing to close service gaps.

As the population of Connecticut grows increasingly diverse, BRS will need to adopt strategies that reflect the diverse needs of its target population. The bureau has found creative ways to provide services and has redefined its relationship with the Connecticut Workforce system, partner agencies, community providers and businesses. These efforts will pay dividend

as new resources are leveraged, expanding service and employment options for individuals with disabilities in Connecticut.

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**The State of Connecticut
Bureau of Rehabilitation Services
Comprehensive Statewide Needs Assessment (CSNA)**

CSNA PURPOSE AND PROCESS

Impetus for Needs Assessment

Title IV of the Workforce Innovation and Opportunity Act (WIOA) contains the Rehabilitation Act of 1973 as amended and requires all state vocational rehabilitation agencies to assess the rehabilitation needs of individuals with disabilities within the respective State and relate the planning of programs and services and the establishment of goals and priorities to those needs. According to Section 102 of WIOA and Section 412 of the Rehabilitation Act, each participating State shall submit a Unified or Combined State Plan every four years, with a biannual modification as needed.

In addition, Title 34 of the Code of Federal Regulations (CFR) Section 361 indicates that the Unified State Plan must include the “results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council every three years describing the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation service needs of (I) individuals with the most significant disabilities, including their need for supported employment; (II) individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; (III) individuals with disabilities served through other components of the statewide workforce development system; (IV) youth with disabilities and students with disabilities including their need for pre-employment transition services (Pre-ETS) or other transition services, and (V) the need to establish, develop or improve community rehabilitation programs within the State.”

In response to this mandate and to ensure that adequate efforts are being made to serve the diverse needs of persons with disabilities in Connecticut, the Bureau of Rehabilitation Services (BRS), in partnership with the State Rehabilitation Council (SRC), entered into a contract with the Interwork Institute at San Diego State University (SDSU) for the purpose of jointly developing and implementing a comprehensive statewide needs assessment of the vocational rehabilitation needs of individuals with disabilities residing in Connecticut.

Purpose of Needs Assessment and Utilization of Results

The purpose of the comprehensive statewide needs assessment (CSNA) is to identify and describe the rehabilitation needs of individuals with disabilities residing within Connecticut. In particular, the CSNA seeks to provide information on:

- The overall performance of BRS as it relates to meeting the rehabilitation needs of individuals with disabilities in Connecticut;

- The rehabilitation needs of individuals with the most significant disabilities, including their need for supported employment services;
- The rehabilitation needs of individuals with disabilities who are minorities, or who have been unserved or underserved by the vocational rehabilitation program;
- The rehabilitation needs of youth with disabilities in transition including their need for Pre-ETS;
- The rehabilitation needs of individuals with disabilities served through other components of the statewide workforce development system;
- An assessment of the need to establish, develop or improve community rehabilitation programs serving individuals with disabilities within Connecticut; and
- The effectiveness of BRS' business relations and services and the needs of businesses as it relates to recruiting, hiring, accommodating and retaining individuals with disabilities.

Data collection efforts solicited input from a broad spectrum of persons with disabilities, service providers, BRS staff and some businesses. It is expected that data from the needs assessment effort will provide BRS and the SRC with direction when creating the VR portion of the Unified State Plan and when planning for future program development, outreach and resource allocation. This CSNA covers fiscal years 2014 through 2016.

Description of Needs Assessment Process

The needs assessment process was designed to capture input from a variety of perspectives in order to acquire a sense of the multi-faceted needs of persons with disabilities in Connecticut. The approach involved the collection of both quantitative and qualitative data to understand the breadth and depth of needs and concerns. This included four primary data-gathering approaches:

- Electronic surveys conducted with four stakeholder groups (individuals with disabilities, representatives of organizations that provide services to individuals with disabilities, BRS staff and businesses in Connecticut).
- Hard copy surveys sent to a random sample of 400 individuals with disabilities who were former, current or potential consumers of BRS in addition to the electronic survey for this group.
- Key informant interviews and focus groups conducted with all four stakeholder groups.
- Analysis of a variety of existing demographic and case service data relevant to individuals with disabilities.

Through the data collection efforts, researchers solicited information from the four primary stakeholder groups which can be more specifically described as: (a) former, current or potential consumers of BRS located throughout Connecticut; (b) representatives of organizations that provide services to, advocate for or represent the interests of individuals who are potential or actual consumers of BRS; (c) BRS staff and (d) representatives of businesses operating in Connecticut.

The period covered by this comprehensive statewide needs assessment is the three-year period from 2014 to 2016. Federal RSA data is reported for the Federal fiscal year and agency-

specific data is by calendar year. The time frame was determined by the requirement found in the Rehabilitation Act of 1973 as amended that VR programs perform a CSNA every three years at a minimum. The Workforce Innovation and Opportunity Act, and its subsequent reauthorization of the Rehabilitation Act indicate that the Unified State Plan will be completed every four years by the core partners, with a biennial update. Consequently, BRS may wish to consider gathering and analyzing this data every two years, or at least conducting an update every two years with a full CSNA performed every four years.

Inherent in any type of research effort are limitations that may constrain the utility of the data that is generated. Therefore, it is important to highlight some of the most significant issues that may limit the ability to generalize the needs assessment findings to larger populations. The methods used to collect data may have the potential for bias in the selection of participants. The findings that are reported reflect only the responses of those who could be reached and who were willing to participate. Individuals who were disenfranchised, dissatisfied or who did not wish to be involved with BRS may have declined to participate. A second significant limitation is that the information gathered from respondents may not accurately represent the broader concerns of all potential constituents and stakeholders. Data gathered from service providers, for example, may reflect only the needs of individuals who are already recipients of services, to the exclusion of those who are not presently served. Although efforts were made to gather information from a variety of stakeholders in the vocational rehabilitation process, it would be presumptuous to conclude with certainty that those who contributed to the focus groups, the key informant interviews and the survey research efforts constitute a fully representative sample of all of the potential stakeholders in the vocational rehabilitation process in Connecticut.

CSNA METHODOLOGY

The comprehensive statewide needs assessment was conducted using qualitative and quantitative methods of inquiry. The specific methods for gathering the data used in this assessment are detailed below.

Analysis of Existing Data Sources

The project team at SDSU reviewed a variety of existing data sources for the purposes of identifying and describing demographic data within Connecticut including the total possible target population and sub-populations potentially served by BRS. Data relevant to the population of Connecticut, the population of persons with disabilities in Connecticut, ethnicity, income level, educational levels and other relevant population characteristics were utilized in this analysis. The following sources were analyzed for the CSNA:

- *2013-2015 RSA-911 Data*
- *2014-2016 CT BRS Services and Expenditures*
- *2013 CT BRS Comprehensive Statewide Needs Assessment*
- *2013 RSA Monitoring Report*
- *2015 U.S. Census*
- *2015 Cornell Disability Statistics (American Community Survey)*
- *2015 SRC Annual Report*

- *2016 CT WIOA State Plan*
- *Data USA*
- *Connect-Ability website*

Key Informant Interviews

Instrument- The instruments used for the key informant interviews (Appendix A) was developed by the researchers at SDSU and reviewed and revised by CT BRS and the SRC.

Interview population- The key informant population consisted of CT BRS staff, community partners, individuals with disabilities and business professionals. A total of seven people were interviewed individually for this assessment. The total number included three staff members, three partner agencies and one consumer.

Data collection- Key informant interviews were conducted from January 18 to January 25, 2017. Six were conducted face-to-face and one was conducted by telephone. The general format of the interviews was consistent between BRS staff and representatives of agencies/ organizations that provide services to, advocate for or represent the interests of individuals with disabilities. First, participants were asked questions to ascertain their personal and professional expertise and their experience with BRS. Participants were then asked open-ended questions about their perceptions of the needs of individuals with disabilities in Connecticut. Finally, participants were asked to share their perceptions of how BRS could improve its ability to help meet those needs, especially as it relates to helping consumers obtain and retain employment.

Efforts to ensure respondent confidentiality- Names and other identifying characteristics were not recorded by the interviewer. Where only one interviewer was available, permission was requested to record the session. Participants were advised that their responses would be treated as confidential information, would not be reported with information that could be used to identify them and would be consolidated with information from other respondents before results were reported. All recordings were erased after they were transcribed.

Data analysis- The interviewers took notes on the discussions as they occurred. Four of the interviews were recorded with permission. The notes and recordings were transcribed and analyzed by the researchers at SDSU. Themes or concerns that surfaced with consistency across interviews were identified and are reported as common themes in the report narrative.

Surveys

Survey of Individuals with Disabilities

Instrument- The instrument used for the electronic and print versions of the survey of individuals with disabilities (Appendix A) was developed by the project team and reviewed and revised by BRS and the SRC.

Survey population- Participants in this survey effort can be described as individuals with disabilities who are former or current BRS consumers. Respondents self-identified as follows:

- Gender: 53% male, 46% female, 1% gender neutral
- Primary race/ethnicity: White (78.6%), Hispanic or Latino (10.3%) and African American/Black (8.8%)
- Residence: Southern region) (47.2%), Northern region (31.8%), Western region (21%)
- Primary disability: Deaf or hard of hearing (35.5%), physical/mobility (16.1%), intellectual disability /developmental Disability or cognitive (15.6%) and mental health impairment (15.3%)
- Association with BRS: Current consumer (58.1%), previous consumer (28.5%). About two-thirds of the respondents reporting that they are previous consumers said they had become successfully employed and about one-third had not become successfully employed.
- Benefits: 62% said they do not receive Social Security benefits.

Data collection- Data was gathered from this population through the use of an Internet-based survey and by mail. BRS identified individuals with disabilities and invited them to participate in the electronic survey effort via e-mail. Once the survey was active, BRS disseminated an invitation and survey link by e-mail. Approximately ten days after the distribution of the initial invitation, another electronic notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. BRS also distributed 400 printed copies of the survey instrument (along with self-addressed, postage-paid return envelopes) to individuals with disabilities. Data from printed surveys returned by mail were manually entered into the online platform to be incorporated in the electronic analysis. All survey responses were then exported to the software program SPSS by the project team at SDSU for analysis.

Efforts to ensure respondent confidentiality- Respondents to the individual survey were not asked to identify themselves when completing the survey. In addition, responses to the electronic and printed surveys were aggregated by the project team at SDSU prior to reporting results, which served to further obscure the identities of individual survey respondents.

Accessibility- The electronic survey was designed using an accessible, internet-based survey application. On the printed and electronic versions of the individual survey, respondents were provided with the name and contact information of the Research Director at SDSU to place requests for other alternate survey formats. SDSU complied with one request for a Spanish translation of the electronic survey.

Data analysis- Data analysis consisted of computing frequencies and descriptive statistics for the survey items with fixed response options. Open-ended survey questions that yielded narrative responses from individuals were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

Number of completed surveys- A total of 446 surveys was fully completed by individuals with disabilities. This included 372 (83%) electronic surveys and 74 (17%) hard copy surveys. BRS disseminated the electronic survey to email addresses of 400 previous or current consumers,

and postal addresses of 400 consumers (297 current, 103 previous). The survey was also posted on BRS' website. Given the various methods of accessing the survey, it is not possible to accurately report the return rate.

Partner Survey

Instrument- The instrument used for the electronic survey of community partners (Appendix A) was developed by the project team and reviewed and revised by BRS and the SRC.

Survey population- Individuals identified for participation in this survey effort can be described as representatives of organizations that provide or coordinate services, or play an advocacy role for persons with disabilities in Connecticut. Respondents self-identified as follows:

- Job title: Majority administration, remainder direct service
- Population served: 52 respondents work with individuals needing long-term supports and extended services to maintain employment; 47 work with transition-age youth and 42 work with individuals with most significant disabilities; only 18 said they work with individuals served by AJCs

Data collection- Data was gathered from this population through the use of an Internet-based survey. BRS identified partners and invited them via email to participate in the electronic survey using a link to the questionnaire. Approximately ten days after the distribution of the initial invitation, another electronic notice was sent as both a "thank you" to those who had completed the survey and a reminder to those who had not. Survey responses were then exported to the software program SPSS by the project team at SDSU for analysis.

Efforts to ensure respondent confidentiality- Respondents to the partner survey were not asked to identify themselves or their organizations when completing the survey. In addition, responses to the electronic surveys were aggregated by the project team at SDSU prior to reporting results, which served to further obscure the identities of individual survey respondents.

Accessibility- The survey was designed using an accessible, internet-based survey application. Respondents were also provided with the name and contact information for the Research Director at SDSU in order to place requests for other alternate survey formats.

Data analysis- Data analysis consisted of computing frequencies and descriptive statistics for the survey items with fixed response options. Open-ended survey questions, which yielded narrative responses from individuals, were analyzed by the researchers for themes or concepts that were expressed consistently by respondents.

Number of completed surveys- A total of 65 surveys was completed electronically by representatives of partner organizations. It was apparent from our conversations with provider agencies that they have generally good working relationships with BRS and are committed to advancing opportunities for individuals with disabilities in Connecticut.

BRS Staff Survey

Instrument- The instrument used for the electronic survey of BRS staff (Appendix A) was developed by the project team at SDSU and reviewed and revised by BRS and the SRC.

Survey population- Individuals identified for participation in this survey effort can be described as all staff working for BRS between January and March of 2017. Respondents self-identified as follows:

- Job title: 14 VR Counselors, 8 VR Specialists; the remainder had various titles
- Populations served: 15 general caseloads, 6 Employment Consultants, 3 Transition, 3 combinations

Data collection- Data was gathered from BRS staff through the use of an Internet-based survey. Staff was sent an electronic invitation and link to the survey from the Vocational Rehabilitation Consultant. Approximately ten days after the initial distribution, a subsequent notice was sent as both a “thank you” to those who had completed the survey and a reminder to those who had not. A third and final invitation was sent out about two weeks after the second invitation. Survey responses collected through the electronic survey approach were then exported to SPSS by the project team at SDSU for analysis.

Efforts to ensure respondent confidentiality- Respondents to the staff survey were not asked to identify themselves by name when completing the survey. Responses were aggregated by the project team at SDSU prior to reporting results. This served to further protect the identities of individual survey respondents.

Accessibility- The survey was designed using an accessible, internet-based survey application. Respondents were also provided with the name and contact information for the Research Director at SDSU to place requests for other alternate survey formats.

Data analysis- Data analysis consisted of computing frequencies and descriptive statistics for the survey items with fixed response options. Open-ended survey questions that yielded narrative responses from individuals were analyzed by the researchers for themes or concepts expressed consistently by respondents.

Number of completed surveys- A total of 51 electronic surveys was completed by BRS staff out of approximately 150, for a response rate of 34%.

Business Surveys

In designing the CSNA, it was decided by BRS and the project team to try to identify businesses to participate in the survey process. BRS was interested in getting the perspective of businesses in Connecticut regarding recruiting, hiring and retaining employees with disabilities. The electronic survey link was sent to BRS’ business database and five responses were received. Two employers provided descriptive information on their businesses. Each classified their

business as being in the “Services” category, with one reporting 1-250 employees and the other 251-999 employees. The business survey appears in Appendix A.

Focus Groups and Interviews

Instrument- The focus groups were conducted based on a protocol developed by the researchers at SDSU (Appendix A). The protocol was reviewed and revised by BRS and the SRC. The central question raised in each of the focus group meetings was the following: “What are the most important employment-related needs encountered by people with disabilities?” When appropriate the moderator introduced additional questions prompting respondents to discuss needs associated with preparing for, obtaining and retaining employment, and increasing the employment of persons with disabilities. Participants in the staff and partner agency staff groups were also asked to discuss the needs of individuals from cultural, racial or ethnic minority groups; the needs of students with disabilities transitioning from high school; as well as the need for establishing, developing or improving CRPs.

Population- There were a total of 13 focus groups conducted for the assessment. These consisted of one consumer group, four partner groups (including the SRC) and one business group. Table 3 identifies the focus groups by type and number of attendees.

Table 3
Focus Groups by Type and Number Attended

Focus Group Type	Number of groups	Number of attendees
Consumer	1	5
Partner	4	33
Staff	6	26
Leadership	1	12
Business	1	2
Total	13	78

Data collection- The focus groups were held in Central Office (Hartford), the Northern Region (Windsor), the Southern Region (New Haven) and the Western Region (Bridgeport and Waterbury). The session format was consistent for all groups. A few minutes were devoted to introductions, personal background and rapport building in order to establish a productive focus group environment. The moderator explained the purpose of the focus group, provided a brief description of the larger needs assessment effort and reviewed the role of San Diego State University in the needs assessment effort. Participants were assured of the confidentiality of their statements. The discussion was recorded in writing and electronically, where permitted.

Efforts to ensure respondent confidentiality- Names and other identifying characteristics were not recorded by the note-taker. Focus group participants were informed that their responses would be treated as confidential information, would not be reported with information that could be used to identify them and that information from multiple focus groups would be consolidated

before results were reported. To ensure open dialogue, no BRS staff attended the sessions for consumers, partners and businesses. All recordings were erased after they were transcribed.

Accessibility- BRS included a request for reasonable accommodation in their electronic invitations to all of the research groups. No requests for accommodations were received by the project team.

Data analysis- Notes and recordings were transcribed and analyzed by the researchers at SDSU. Results were organized according to the seven main categories under investigation in the assessment. Themes or concerns that surfaced with consistency across groups were identified and reported as consensual themes in the report narrative.

Analysis and Triangulation of Data

The data gathered from the national and agency-specific data sets, key informant interviews, surveys and focus groups were analyzed by the researchers on the project team. The common themes that emerged regarding needs of persons with disabilities from each data source were identified and compared to each other to validate the existence of needs, especially as they pertained to the target populations of this assessment. These common themes are identified and discussed in the Findings section.

Dissemination Plans

The CSNA report is delivered to CT BRS and the SRC. The project team received several requests by consumers and partner agencies to share the results of the CSNA. BRS has indicated the results will be posted on the agency website.

Connecticut's Demographic Profile and Service Delivery Context

Demographics

According to U.S. Census data, Connecticut's 2015 population was 3,590,886. The predominant racial demographic was White, at 68.2% of the population. Hispanic or Latino was identified as the second predominant demographic at 15.4%. Black or African-Americans averaged 11.6% of the entire State population.

In 2015, people with disabilities made up 11% of Connecticut's population. Non-institutionalized, working age (21-64) individuals with disabilities made up 8.7% of the state's population as compared to 10.7% nationally. The poverty rate for this group was 24.5% and 18.3% were receiving SSI payments. The percentage of working-age civilian veterans with a VA determined Service-Connected Disability was 17.5%. [Cornell Disability Statistics (American Community Survey 2015)]

Cornell's 2012 Disability Status Report shows a prevalence rate of 5.4% for Connecticut Youth Transition Ages 16-20 years old, with the highest incidence (4.0%) being Cognitive Disabilities. Connecticut State Department of Education (SDE) data specific to the number of Students in Special Education, per grade level, totaled 27,558 students enrolled that year [2014 Part B State Performance Plan Annual Performance Report]. The number of transition-aged youth in Connecticut was estimated at 192,553 by the U.S. Department of Education's National Center for Education Statistics.

Connecticut has 8 counties and 169 cities. For administrative purposes, Connecticut Bureau of Rehabilitation Services divides the State into three regions identified as Northern, Southern and Western.

In general, when compared against national statistics, Connecticut has above average rates of High School Graduation (+3.6%), Education Level at or Above Bachelor's Degree (+8.3%) and Median Household Income (+\$14,273.00).

Service Delivery Context

In 2015, the employment rate of non-institutionalized, working age (21-64) individuals with disabilities was 34.8% (compared to 35.2% nationally). The employment rate of those without a disability in Connecticut was 81.2%. The percentage actively looking for work among people with disabilities in the state who were not working was 13.3 percent, compared to 25.2% of people without disabilities [Cornell Disability Statistics (American Community Survey) 2015].

State and federal budget cutbacks, increased demand and the enactment of WIOA provide the primary backdrop for service delivery in Connecticut. BRS is constrained by radically reduced funds and staffing to meet growing needs and implement the new WIOA requirements. These circumstances make it even more important to leverage system-wide resources, and the agency is making every effort to be creative, build bridges with partners, share information and resources and collaborate to meet common goals.

BRS is not alone in the challenges of meeting the state's service delivery needs. Other government agencies and community-based organizations struggle with dwindling resources. Independent Living Centers, traditionally counted on to meet basic needs, have a diminished presence in communities. Agencies typically called upon to work with the most significantly disabled or underserved are challenged to find or afford staff with the specialized skills to work with these populations.

This demographic and service delivery context helps to define the employment needs of individuals with disabilities in Connecticut and shapes the bureau's current and future operational and performance framework.

CSNA FINDINGS

The CSNA findings summarize respondent observations about barriers to employment encountered by individuals with disabilities, as well as quantitative and qualitative data on BRS performance and various aspects of the service delivery system. Findings are reported below in sections that correspond with the requested areas of inquiry. They are presented in both narrative and tabular form. Each section starts with a summary across all data collection methods, followed by a breakdown according to data collection method. Data tables that were too large to be included in the body of the report are presented in the Appendices.

The structure of each section includes:

1. Data that pertains to the section in question, including observations based on the data.
2. Survey results pertaining to the section.
3. Recurring/consensual themes that emerged during the individual interviews and focus groups.
4. Recommendations to address the findings in each area of the assessment.

SECTION 1 OVERALL AGENCY PERFORMANCE

The first section of the CSNA report covers areas of general BRS performance. General performance refers to how well BRS is fulfilling its mission of assisting people with disabilities to increase their independence and employment. It also refers to how effectively BRS performs in facilitating case movement through the stages of the rehabilitation process and how well it adheres to the timelines for this case movement identified in the Rehabilitation Act of 1973 as amended and according to its own policies and procedures. Finally, overall performance also refers to how effectively BRS provides placement services to individuals with disabilities in Connecticut which significantly impacts the agency's ability to fulfill its mission.

The data on agency performance included in this section comes from BRS' case management system and is compared to the available RSA 911 data submitted by BRS. While the assessment covers the time period from 2014 to 2016, and most data is representative of that period, some RSA data only available for 2013 to 2015 was also used for the analysis.

Recurring Themes Across all Data Collection Methods

The following themes emerged across all data collection methods in the area of overall agency performance:

Barriers to employment- The lack of job preparedness was the main barrier to employment for individuals with disabilities according to surveyed and interviewed key informants.

Interview participants added low expectations (self, family, and partners) and family challenges as important factors impacting successful employment.

- *Barriers to services*- BRS service delivery practices such as ineffective interactions with staff and slow service were consistently identified by surveyed and interviewed key informants as the primary barrier to services for BRS consumers. The second most frequently named barrier was geographic access given limited transportation options and recent BRS office consolidations or closures. Interview participants added to this that low expectations, overwhelming bureaucracy and limited availability of services such as skills training, long-term supports and mental health care – as well as case management around basic needs – are major concerns.

Agency Performance

Increased efficiencies- There was a 39% increase in the number of Plans developed over the three-year period, which likely corresponds to the 38% decline in the average amount of time from eligibility determination to Plan development, reaching a 57 day average, 33 days under the allowable timeframe of 90 days. This reflects BRS' concerted and successful effort to comply with federal requirements in response to RSA's 2013 monitoring report *Placements*

- BRS' rehabilitation rate declined slightly from 2014 (61%) to 2016 (57%).
- Over 90% cases closed rehabilitated reflected individuals placed in employment without supports in an integrated setting.
- The number of BRS consumers placed in employment in an integrated setting with supports decreased by 22%, with these consumers representing a declining proportion of BRS placements (from 8% to 5%).

Data and key informant feedback indicate that BRS provides very limited self-employment services and makes very few self-employment placements. Yet consumers who were placed in self-employment averaged more hours per week than either of the other categories of placements and earned higher hourly rates.

Expenditures

- BRS devotes half of case service dollars to employment related services (job readiness; job readiness training; job search assistance; occupational or vocational training; on the job supports; rehabilitation technology; and, on the job training). The fact that most of these expenditures increased over the three-year period suggests an increased BRS commitment to employment outcomes. Yet the lack of job preparedness was the main barrier to employment for individuals with disabilities according to surveyed and interviewed key informants.
- The one subset of employment-related services that decreased over the three-year period was occupational or vocational training, possibly signifying that this type of training is less relevant for individuals with most significant disabilities or is less accessible to individuals with disabilities.

Results by Data Collection Method

-Quantitative Data on BRS Services-

OVERALL AGENCY PERFORMANCE

NATIONAL AND/OR AGENCY SPECIFIC DATA

BRS Services to Individuals

Table 5 below identifies various data elements that illustrate BRS' overall program performance for the three-year period of this assessment.

Table 5

Services Provided to Individuals by BRS

(NDA=No Data Available)

Data Item	2014	2015	2016
Number of Applications	3628	3871	3670
% of Applications found Eligible	89%	92%	91%
Av. Time for Elig. Determination (in days) - All Ages	50	47	47
Plans Developed	2260	2959	3135
Av. Time from Eligibility to Plan (days) - All Ages	92	85	57
Closed with an Employment Outcome (Rehabilitated)	1407	1460	1583
Closed without Employment After Services	883	881	NDA
Rehabilitation rate	61%	62%	57%
Average Cost per case closed successfully (26)	\$4,965	\$5,549	\$5,407
Average Cost per case closed unsuccessfully (28)	\$4,075	\$3,932	\$3,807
Average Hourly Earnings for Competitive Employment Outcomes	\$12.33	\$12.57	\$13.00
Gender	NDA	NDA	NDA
Male [applicants]	1983	2112	2006
% of total	55%	55%	55%
Female [applicants]	1469	1630	1583
% of total	45%	45%	45%
Age			
14-24	931	1068	961
% of total	26%	28%	26%
25-64	2271	2392	2329
% of total	63%	62%	64%
65 and over	251	283	304
% of total	7%	7%	8%

Observations Based on the Data: BRS Services to Customers

Applications and Eligibility- The overall number of applicants for BRS services remained relatively constant over the three-year period studied, with 3,670 applicants in 2016. The percent found eligible for services also remained relatively constant, with 91% found eligible in 2016. Male applicants outnumbered female applicants by an average of 473 over the three-year period of the study, with the gap being lowest (21%) in 2016. The number of transition-age youth who applied for services remained relatively steady from 2014 to 2016, with 26% of applicants reported to be between the ages of 14 and 24 in 2016.

Case Duration- The average length of time for an eligibility determination remained constant from 2014 to 2016 where it stands at 47 days, which is 13 days under the 60-day maximum timeframe for eligibility determinations set in the Rehabilitation Act. There was a 39% increase in the number of Plans developed over the three-year period, which likely corresponds to the 38% decline in the average amount of time from eligibility determination to Plan development, reaching a 57 day average, which is 33 days less than the allowable timeframe of 90 days.

Rehabilitation Rate and Cost- While the number of cases closed rehabilitated rose steadily over the three-year period from 1,407 to 1,583 (an overall increase of 12.5%), BRS' actual rehabilitation rate declined slightly from 2014 (61%) to 2016 (57%). The average cost per case rehabilitated increased by 9% from \$4,965 in 2014 to \$5,407 in 2016. The cost per case closed unsuccessfully decreased by 7% from \$4,075 to \$3,807.

Employment Outcomes- One of the measures of overall performance of the VR program and the quality of employment outcomes is the type of employment outcomes attained by the consumers they serve, the average hours worked per week and the average hourly earnings by employment outcome. Table 6 provides this information for BRS from 2014-2016.

Employment Outcomes

Table 6
Average Hourly Earnings by Type of Employment

Type of Employment	2013			2014			2015		
	Number Served	Av. Hrs per Week	Hourly Earnings	Number Served	Av. Hrs per Week	Hourly Earnings	Number Served	Av. Hrs per Week	Hourly Earnings
Employment without supports in an integrated setting	1239	31	17	1312	31	18	1366	30	19
Employment with supports in an integrated setting	94	24	11	78	21	10	73	24	10
Self-employment	10	35	28	17	31	27	21	35	25

RSA-911

Observations Based on the Data: Employment Outcomes RSA 911 data indicates that the number of BRS consumers placed in employment in an integrated setting without supports increased by 10% from 2013 to 2015, representing over 90% of cases closed rehabilitated. The number of hours worked for BRS consumers who were employed without supports in an integrated setting averaged 31 hours a week for all three years. Average hourly earnings increased by one dollar each year, from \$17 in 2013 to \$19 in 2015.

In the same period, the number of BRS consumers placed in employment in an integrated setting with supports decreased by 22%, representing a smaller and smaller proportion of placements (declining from 8% in 2014 to 5% in 2016). The average number of hours worked per week was relatively consistent at 24-21-24 over the three years, and was around 7 hours less than the average for consumers without supports. Earnings decreased by one dollar and the gap between their earnings and those of consumers without supports widened from \$6 to \$9 in the three years.

BRS recorded very small but increasing numbers of self-employment placements, from 10 to 21 over the three-year period. These consumers worked on average more hours per week than both other categories of placements and earned higher hourly rates in spite of a decrease from \$28 to \$25 over the three years.

BRS Service Expenditure

Table 6 below identifies various BRS expenditures for services provided to consumers for the three-year period of this assessment

Table 6			
<i>Expenditures for Services Provided to Individuals by BRS</i>			
Service	2014	2015	2016
Job readiness training	\$549,130.76	\$1,275,437.46	\$2,880,894.10
Assessment (purchased only)	\$5,830,015.15	\$6,534,718.68	\$6,481,615.76
Placement (purchased only)	\$347,942.91	\$240,622.66	\$188,987.04
Job search assistance	\$207,725.31	\$269,482.49	\$321,489.85
Diagnosis-treatment of phys & mental impairments	\$261,231.26	\$5,930.30	\$3,720.11
4-year college-univ training	\$199,937.96	\$165,931.18	\$257,198.08
Jr. comm. college training	\$13,234.37	\$19,257.16	\$13,610.97
Graduate college-univ training	\$19,594.97	0	0
Other training and education	\$5,831.00	\$5,723.50	\$3,418.00
Maintenance	\$11,047.77	\$32,689.28	\$42,600.59
Occ. or voc. training	\$908,284.32	\$914,938.78	\$689,448.21
Supported Employment	\$128,096.51	\$188,902.85	\$116,031.61
Time-limited job support	\$943,036.97	\$955,030.24	\$666,928.18
On-the-Job Training	\$595,094.50	\$812,607.71	\$886,563.08
Technical assistance	\$8,015.92	\$10,894.72	\$12,305.88
Transportation	\$39,386.11	\$50,000.58	\$31,734.72
Rehab tech	\$2,040,469.84	\$2,351,092.74	\$2,763,490.17
Personal attendant	\$12,718.93	\$43,555.19	\$49,149.11
Interpreter services	\$79,712.50	\$65,375.00	\$75,636.16
All other services	\$10,199.76	\$4,770.96	\$6,952.27
Total expenditures on services provided to individuals	\$12,210,706.82	\$13,946,961.48	\$15,504,443.89

Observations Based on the Data: BRS Service Expenditures The highest segment of 2016 case service dollars was expended on employment related services (job readiness, job search, occupational or vocational training, on the job supports and training, and rehabilitation technology), at \$7,541,925, representing 49% of BRS expenditures. Most subsets of this segment increased steadily over the three-year period except for occupational/vocational training. Within this segment, the largest expenditure was for job readiness, an expenditure that more than quadrupled over the three-year period.

BRS' second largest 2016 expenditure was in the category of assessment (purchased services) at \$6,481,615.76 dollars, representing 42% of total case service costs.

OVERALL AGENCY PERFORMANCE

OTHER EXISTING DATA

2016 WIOA State Plan According to the statewide plan, BRS' strategy to expand and improve employment services to individuals with disabilities will focus on continuation of actions already under way. These include implementing the Pre-ETS strategic plan, collaborating with partners to integrate service delivery, prioritizing timely case management and investing in a dedicated business services unit. Capacity-building resources include a dedicated staff line for training, cross-agency trainings via Association of Persons in Supported Employment (APSE) and distance learning modules for staff, providers and consumers. The agency also seeks to heighten individual and employer awareness of its services through outreach and materials development.

2013 CSNA The last CSNA recommended that the bureau increase its efficiency and effectiveness, provide more information about agency services, improve outcomes for unserved and underserved populations and enhance relationships with employers. It was also proposed that the agency focus on cultural competencies of staff and CRPs, and address transportation as a barrier to BRS services.

BRS Staff Capacity-building The BRS Training Coordinator meets twice yearly with the BRS Statewide Training Committee to assess, plan and develop strategy and implementation to meet staff training needs. The Statewide Training Committee is comprised of representatives from each region. The Coordinator also follows up as appropriate with each region. The Connect-Ability website provides 64 distance learning modules for various audiences, as well as links to CT Works training modules. As of this writing, there were 4,263 registered users of the distance learning modules. Connect-Ability Distance Learning Initiative (DLI) breakdown:

- 64 modules are available for CRPs
- 541 CRP employees are registered to use the DLI,
- 61 CRPs are represented

Qualitative Data on Barriers and Services-

OVERALL AGENCY PERFORMANCE

TABULATION AND ANALYSIS OF QUALITATIVE DATA

[See Appendix C]

OVERALL AGENCY PERFORMANCE

SUMMARY OF QUALITATIVE DATA

Barriers to Employment All survey respondents (consumers, partners and BRS staff) were in agreement that the biggest barrier to employment for individuals with disabilities relates to job preparedness (job search skills, education, training and job skills, language proficiency), followed by labor market issues such as lack of jobs available, employers' misperceptions and criminal history, and basic needs relating to poverty, housing and transportation. These issues were also raised frequently in focus groups and interviews. Key informants added low expectations (self, family, and partners) and family challenges as important factors impacting successful employment.

Barriers to Services Survey respondents (consumers, partners and BRS staff) pointed to issues with BRS service delivery practices as the primary barrier to services for individuals with disabilities. For consumers, the most frequently named of these related to their interactions with BRS staff. This includes staff being non-responsive, consumers having insufficient counselor contact, rarely meeting where the consumer lives and not having the capability to communicate via text. For partners and staff, the most frequently identified issue was slow service delivery. There was agreement among all those surveyed that geographic access is the next most significant major barrier to services, given limited transportation options and recent BRS office consolidations or closures. Programmatic issues were ranked next, including inadequacy of, or difficulties with such services as intake and assessment and training and education.

Again, focus groups and interviews referenced the same service barriers but added that low expectations, overwhelming bureaucracy and limited availability of services such as skills training, long-term supports, mental health care – as well as case management around basic needs – are major concerns.

Recommendations:

OVERALL AGENCY PERFORMANCE

The following recommendations are offered to BRS based on the results of the research in the area of **Overall Agency Performance**:

- Considering the new WIOA requirements, BRS may want to review the last three years' employment outcomes and determine the number that would be considered Successful Outcomes under the WIOA Common Performance measures.
 - *Agency Response: Once common thresholds of performance are established, BRS will conduct an assessment of Successful Outcomes and overall program performance against these new standards. Data exchanges for wage records from DOL are also needed. BRS is working towards achieving these goals.*
- Given the significant resources spent on job readiness, contrasted with key informants' observation that the top barrier to employment is lack of job preparedness, the bureau may wish to examine the effectiveness of services that are coded as job readiness. If they are being outsourced to CRPs, BRS may want to evaluate the quality of these services.
 - **Agency Response: BRS is currently developing a Request for Application (RFA) to revise services and tighten the procurement process**
- There is an increase in the number of plans developed in the past three fiscal years. BRS may want to review the plans and determine which have a vocational goal of Competitive Integrated Employment. This will give the bureau an indication of successful outcomes in the coming years.
 - *Agency Response: The only goal that BRS seeks for consumers is competitive employment; we plan with this goal in mind.*
- The average cost of cases closed unsuccessfully is over \$3500. Even though this is a 7% decrease in the past three fiscal years, it nevertheless represents a considerable investment in cases that do not have successful outcomes. BRS may want to examine these closures to determine trends or commonalities that can be addressed in future policies, procedures or performance evaluations to further reduce costs and facilitate shifting of resources to programs and practices that lead to successful outcomes.
 - *Agency Response: BRS believes that to truly assess the capabilities of each consumer, we must invest an appropriate amount of resources with the understanding that some of them may be unsuccessful. We are addressing cost effectiveness of services through the pending RFA.*
- BRS should determine whether increased utilization of Labor Market Information to guide staff and CRP vocational counseling efforts might increase consumers' employment options. Instruments such as the Career Index (WINTAC) and other specific tools available through

CT Works, have been shown to effectively augment counselor efforts to identify potential employment sectors and career paths.

- *Agency Response: BRS is currently talking with DOL about resources we can use to augment employment opportunities. We plan to provide statewide training in the summer to increase access and utilization of tools that identify labor market trends and career options for consumers.*
- While geographic access is a problem that cannot be solved by BRS alone, it has significant impact on employment outcomes and service access. The bureau is encouraged to continue to advocate for and participate in larger efforts to address transportation barriers, and pursue creative solutions within its purview to provide access for BRS consumers.
 - *Agency Response: BRS will continue to work with entities in Connecticut regarding transportation issues.*

<p>SECTION 2</p> <p>NEEDS OF INDIVIDUALS WITH</p> <p>THE MOST SIGNIFICANT DISABILITIES</p> <p>INCLUDING THEIR NEED FOR SUPPORTED EMPLOYMENT</p>

Section 2 provides an assessment of the needs of individuals with the most significant disabilities, including their need for supported employment, as conveyed by statistical data and as expressed by the different groups interviewed and surveyed. WIOA has reaffirmed that VR agencies must place a priority on serving individuals with the most significant disabilities and that all individuals must be afforded the opportunity to work in competitive, integrated work settings. Section 511 of WIOA specifically speaks to the imperative of addressing individuals working in non-integrated environments at sub-minimum wages. These new expectations demand that VR agencies develop programs that provide the level of intensity – and multi-agency partnerships that leverage the resources – required to meet the needs of individuals with the most significant disabilities.

Recurring Themes Across all Data Collection Methods

The following themes emerged in the area of the needs of Individuals with the Most Significant Disabilities including their need for Supported Employment:

Barriers to employment

- Key informants agreed that barriers to employment are heightened for individuals with most significant disabilities because they have greater needs and often multiple diagnoses, requiring more support in the community, service network and workplace. In particular, their employment is likely to require long-term workplace supports which are costly or scarce.

- Forty-four per cent of all BRS applicants receive Social Security benefits, providing a measure of the segment of this population who may settle for working below their full potential because they fear that full time work will jeopardize their benefits.
- Over 3,500 individuals in Connecticut are earning less than minimum wage. This was attributed to the state’s historically high utilization of “group employment” (sheltered workshops) for many individuals with intellectual and developmental disabilities. Key informants identified this as a barrier to competitive, integrated employment, but acknowledged that measures are under way to begin to limit this option, pursuant to WIOA.

Barriers to services

- Both the quantitative and qualitative data show that the delivery system’s capacity to serve individuals with most significant disabilities is extremely limited. This is especially true where Supported Employment is concerned, and even more so for Customized Employment which is virtually non-existent in Connecticut. There was agreement that the causes include insufficient funding, inconsistent policy and programming across state agencies and limited staff proficiency.
- These same factors play into BRS’ own challenges in serving individuals with most significant disabilities. Dedicated BRS funding for Supported Employment is in fact limited, as are system resources for long-term supports. A promising financial literacy pilot program for SSA recipients ended in December 2016. BRS has not invested in a statewide training initiative on Customized Employment, but is working actively with system partners to improve services for this population going forward, consistent with the WIOA requirements.

Agency Performance

- The disability types likely to be classified as most significantly disabled and require long-term supports (communications, ID/DD and mental health impairments) represented 80% of BRS consumers in 2016. The disability type comprising the largest proportion served by BRS was mental health impairment, and yet the agency’s rehabilitation rate for individuals with mental health impairments was by far lowest of all disability categories.
- Individuals with most significant disabilities represented 56% of BRS consumers in 2016, a slight decline from 60% in the two previous years. Transition-age youth made up 70% of BRS consumers with most significant disabilities.
- Eighty-one individuals with most significant disabilities received Supported Employment services from BRS in 2016, down 39% since 2014. It was unclear from data and key informant feedback what types of services were provided to the balance (1,783) of consumers with most significant disabilities. The rehabilitation rate for individuals receiving Supported Employment services declined slightly from 51% to 47%. VR Supported Employment Foundations Training was expanded to two days to increase staff capacity to deliver this service.
- To comply with WIOA requirements pertaining to individuals earning subminimum wage, BRS and partners are holding regional information fairs. It was too early to measure the outcomes of this strategy but most observers gave it mixed reviews.
- Performance data available for this report are not current enough to reflect BRS’ recent efforts to address the new WIOA requirements pertaining to Supported or Customized Employment and employment outcomes for individuals with most significant disabilities.

Results by Data Collection Method

INDIVIDUALS WITH MOST SIGNIFICANT DISABILITIES

NATIONAL AND/OR AGENCY SPECIFIC DATA

-Quantitative Data on BRS Services-

An analysis of the needs of individuals with the most significant disabilities, including their need for Supported Employment (SE), begins with an analysis of the primary disability types served by BRS, the significance of disability categories and the rate of SSA beneficiaries served by the organization.

BRS uses a definition for MSD consistent with federal requirements. The baseline of disability types served by BRS in the past three years is presented in Table 7, followed by the rehabilitation rates by disability type in Table 8.

Primary Disability by Type

Table 7

BRS Applicants by Primary Disability Type

Disability Type	Year		
	2014	2015	2016
Visual Impairments	0	9	5
Physical Impairments	521	468	562
Communicative Impairments	887	1012	1016
ID/DD or other Cognitive	715	801	760
Mental Health Impairments	1138	1232	1158

Table 8

BRS Rehabilitation Rates by Primary Disability Type

Disability Type	Year		
	2014	2015	2016
Visual Impairments	75%	56%	64%
Physical Impairments	43%	50%	41%
Communicative Impairments	91%	91%	91%
ID/DD or other Cognitive	50%	53%	46%
Mental Health Impairments	44%	42%	38%

Observations Based on the Data: Primary Disability Type According to disability type, consumers with mental health impairments were the largest percentage served by BRS, followed by those with communicative impairments. The agency's rehabilitation

rate was by far highest for individuals with communicative impairments and lowest for individuals with mental health impairments, followed closely by individuals with physical impairments. Consumers with those disability types likely have most significant disabilities (communications, ID/DD and mental health impairments) and require long-term supports represented 80% of BRS consumers in 2016.

Significance of Disability

The significance of disability categories served by BRS, including delivery of Supported Employment, in the past three years is presented in Table 9.

Table 9

Significance of Disability and Supported Employment (SE) Status and Costs

Category	Year		
	2014	2015	2016
Most Significantly Disabled	1840	2052	1864
% of total	60%	60%	56%
% Transition Age	35%	39%	36%
Significantly Disabled	1154	1304	1361
% of total	37%	38%	41%
Not Significantly Disabled	94	92	117
% of total	3%	3%	4%
Supported Employment			
No. Receiving SE from BRS	133	118	81
% change 2014-2016	-39%		
Rehabilitation Rate	51%	52%	47%
BRS SE Expenditures	\$128,097	\$188,903	\$116,032
% total expenditures	1.1%	1.4%	0.8%
% change 2014-2016	-9%		

Observations Based on the Data: Significance of Disability In 2016, individuals with most significantly disabilities made up 56% of BRS consumers, representing a slight decrease from previous years. Transition-age youth made up 36% of consumers with most significant disabilities. The number of individuals receiving Supported Employment services from BRS declined 39% from 2014 to 2016, and the rehabilitation rate for individuals receiving Supported Employment services declined slightly in that period from 51% to 47%.

Table 10
SSA Beneficiaries

(NDA=No Data Available)

SSA Beneficiaries In 2015, 18.3% of working-age people with disabilities in Connecticut was receiving SSI payments. Table 10 provides the frequency of BRS services to these individuals 2014 to 2016, and a breakdown of the various recipient groups for 2013 to 2015.	2013	2014	2015	2016
Applications				
All SSA Beneficiaries	NDA	1565	1703	1624
% of total	NDA	43%	44%	44%
SSI Recipients				
Number	487	430	383	NDA
SSI-SSDI Recipients				
Number	165	156	159	NDA
SSDI Recipients				
Number	716	622	687	NDA

Observations Based on the Data: SSA Beneficiaries 1,624 BRS applicants were SSA beneficiaries in fiscal year 2016, a 4% increase from 2014 to 2016. This number represents 44% of all BRS applicants, which is important as many consumers, concerned about how full-time work will affect their safety net, purposely seek part-time employment that will ensure they continue to receive benefits. Consequently, many individuals work below their full potential.

Subminimum Wage Department of Labor, Wage and Hour Division data show that over 3,500 individuals in Connecticut are earning less than minimum wage.

MOST SIGNIFICANT DISABILITIES

OTHER EXISTING DATA

2016 Unified State Plan

SE Strategies and Challenges- BRS provides services for individuals with most significant disabilities, oversees one of three state-funded long-term employment support programs and works with relevant partners to transition consumers to appropriate ongoing supports. The bureau expressed frustration with challenges posed by high staff turnover and inconsistent policies and practices among agencies administering Supported Employment programs. Internally, VR Supported Employment Foundations Training was expanded to two days for new VR Counselors. Senior VR counselors are also invited to the training for a refresher on the current SE environment as well as provide technical assistance to the training. The agency is working actively with system partners to improve services for this population going forward, consistent with the WIOA requirements. To comply with WIOA 511 requirements, BRS and partners have begun holding regional information fairs for individuals receiving subminimum wage to familiarize them with the benefits of and opportunities for competitive, integrated employment.

SSA Benefits Counseling pilot- I & E funds were used to contract with the CT Association for Human Services to make “Individualized Financial Capability Coaching” available at age 18 to BRS consumers who receive SSA benefits. The pilot ended in December 2016.

-Qualitative Data on Barriers and Services-

MOST SIGNIFICANT DISABILITIES

TABULATION AND ANALYSIS OF QUALITATIVE DATA

[See Appendix D]

MOST SIGNIFICANT DISABILITIES

SUMMARY OF QUALITATIVE DATA

Barriers to Employment Most key informants (both surveyed and interviewed) agreed that the biggest barriers to employment for individuals with most significant disabilities are of the same nature as for the general population of individuals with disabilities but are even more challenging for individuals with most significant disabilities. This can be attributed to the fact that they have greater needs and often multiple diagnoses, requiring more support in the community, service network and workplace. In particular, their employment is likely to require long-term workplace supports which are costly or scarce. Key informants added that the high utilization of “group employment” (sheltered workshops) for so many individuals with intellectual and developmental

disabilities is also a barrier to competitive, integrated employment, but that measures are under way to begin to limit this option, pursuant to WIOA.

Barriers to Services Surveyed partners ranked difficulties with or inadequacy of agency or VR services such as **intake** and **assessment** and **training** and **education** as the biggest barriers to services for individuals with the most significant disabilities. While staff completing the survey agreed that these are barriers, they ranked BRS operational issues higher. These include slow service delivery, not meeting with consumers in the community, lack of ability to communicate via text and lack of disability-related accommodations. Both groups included geographic access as a major consideration, given limited transportation options and recent BRS office consolidations or closures. Interview and focus group participants added to these barriers the very limited availability of supported employment and customized employment, compounded by the also limited availability of resources for long-term supports. Key informants applauded the agency's financial literacy pilot for individuals receiving SSA benefits.

To comply with WIOA requirements pertaining to the state's high number of individuals earning subminimum wage, BRS and partners are holding regional information fairs to familiarize these consumers and their families with the benefits of and opportunities for competitive, integrated employment. It was too early to assess the outcomes of this strategy but most observers gave it mixed reviews. While attendance had been reasonable and feedback generally positive, this strategy was not seen as providing sufficient exposure or follow-up for individuals to whom the concept of competitive, integrated employment is entirely foreign.

Recommendations: MOST SIGNIFICANT DISABILITIES

The following recommendations are offered to CT BRS based on the results of the research on the area of **Needs of Individuals with the Most Significant Disabilities, including their need for Supported Employment**:

- Under WIOA, the percentage of cases coded Most Significantly Disabled is expected to increase and the definition of successful outcomes will change. BRS should continue to review its policies and procedures around Supported Employment and revise them according to WIOA expectations. Strategies might include:
 - a sampled review to insure consistency in coding across cases compared to the agency's definition of most significantly disabled, and to determine whether the outcomes classified as successful in the last three years would now be considered successful outcomes under WIOA.
 - ***Agency Response: Yes, BRS is currently reviewing our policies to address changes in the regulations related to Supported Employment.***
 - use of the bureau's 110 funds and to braid and blend resources with those of other agencies to provide the intensive level of services needed for this population to succeed.

- continued efforts to ensure that all MOUs and interagency agreements reflect the capacity to leverage resources system-wide.
- continued efforts to ensure that staff and CRPs have thorough knowledge of community resources that will supplement their work.
- BRS should work with partners to build upon the information fairs strategy directed at meeting the Career Counseling and Information and Referral (CCI&R) requirements, including capacity to prepare consumers and families in advance and provide follow-up to further connect them with needed services.
- With demands to serve a greater percentage of individuals with most significant disabilities, BRS should consider developing resources within the CT Works system that would be relevant to and effective for individuals with less significant disabilities. This would allow BRS to devote a greater percentage of shrinking funds for adults to those with the most significant disabilities.
 - ***Agency Response: BRS is currently meeting with CT Works and the Workforce Innovation and Opportunity Act (WIOA) core partners to integrate our workflow and leverage services.***
- BRS is encouraged to institutionalize the financial planning model that was piloted for SSA beneficiaries. Benefits counseling and financial literacy training have been shown to improve consumer perceptions of employment options available to them resulting in increased wages and lifting many of them above the poverty level. Assuming the BRS pilot yielded such results, perhaps the bureau could conduct a return on investment analysis that demonstrates its cost effectiveness and justifies future expenditures.
 - ***Agency Response: Our current Benefits Counseling program is already robust. We are pursuing additional grants and will continue to examine any potential resources that may become available.***

SECTION 3
NEEDS OF INDIVIDUALS WITH DISABILITIES
FROM DIFFERENT ETHNIC GROUPS
INCLUDING NEEDS OF INDIVIDUALS WHO HAVE BEEN UNSERVED
OR UNDERSERVED BY THE VR PROGRAM

Section 3 identifies the needs of individuals with disabilities from different ethnic groups, including needs of individuals who have been unserved or underserved by BRS.

Recurring Themes Across all Data Collection Methods

The following themes emerged across all data collection methods in the area of the needs of individuals with disabilities from different ethnic groups, including individuals who have been unserved or underserved by the VR program:

Barriers- Key informants were in general agreement that the barriers to both employment and services for individuals who are ethnic and racial minorities, including unserved and underserved populations, are of the same nature as for the general population of individuals with disabilities but are even more challenging, due in part to language and cultural issues, and in part to the lack of specialization in the service provider community to address their employment-related needs. Next most frequently identified as barriers were BRS operational and programmatic issues (slow service delivery, not meeting with consumers in the community, difficulties with or inadequate services) as well as geographic access.

Agency Performance

- *Race/Ethnicity-* While close to two-thirds of White and Asian cases were closed rehabilitated in 2016, Black and Hispanic cases were lower by 21 and 14 percentage points respectively, which could be an indicator of cultural and language barriers to services for these populations.
- *Other unserved/underserved-* Additional groups most frequently identified as unserved or underserved by BRS include individuals with psychiatric and developmental/ intellectual disabilities, those with autism spectrum disorder and those transitioning from school to post-secondary education or work.
- *Overall assessment-* Most key informants indicated that the list has not changed significantly in the last ten years, and that despite the state's efforts to serve these populations, their employment outcomes continue to lag behind those of other target groups. They considered BRS' strategies with these populations to be a good effort given the resources at their disposal and the new regulations under WIOA but encouraged the agency to continue to seek creative and collaborative solutions.

Results by Data Collection Method

-Quantitative Data on BRS Services-INDIVIDUALS FROM DIFFERENT ETHNIC GROUPS, INCLUDING UNSERVED OR UNDERSERVED

NATIONAL AND/OR AGENCY SPECIFIC DATA

Consumers by Ethnicity

Tables 11 and 12 identify the ethnicity of consumers served by BRS, and rehabilitation rates, for the three-year period of this report. The number of consumers by ethnicity is identified along with the rate of that ethnicity in the total population of BRS consumers. The 2015 rate is then compared to the rate that ethnicity occurred in the general Connecticut population to determine if BRS is serving various ethnicities at different rates than they occur generally in Connecticut.

Table 11

Consumers by Ethnicity

(NDA=No Data Available)

Ethnicity	2014	2015	2016
Asian	38	57	50
% of all consumers	1%	2%	1%
% in Connecticut	NDA	4.3%	NDA
Difference	NDA	-2.3	NDA
American Indian or Alaskan Native	5	7	12
% of all consumers	0.1%	0.2%	0.3%
% in Connecticut	NDA	0.1%	NDA
Difference	NDA	+0.1	NDA
Black or African American	729	775	717
% of all consumers	20%	20%	20%
% in Connecticut	NDA	11.6%	NDA
Difference	NDA	+8.4	NDA
Hispanic or Latino	529	549	547
% of all consumers	15%	14%	15%
% in Connecticut	NDA	15.4%	NDA
Difference	NDA	-1.4%	NDA
Native Hawaiian or Pacific Islander	4	1	5
% of all consumers	0.1%	0.03%	0.1%
% in Connecticut	NDA	0.013%	NDA
Difference	NDA	+0.017	NDA

	Ethnicity	2014	2015	2016	2016
White		2549	2785	2648	
	% of all consumers	70%	72%	72%	
	% in Connecticut	NDA	68%	NDA	
	Difference	NDA	+4	NDA	

Table 11 (continued)

Consumers by Ethnicity

(NDA=No Data Available)

Observations based on the data: Consumers by Ethnicity Table 11 indicates that BRS has served all ethnic/racial groups in numbers and proportions that remain relatively consistent over the three-year period. It also demonstrates that BRS serves most ethnic/racial groups in roughly the same proportion as they occur in the general population. African-Americans are the one group that occurs at a slightly higher rate among BRS consumers (20%) than in the general population (12%).

Table 12

BRS Rehabilitation Rates by Ethnicity

Ethnicity	Year		
	2014	2015	2016
African American	48%	45%	41%
American Indian	25%	33%	33%
Asian	55%	75%	63%
Hispanic/Latino	45%	49%	48%
Native Hawaiian/Pacific Islander	50%	50%	0%
White	65%	66%	62%

Observations based on the data: Rehabilitation Rates by Ethnicity Table 12 shows variability in rehabilitation rates among racial and ethnic groups. While close to two-thirds of White and Asian cases were closed rehabilitated in 2016, Black and Hispanic cases were lower by 21 and 14 percentage points respectively, which could be an indicator of cultural and language barriers to services for these populations.

***INDIVIDUALS FROM DIFFERENT ETHNIC GROUPS, INCLUDING
UNSERVED OR UNDERSERVED***

OTHER EXISTING DATA

2016 Unified State Plan In the state plan, BRS pointed to a variety of strategies relating to its services to ethnic groups and unserved or underserved populations. These include cross-attendance at Latino committee and Employment Consultant meetings; translating training materials and publications into Spanish, partnering with the Department of Mental Health and Addiction Services (DMHAS) in serving individuals with psychiatric disabilities, networking

and staff training around Autism Spectrum Disorder, outreach to businesses regarding employment of deaf and hard of hearing, ASL translation of training modules and staff training in cultural competency. Specific to transition, BRS also emphasized underserved populations in its SYEP procurement and staff trainings and participated in communities of practice, guideposts for success and networking with educators.

Connect-Ability The Connect-Ability website links provides distance learning modules, some of which have been translated into Spanish and ASL. BRS will complete translation if there is evidence of utilization but as of this writing there is no breakdown of user profiles.

-Qualitative Data on BRS Services-

INDIVIDUALS FROM DIFFERENT ETHNIC GROUPS, INCLUDING UNSERVED OR UNDERSERVED

TABULATION AND ANALYSIS OF QUALITATIVE DATA

[see Appendix E]

INDIVIDUALS FROM DIFFERENT ETHNIC GROUPS, INCLUDING UNSERVED OR UNDERSERVED

SUMMARY OF QUALITATIVE DATA

Barriers to Employment and Services Most key informants (both surveyed and interviewed) were in agreement that the biggest barriers to employment and services for individuals who are ethnic and racial minorities, including unserved and underserved populations, are of the same nature as for the general population of individuals with disabilities but are even more challenging, due in part to language and cultural issues, and in part to the lack of specialization in the service provider community to address their employment-related needs. While language and cultural barriers topped all survey respondents' lists of barriers for this population, they were followed immediately by BRS operational and programmatic issues (slow service delivery, not meeting with consumers in the community, difficulties with or inadequate services) as well as geographic access.

Unserved/Underserved While the surveys did not include questions about the populations deemed by respondents to be unserved or underserved, participants in interviews and focus groups were asked what populations they would include. Most key informants indicated that the list has not changed much in the last ten years, and that despite the state's awareness of and efforts to serve these populations, their employment outcomes continue to lag behind those of other target groups. The groups most frequently identified by participants as unserved/underserved include individuals with disabilities:

- with psychiatric disabilities
- with developmental/intellectual disabilities
- with autism spectrum disorder
- who are non-English speaking (including monolingual Spanish and individuals with deafness /hearing impairment)

- who are transitioning from school to post-secondary education or work

Also frequently mentioned were African-Americans, Hispanics, people of low socio-economic status, individuals with criminal backgrounds and those residing in rural areas.

BRS Performance Key informants participating in interviews and focus groups considered BRS' strategies with these populations to be a good effort given the resources at its disposal and the new regulations under WIOA. It was acknowledged that funding limitations and lack of staff proficiency in working with hard to serve populations are key factors in addressing these challenges. There were some areas where BRS was encouraged to make improvements (see recommendations) if actions weren't already under way. Many respondents were hopeful that the new levels of collaboration and programmatic direction as well as funding partnerships using comparable benefits will provide avenues to address deficits in achieving successful outcomes for emerging and historically underserved populations.

Recommendations:

***INDIVIDUALS FROM DIFFERENT ETHNIC GROUPS,
INCLUDING UNSERVED OR UNDERSERVED***

The following recommendations are offered to BRS based on the results of the research in the area of **Needs of Individuals with Disabilities from Different Ethnic Groups, including needs of Individuals who have been Unserved or Underserved by BRS:**

Every VR agency in the country is faced with significant increases in the number of individuals on caseloads with Autism and mental health issues. BRS leadership recognizes these challenges and is working toward developing strategic alliances with other agencies. The bureau's resources will determine the level of capacity to meet the needs of these populations. Now more than ever, blending and braiding of funds will be critical to augment VR resources.

- ***Agency Response: Assessing the needs of consumers who have been unserved or underserved remains a part of our system overhaul. We will continue to address options based on appropriate funding.***

With an increasingly diverse population come challenges in outreach and communication. With limited ability to expand the agency or provider capacity to serve individuals from diverse ethnic and cultural backgrounds, BRS may want to explore partnerships within the CT Works system faced with similar challenges.

SECTION 4
NEEDS OF INDIVIDUALS WITH DISABILITIES
SERVED THROUGH OTHER COMPONENTS OF THE STATEWIDE
WORKFORCE DEVELOPMENT SYSTEM

Section 4 identifies the needs of individuals with disabilities served through other components of the statewide workforce development system. Throughout this section, the term AJC will be used to refer to the Title I funded services (Adult, Dislocated Worker and Youth) available in what used to be termed the One-Stop Career Center.

Under WIOA, partner programs (Adult, Youth, Literacy, Wagner-Peyser, Dislocated Workers and VR) and entities that are jointly responsible for workforce and economic development, educational and other human resource programs are expected to collaborate to create a seamless, customer-focused, one-stop delivery system that integrates and enhances access to services across all programs. WIOA requires VR agencies to work with core partners in developing such a system. Integration is intended to make the services of the workforce system available to all eligible individuals. It is intended that by leveraging other workforce programs, VR can more effectively provide comprehensive employment and community services to its consumers. Also, to comply with WIOA, workforce partners will be developing protocols to track services and outcomes system-wide.

Recurring Themes Across all Data Collection Methods

The following themes emerged across all data collection methods in the area of the needs of individuals with disabilities served through the core programs of the workforce system (Adult, Youth, Literacy, Wagner-Peyser, Dislocated Workers and VR):

Barriers- While there is generally little quantitative data on individuals with disabilities served by AJCs, it is widely acknowledged that AJC utilization and successful results are limited unless staffs are collocated or programs are jointly sponsored with VR. This tends to be due to inconsistent policy and programming across state agencies, inadequate staff training and accessibility issues. Quantitative and qualitative data analyzed in this study suggest that Connecticut is no exception. Key informants indicated that where there is co-location, there is better integration and greater likelihood of successful outcomes; otherwise they do not typically find AJCs to be user-friendly for individuals with disabilities who they said feel overwhelmed with paperwork and processes.

Agency Performance- BRS staff participating in interviews indicated that they do make referrals to CT Works, but the agency recorded a total of only 37 referrals from AJCs over the entire three-year period under review, 17 of those occurring in 2016. Twenty-two per cent of BRS consumers surveyed indicated that they had tried to access CT Works services. At the systems level, BRS is collaborating in statewide efforts to fulfill the WIOA mandate for an integrated workforce system. In addition to participating in state-level planning and implementation, this

includes regional and local partnerships, involvement on the state and local Workforce Investment Boards and multiple examples of staff co-location.

Results by Data Collection Method

-Quantitative Data on BRS Services-

***INDIVIDUALS SERVED BY OTHER COMPONENTS OF THE
WORKFORCE SYSTEM***

NATIONAL AND/OR STATE LEVEL DATA

Referrals Between BRS and AJCs

A key indicator of the strength and activity of the relationship between a VR program and the Workforce Development System is the number of referrals between the VR program and the AJCs. BRS’ data system does not currently capture when consumers are referred to AJCs for services but it does report the number of referrals received from AJCs. This information is contained in Table 13 below.

Table 13

Number of referrals by year to BRS from AJCs in Connecticut

Category	2014	2015	2016
Referrals to BRS from AJCs	6	14	17
% of all consumers	0.2%	0.4%	0.5%

Additional quantitative data

- According to the CT Department of Labor, “Comprehensive and Affiliate AJC’s are located throughout the state and offer walk-in and other job seeker resources. AJC services are available to anyone, regardless of employment status.” There are AJCs (CT Works) in 20 locations in Connecticut. Six of these are comprehensive centers, five of which mentioned linkages with BRS on their websites, and one of which indicated part-time co-location with BRS.
- Numerous studies document the challenges of AJCs nationwide in meeting the employment needs of individuals with disabilities. These can range from geographic inaccessibility to lack of specialized programming or staff expertise, to outdated or inaccessible assistive technology.
- Eighty-nine (22%) of 396 consumers who responded to the electronic survey indicated that they had tried to access AJC services. It is not possible to determine whether all were referred by BRS. While more specific data on AJC utilization rates for Connecticut residents with disabilities was not available, key informant feedback would suggest that utilization rates are not high.

Observations based on the data: Individuals Served by Other Components of the Workforce Development System Very few referrals to BRS by AJCs were recorded over the three-year period. Self-report data would suggest that referrals by BRS to AJCs are also low although these numbers do not include individuals who were referred but did not follow through. Available utilization data would suggest there was not a high frequency of referrals between the two entities during the period under review.

*INDIVIDUALS SERVED BY OTHER COMPONENTS OF THE
WORKFORCE DEVELOPMENT SYSTEM*

OTHER EXISTING DATA

2016 Unified State Plan The plan emphasizes that efforts are under way with partners to establish performance accountability thresholds. Other integration and collaboration strategies include development of MOUs, collecting and reporting aggregated data, coordinating service delivery, engaging in industry partnerships, representation on state and local workforce boards and workforce representation on the SRC.

-Qualitative Data on BRS Services-

*INDIVIDUALS SERVED BY OTHER COMPONENTS OF THE
WORKFORCE DEVELOPMENT SYSTEM*

TABULATION AND ANALYSIS OF QUALITATIVE DATA

[see Appendix F]

*INDIVIDUALS SERVED BY OTHER COMPONENTS OF THE
STATEWIDE WORKFORCE DEVELOPMENT SYSTEM*

SUMMARY OF QUALITATIVE DATA

Referrals to / Utilization of Workforce Partner Services Most of the consumers who indicated on the survey that they had tried CT Works (One-stop centers) reported that they had not had issues with physical or programmatic access. Half of those who said they sought training did get training but it did not result in employment. Half of those who said they sought a job did receive assistance. One quarter of those actually got jobs. Consumers who participated in interviews and focus groups ranged in their familiarity with CT Works, from one who had been referred but hadn't gone, to one who had difficulty getting there, to one who was just shown where the computers are; multiple respondents had never heard of CT Works. Most consumer survey respondents thought CT Works staff was somewhat or very helpful and that the center was somewhat or very valuable.

Partners who participated in interviews and focus groups observed that CT Works offices are uneven in serving individuals with disabilities. Where there is co-location, there is better integration; otherwise CT Works staffs typically don't know how to handle consumers. Staff cited several examples of successes resulting from co-location. Also, it was reported that a youth

service track in the AJCs offers automatic eligibility for youth with disabilities. Staff who participated in interviews said they do make referrals to CT Works and felt the offices are useful for certificate of employability and customer service training. They did not find the offices to be user-friendly for individuals with disabilities who they said feel overwhelmed with paperwork and processes.

Workforce Partner Collaborations BRS leadership participating in interviews or focus groups fully endorsed the importance – and recognized the value of – leveraging resources. They reported that the collaboration efforts in Connecticut are a work in progress, and that there was positive movement with data-sharing and MOUs. They were less optimistic about achieving the common measures requirement, or the likelihood that One-stops (while possibly able to do job development for individuals with disabilities) will be doing job placement any time soon. BRS sits on the state and local WIBs and is collocated where the partner sites are accessible.

As far as other partnerships are concerned, BRS and partner agencies have collaborated since 2011 on Connect-Ability for information-sharing purposes. BRS and the Department of Developmental Disabilities (DDS) have a good track record of working together. Staff indicated that some partners (e.g., the Department of Social Services [DSS]) “don’t know what we do.” Partnering with DMHAS is more challenging given the wide divide in definitions and expectations between the two agencies. Partners reported benefits from collaboration for transition services in terms of co-location and communication with schools.

Recommendations:

***INDIVIDUALS SERVED THROUGH
OTHER COMPONENTS OF THE STATEWIDE WORKFORCE
DEVELOPMENT SYSTEM***

The following recommendations are offered to BRS based on the results of the research in the area of **Needs of Individuals with Disabilities served through other Components of the Statewide Workforce Development System**:

- When new 911 data is available, BRS should track referrals to and from AJCs across all systems and outcomes.
- Referrals from Workforce entities are practically non-existent over the past three years. Hopefully, BRS will see dramatic increases in referrals as it becomes more involved with the Workforce system.
- BRS should continue developing strategies that create integrated and seamless services with Workforce entities. These strategies could focus on the following:
 - serving individuals who do not have significant or most significant disabilities, allowing BRS to shift resources toward those populations.

- agreeing on standards for routine job readiness, resume building, informational interview and similar services, so products and outcomes are acceptable among all workforce components:
- *Agency Response: Yes, we are redesigning and consolidating our workflow within the workforce system. We agree that there may not be enough referrals. We also believe some have been miscoded and that actual numbers are underrepresented in our data.*

Moving in this direction would allow workforce entities to familiarize themselves with working with individuals with fewer barriers to employment, and support future strategies to expand upon these efforts, further integrating individuals with disabilities into the Workforce system.

<p>SECTION 5</p> <p>NEEDS OF INDIVIDUALS IN TRANSITION</p>
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The reauthorization of the Rehabilitation Act under WIOA places a greater emphasis on the provision of transition services to youth and students with disabilities, especially their need for pre-employment transition services (Pre-ETS). The Notice of Proposed Rule Making for 34 CFR 361 and 363 released by RSA indicates that the comprehensive statewide needs assessment must include an assessment of the needs of youth and students with disabilities in the State, including their need for Pre-ETS. The project team investigated the needs of youth and students with disabilities in this assessment and has included the results in this section.

For CSNAs, VR agencies are required to conduct fiscal forecasting to determine the agency’s ability to provide the services required under Pre-ETS prior to using reserve funds for authorized services. BRS indicated that it has done extensive work in this area and this information will be supplied to RSA separately from this report. The detailed demographic breakdown by town and region provided in Appendix B might further support these efforts.

Recurring Themes Across all Data Collection Methods

The following themes emerged across all data collection methods in the **Needs of Individuals in Transition**:

- *Barriers to employment-* Survey participants ranked lack of job preparedness as the top barrier to employment for youth in transition, followed by challenges with basic needs, including geographic access to jobs. Staff added that lack of family supports is a third factor. These barriers are even more of a challenge for youth than in the general population because so many have never ventured outside the home and school safety net, most have never worked and schools typically do not expose them to realistic work and life experiences.
- *Barriers to services*
 - Staff and partner survey respondents had shared perceptions of the primary barriers to services for youth, ranking difficulty with or inadequacy of BRS programs, and BRS

operational issues, as the top two, followed by lack of family supports and low expectations.

- Key informants identified lack of continuity among the 169 school districts, coupled with the changes in design and implementation of BRS' Pre-ETS program, Level Up, as barriers to service delivery. While the instability of Level Up resulted in a drop-in outcomes and diminished credibility with schools, observers did find that the strategy had given greater visibility to the need for strong, reality-based transition programming. Respondents all agreed that the dramatic reduction in work-based experiences was the most regrettable casualty of the reversal.
- *Agency Performance*
- *Increased efficiencies*- BRS significantly increased the number of transition Plans developed (+87%) over the three-year period. This corresponded to a 47% decrease in the average number of days from eligibility to Plan (compared to a 38% decrease agency-wide) and a simultaneous increase in the proportion of agency Plans accounted for by youth cases, from 18% to 25%.
- *Outcomes and Expenditures*- The increased efficiencies did not translate to improved outcomes or expenditures over this same period. BRS' rehabilitation rate for transition cases decreased from 50% to 42%, with a 32% increase in cost per case. Likewise, the cost for transition cases closed unsuccessfully increased by 35%, in contrast to a 7% agency-wide decrease in that same time.

Results by Data Collection Method

**-Quantitative Data on BRS Services-
INDIVIDUALS IN TRANSITION**

NATIONAL AND/OR AGENCY SPECIFIC DATA

Transition Consumers Served by BRS

Table 14 identifies the number of transition-age individuals served by BRS over the three-year period.

Applications	2014	2015	2016
Transition Age Youth	931	1068	961
% of total	26%	28%	26%
Eligible	88%	92%	89%
Transition Consumers			
Number [Plans Developed]	412	752	769
+ or - from previous year		+340	+17
% of agency total [Plans Developed]	18%	25%	25%
Av. Time from Elig. to Plan (days)	138	109	73
Av. Time from Eligibility to Plan (days) Adults age 18-64	92	85	57
National Av. for VR Agencies			
Rehabilitation Rate	50%	51%	42%
Overall BRS Rehab Rate	61%	62%	57%
Difference	-11	-11	-15
Av. Cost per Case Closed Rehabilitated	\$8,024	\$9,524	\$10,571
Overall BRS Cost Closed Rehabilitated	\$4,965	\$5,549	\$5,407
Av. Cost per Case Closed Unsuccessful	\$3,574	\$4,804	\$4,828
Overall BRS Cost Closed Unsuccessful	\$4,075	\$3,932	\$3,807
Average Cost per case	\$5,036	\$6,550	\$6,507
Overall BRS Cost per case	\$4,525	\$4,798	\$4,670
Difference	\$511	\$1752	\$1837
No. Most Significant Disabilities	644	804	675
% Transition with MSD	80%	81%	77%

Observations Based on the Data: Transition Consumers Served by BRS

Applications and Eligibility- The number of transition-age youth who applied for BRS services increased by 15% between 2014 and 2015, then decreased 10% from 2015 to 2016. However, these figures only represented a two percentage point change – up one year and down the next – signifying that the number of applications has held relatively steady over the three-year period. Transition applicants were found eligible at a consistently high rate, 88% to 92% to 89% in the three respective years.

Plan Development- The number of Plans developed increased dramatically from 412 to 769 (+87%) over the three-year period, with the 2014-2015 change (+83%) accounting for most of the total increase. This corresponded to a 47% decrease in the average number of days from eligibility to Plan (compared to a 38% decrease agency-wide) and a simultaneous increase in the proportion of agency Plans accounted for by youth cases, from 18% to 25%.

Rehabilitation Rate- Of some concern is the decrease in the rehabilitation rate for the transition population over the three-year period, from 50% to 42%. The differential between transition and BRS overall rehabilitation rates widened in the three years, from an 11 to a 15 percentage-point gap.

Cost per Case- It is also noteworthy that the decline in rehabilitation rate for transition cases occurred while the average cost per transition case closed rehabilitated increased by 32% over the three-year period, from \$8,024 to \$10,571. In that time, overall BRS cost per case increased but only by 11%. Finally, the average cost of transition cases closed unsuccessfully increased by 35% over the three-year period, from \$3,574 to \$4,928. Conversely, overall BRS cost per case closed unsuccessfully decreased by 7% in that same time.

INDIVIDUALS IN TRANSITION

OTHER EXISTING DATA

2016 Unified State Plan In the state plan, BRS indicated that it has met or will meet the WIOA expectations by aligning its transition services with the Pre-ETS requirements and delivering those services through existing providers, assign ten counselors 100% time to Pre-ETS, improve partnerships and messaging with SDE, schools, providers and employers and generally strengthen collaborations with all stakeholders. For youth with most significant disabilities, the bureau proposes statewide training for all staff to enable them to move students to plan and explore needs for ongoing supports, then amend the plan to supported employment as funding is identified and work with relevant partners to transition to ongoing long-term supports as funding is available.

2013 RSA Monitoring Report The main finding related to transition was that the agency was not meeting the 90-day timeline for transition Individualized Plans for Employment (IPEs) and that the bureau did not, at the time, sit on the state workforce board. Both findings have been rectified since 2013.

-Qualitative Data on BRS Services-

INDIVIDUALS IN TRANSITION

TABULATION AND ANALYSIS OF QUALITATIVE DATA

[see Appendix G]

INDIVIDUALS IN TRANSITION

SUMMARY OF QUALITATIVE DATA

Barriers to Employment Partner and staff survey participants both ranked lack of job preparedness as the top barrier to employment for youth in transition, followed by challenges with basic needs, including geographic access to jobs. Staff added that lack of family supports is a third barrier. Most key informants representing partners and staff confirmed that many of the barriers to employment identified for the general population of individuals with disabilities apply equally if not more so to youth with disabilities transitioning from school to higher education or employment. This can be attributed to the fact that many have never ventured outside the home and school safety net and most have never worked. While schools typically offer some form of preparation, there was general agreement that their definitions of “work,” “internship” and “job coaching” are very different from what is expected by employers, and that schools (and sometimes families) foster a sense of entitlement that doesn’t carry over to the community or the service delivery system – transportation is a prime example.

Barriers to Services Partner survey respondents indicated that the biggest barrier to services is difficulty with or inadequacy of BRS programs and services such as intake/ application, assessment, IPEs and training and education; followed by BRS operations issues such as slow services, not meeting counselors in the consumer’s community and inability to communicate via text. This was followed by lack of family supports. Staff placed operations barriers at the top, followed by lack of family supports and low expectations.

Key informant testimonials confirm that most of the barriers to services identified for the general population of individuals with disabilities apply equally or more so to youth with disabilities. This can be attributed to the fact that they (and their families) rely heavily on the education system as the primary source of their services. So, if the school’s higher education and employment services are inadequate or lacking altogether, and the school is not connected to community services, students are ill-prepared to transition into the real world and take advantage of community resources. One possible exception of general barriers applying equally to youth is employer attitudes. It was reported that employers typically like partnering with youth employment programs.

In Connecticut specifically, each of the 169 towns is its own local school district, and transition programs are designed and delivered at the district’s discretion. There is little continuity from one town to the next. Respondents were unanimous in reporting that transition program quality is very mixed, depending on the district, and many are not aligned with the real world.

BRS Performance BRS' Pre-ETS program, Level Up, started off successfully and was highly regarded by all stakeholders both for its infrastructure, design and outcomes. Subsequently, WIOA and funding cuts required changes in design and implementation resulting in confusion among stakeholders, diminished credibility with schools and a drop in outcomes. Respondents all agreed that the dramatic reduction in work-based experiences was the most regrettable casualty of the reversal. Observers did, however, find that Level Up served the purpose of giving more visibility to the need for strong, reality-based transition programming.

Recommendations:

INDIVIDUALS IN TRANSITION

The following recommendations are offered to BRS based on the results of the research in **Needs of Individuals in Transition**:

BRS should consider developing a network of consumers that were closed successfully rehabilitated as mentors to young people with disabilities. These mentors can provide inspiration and advice to young people on how to be successful in postsecondary education and work and can provide them with high expectations. BRS can help pair current consumers with these mentors and recruit future mentors from the ranks of individuals who have become successfully employed.

- ***Agency Response: The Request for Qualification (RFQ) already has a peer mentoring component that will be rolled out in the near future.***

Level Up provides a solid base of Pre-ETS services that clearly communicates what BRS can offer. BRS should consider strategies aimed at getting commitment and support from families. Evidence indicates that family involvement is a strong determinant of success for youth in transition from school to work, and that clear communication among agencies, the schools and the family can lead to increased family involvement. Combined with benefits counseling, parents and family members will have a clear picture of how BRS services can benefit their children. Work-based Learning Experiences Career Counseling, Self-Advocacy and other Pre-ETS elements are tangible real-world services that are more meaningful when unbundled from what is generally called 'vocational rehabilitation.'

SECTION 6 NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY REHABILITATION PROGRAMS IN CONNECTICUT

Section 6 identifies the need to establish, develop or improve community rehabilitation programs in Connecticut that serve individuals with disabilities. The data in this section comes primarily from focus groups, individual interviews and surveys.

Community rehabilitation programs can play an integral part in implementation of WIOA, especially Section 511 and Pre-ETS. Since CRPs often are contracted to do job development, they must adjust to the requirements of competitive integrated employment established in WIOA ensuring the capacity to provide necessary services and supports in innovative ways to meet the needs of consumers, VR agencies and employers.

Recurring Themes Across all Data Collection Methods

The following themes emerged across all data collection methods in the area of the **Need to Establish, Develop or Improve Community Rehabilitation Programs Serving Individuals with Disabilities** in Connecticut:

Barriers- About two-thirds of partner and staff survey respondents indicated that providers are able to meet the employment needs of individuals with disabilities. The other third, who thought providers are not able to do so, attributed it to insufficient quantity or poor quality of providers. CRPs felt that BRS often has unrealistic expectations about the referrals made, while staff respondents felt that providers are not accountable for outcomes. The areas where service availability was considered lowest included vehicle and home modification (per partners) and benefits planning, assistive technology and transportation assistance (per staff).

Agency Performance- BRS contracts with 64 CRPs for employment-related services for individuals with disabilities to deliver specialized services (Spanish, ASL, most significant disabilities). At the time of this study, the agency was developing a new procurement process for CRPs targeted for implementation March 1, 2017. As of this writing, the procurement process is still in the development stage. In surveys and interviews it was agreed that CRPs range widely in quality and availability, with a similarly wide range of reasons. BRS staff tended to attribute the challenges to poor CRP management leading to inadequate staff support and high turnover, whereas CRPs pointed to low reimbursement rates, lack of a team approach with BRS and limited availability of qualified workers who are interested in this type of work.

Results by Data Collection Method

-Quantitative Data on BRS Services-

NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY REHABILITATION PROGRAMS IN CONNECTICUT

NATIONAL AND/OR AGENCY SPECIFIC DATA

BRS contracts with 64 CRPs for employment-related services to individuals with disabilities, in particular, to deliver specialized services (Spanish, ASL, most significant disabilities). Expenditures on CRP contracts account for about 60% of case service dollars. At the time of this study, the BRS had announced that a new procurement process was being developed, but it is still being developed.

NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY REHABILITATION PROGRAMS IN CONNECTICUT

OTHER EXISTING DATA

2016 Unified State Plan In the state plan, BRS indicates that CRPs are utilized to provide specialized services and expects to increase the number of providers targeting underserved and unserved populations. Its approach to building CRP capacity includes provision of distance learning modules and facilitation of a job development leadership network. The bureau also maintains relationships with CRPs through annual performance reviews, quarterly district meetings and periodic statewide meetings.

Connect-Ability: The Connect-Ability website provides 64 distance learning modules for various audiences, as well as links to CT Works training modules. As of this writing, there were 4,263 registered users of the distance learning modules. The usage breakdown includes the following:

- 64 modules are available for CRPs
- 541 CRP employees are registered to use the DLI,
- 61 CRPs are represented

-Qualitative Data on BRS Services-

***NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY
REHABILITATION PROGRAMS IN CONNECTICUT***

TABULATION AND ANALYSIS OF QUALITATIVE DATA

[see Appendix H]

***NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY
REHABILITATION PROGRAMS IN CONNECTICUT***

SUMMARY OF QUALITATIVE DATA

Service Availability and Capacity Respondents to the partner and staff surveys identified employment-related services they consider to be readily available to individuals with disabilities in Connecticut. Those ranked highly available included job search, job training and mental health treatment. Those considered to be least available included vehicle and home modification (according to partners) and benefits planning, assistive technology and transportation assistance (according to staff). These rankings are not entirely in alignment with the information provided by key informants in interviews and focus groups who talked about long wait times, high caseloads and serious limitations on mental health services.

About one-third of partners and staff surveyed indicated that providers are not able to meet service needs because there are not enough of them, or not enough of them deliver quality services. Staff added that it is because there is not adequate provider accountability for outcomes.

BRS-CRP Relationships BRS and CRP representatives participating in the interviews and focus groups provided their perspectives on the arrangement that was in place at the time of the site visit (January 2017). They identified many issues and offered mixed reviews of the system and each sector's operations and results. For example, CRPs were not viewed as being well distributed geographically so not all BRS offices had access, especially to those deemed to be "good" CRPs. Also, CRPs did not feel there is a team or collaborative approach to service delivery with BRS. At the time of the site visit it had been announced that BRS would be implementing a new purchase of service arrangement of an undisclosed nature. It is anticipated that the changes made by BRS are intended to address common issues identified and bring about improved employment outcomes.

Recommendations:

COMMUNITY REHABILITATION PROGRAMS

The following recommendations are offered to BRS based on the results of the research in **Need to Establish, Develop or Improve Community Rehabilitation Programs in Connecticut**:

After the new purchase of service agreements are in place, BRS should consider methods to evaluate the quality of services delivered by the CRPs using a methodology jointly agreed upon between BRS and the CRPs. In addition, BRS' annual reviews should evaluate and address systemic issues that may impact delivery of service (such as CRP staff turnover or team approach between ECs and CRPs). BRS and CRPs would develop plans or agreements to address any issues, and future service agreements would be based on follow-through on the plans. This would address accountability and relationship concerns of both parties.

<p>SECTION 7</p> <p>BUSINESS SERVICES AND RELATIONS</p>

The need for the VR program to engage with the business community and provide services to employers has been included as a common performance measure for the core partners in WIOA. The term "effectiveness of services to employers" has yet to be defined, but it is likely to refer to providing qualified applicants in a responsive manner, and as it relates to VR programs at least, educating employers about disability. WIOA has moved the discussion from whether VR programs should serve the business community to how well VR programs are serving this community. Consequently, it will be important for every VR program to assess how well they are serving employers. The project team is hopeful that this section of the report will be useful to BRS as the agency evaluates how effectively it serves employers.

Recurring Themes Across all Data Collection Methods

The following themes emerged across all data collection methods in the area of the need to establish, develop or improve community rehabilitation programs serving individuals with disabilities in Connecticut:

Barriers- Key informants indicated that a major barrier to employment for individuals with disabilities is employer attitudes. This is especially true for individuals with most significant disabilities. Participants observed that employers are not well educated about the merits of hiring individuals with disabilities and the services available to them. In addition, contemporary hiring

and workplace protocols present challenges for individuals with disabilities. Where youth employment programs are concerned, it was noted that employers tend to be receptive, but they often do not follow through on commitments, e.g., to hire youth who complete internship programs, because they know there will be a continuous supply of “free” interns.

Agency Performance

- To address employer issues and improve relationships, BRS established a Business Services Unit that works to find solutions for both employers and consumers and ultimately promotes employment outcomes. Staff focus group participants were very supportive of the new division although they thought there should be more positions and observed that there are already unfilled vacancies which impacts the Unit’s effectiveness.
- The employer responses received cannot be generalized but are presented for consideration in strategies to work with employers and assess their recruiting and hiring needs.
- The two employers in the focus group said they have a good relationship with BRS and were appreciative of BRS’ assistance in screening and hiring. One had hired approximately 13 employees with BRS’ assistance. One reported being very impressed with how user-friendly the BRS process is.

Results by Data Collection Method

-Quantitative Data on BRS Services-

BUSINESS RELATIONS

NATIONAL AND/OR AGENCY SPECIFIC DATA

The Connecticut Business Leadership Network (CTBLN) consists of over 250 members/ businesses collaborating with other businesses, governmental organizations and community service agencies to maximize employment opportunities for people with disabilities. The CTBLN website provides links to government resources, including Connect-Ability, the state’s resource network for businesses and jobseekers with disabilities (BRS is a partner). One employer participating in the focus group for this study is a CTBLN member and indicated that, while there is an active core group, the membership represents a very small fraction of all employers in the state.

According to the 2016 Unified State Plan, BRS is partnering with seven major businesses in the employer-driven Industry-specific Training Program (ISTPP), which trains and places individuals with disabilities in competitive jobs focused on customer service and warehouse distribution center material handling. At the time of the Unified State Plan, the program had trained 117 individuals, and 66 (56%) had been hired. The plan indicates that BRS will collaborate with workforce partners to develop a strategic plan to further promote employer engagement in effective industry partnerships

BUSINESS RELATIONS
TABULATION AND ANALYSIS OF QUALITATIVE DATA

[see Appendix I]

BUSINESS RELATIONS
SUMMARY OF QUALITATIVE DATA

As noted earlier in the report, there were five responses to the business survey and two participants in interviews conducted for this assessment. Given BRS' recent addition of a business relations division and its successful engagement in various projects with businesses, a higher participation rate might have been anticipated. However, it is always difficult for employers to justify the time to participate in government evaluation activities.

Employer Issues and BRS Strategies Key informants indicated that one of the barriers to employment for individuals with disabilities relates to employer attitudes. This is especially true for individuals with most significant disabilities, where supported and customized employment services have been shown to be effective. Participants cautioned that employers are not well educated about the merits of hiring individuals with disabilities and the services available to them. Another issue relates to application, hiring and workplace protocols that are difficult for individuals with disabilities to navigate. While employers tend to be receptive to youth employment programs, they often do not follow through on their commitments, e.g., to hire youth who complete internship programs. BRS has established a Business Services Unit with 10 dedicated Employment Counselors, to improve relationships with employers, find solutions that work for both employers and consumers and promote employment outcomes. Staff focus group participants were very supportive of the new division although they thought there should be more positions and were concerned that there are already unfilled vacancies.

BRS Services to Businesses There were very few respondents to the employer survey and very few participants in the employer focus group, so these results will not be generalizable but are presented as a small sample and a means of strategizing to gather meaningful feedback from employers in the future. Each of the areas in the list of BRS services for employers received one endorsement signifying that one respondent expressed a need for that service. One respondent was "somewhat knowledgeable" about BRS services, and two respondents rated their satisfaction with BRS services as "satisfied" (n = 1) and "neither satisfied nor dissatisfied" (n = 1).

BRS Performance The employers in the focus group said they have a good relationship with BRS and were appreciative of working with BRS on screening and hiring. One had hired approximately 13 employees with BRS' assistance. One reported being very impressed with how user-friendly the BRS process is.

BRS staff gave the Business Services Unit high marks, saying the Employment Consultants are more effective than CRPs and produce better evaluations. Employer trainings were reported to be a great service. Key informants suggested that some BRS practices and protocols are confusing or counterproductive to employers.

Recommendations:
BUSINESS RELATIONS

The following recommendations are offered based on the limited information gathered in the **Business Services and Relations** section:

An effective business relations function is critical to the ultimate measure of success in VR: competitive integrated employment. BRS has taken major steps forward in creating the Business Services Unit. Critical to sustaining the success of this unit will be a skilled and stable staff that can meet the challenges of serving a population dominated by individuals with most significant disabilities. There should be a clear understanding of competencies needed by Business Services staff, a clear strategy on how employers and the business community will be approached, clear communication from BRS counselors on the employment of their consumers and a clear working relationship with CRP staff who may be involved with business relations. In addition, working with youth in transition (work-based learning experiences) and the population of individuals who are seeking to leave sub-minimum wage jobs will require new sets of competencies from Business Service Unit staff.

- ***Agency Response: We look forward to continuing working with families to ensure the best outcomes for their loved ones.***

CONCLUSION

The needs assessment for Connecticut BRS is the result of a cooperative effort between the agency and the State Rehabilitation Council, with assistance from San Diego State University. This effort has compiled quantitative and qualitative information on the employment needs of individuals with disabilities from various sources, including national and state statistics as well as surveys and interviews with key stakeholders. The purpose is to provide BRS and the SRC with information on perceived needs, service gaps and agency strengths and challenges. This information is intended for use in BRS planning for vocational rehabilitation services that will improve outcomes for individuals with disabilities who seek employment.

BRS is already taking steps to address the complex challenges raised in this report. As with any other VR agency in the country, the bureau is implementing WIOA while at the same time maintaining a service delivery system in which fiscal and human resources are continually tested. This includes attempting to meet the demands of Pre-ETS requirements while sustaining effective levels of service to the adult population. Recommendations provided in this report are based on the findings and are offered as potential means of continuing to close service gaps.

As the population of Connecticut grows increasingly diverse, BRS will need to adopt strategies that reflect the diverse needs of its target population. The bureau has found creative ways to provide services and has redefined its relationship with the Connecticut Workforce system, partner agencies, community providers and businesses. These efforts will pay dividends

as new resources are leveraged, expanding service and employment options for individuals with disabilities in Connecticut.

**The State of Connecticut
Bureau of Rehabilitation Services (BRS)
and
State Rehabilitation Council
Comprehensive Statewide Needs Assessment (2014-2016)**

APPENDICES

APPENDIX A: Key Informant Interview and Focus Group Protocols

CT BRS CSNA 2017
Focus Group Protocols
1-16-17

Focus Group Protocol - Individuals with Disabilities

[Introductions/confidentiality/purpose statements]

Barriers to employment

- What barriers do people with disabilities in Connecticut face in getting or keeping a job?
- Follow up: Transportation, education, not enough jobs, discrimination, attitudes, lack of communication, fear of loss of benefits, lack of knowledge of options

CT BRS overall performance

- What has your experience with CT BRS been like? What have been the positives and challenges?
- What services were helpful to you in preparing for, obtaining and retaining employment?
- What services did you need that were not available or provided and why weren't you able to get these services?
- What can CT BRS do differently to help consumers get and keep good jobs?

Barriers to accessing services

- What barriers do people with disabilities encounter when trying to access rehabilitation services? Prompts: mobility, communication, structural

Workforce Development partners

- Has anyone used or tried to use the services of America's Job Centers (previously referred to as One-Stops or Career Centers)?
- Follow-up: What was that experience like for you? What can they do differently to improve services to individuals with disabilities?

Other Job Training or Services

- Has anyone used or tried to access or other job training or services? What was that experience like for you?

Prompts: Other agencies, community colleges, out of state programs?

Need for improvement of CRPs

- Have you received services from a CRP? If so, how was your service? How effective was it? What can be done to improve the future service delivery by CRPs?
- What programs or services should be created/improved that focus on quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation?
- What services need to be offered in new locations in order to meet people's needs?

Need for improvement of services or outcomes

- What needs to be done to improve the vocational rehabilitation services that people with disabilities receive?

Needs of underserved groups with disabilities

- Do you think that there are any groups of individuals (by disability type, ethnicity or geography) that are underserved or unserved by CT BRS? If so:
 - What groups are they?
 - What needs are not being met?
 - How can CT BRS increase services to these groups?

Transition

- What needs do young people with disabilities in transition from high school have as far as preparing for, obtaining or retaining employment?
- How well are the high schools in Connecticut preparing young people for the world of postsecondary education or employment? What can the schools do differently to prepare young people to be successful in postsecondary education or employment?
- What can CT BRS do to improve services to youth in transition?

Technology

- What are your needs around assistive technology?
- What can CT BRS do to improve the delivery of assistive technology services to you?

Focus Group Protocol - Partner Agencies

[Introductions/confidentiality/purpose statements]

Barriers to employment

- What barriers do people with disabilities in Connecticut face in getting or keeping a job?
- Follow up: Transportation, education, not enough jobs, discrimination, attitudes, lack of communication, fear of loss of benefits, lack of knowledge of options

Barriers to accessing services

- What barriers do people with disabilities encounter when trying to access rehabilitation services?

Impressions of needs of individuals with significant and most significant disabilities

- What are the unmet rehabilitation needs of individuals with significant or most significant disabilities?
- What needs of individuals with significant and most significant disabilities are being met the best/most extensively?

Needs of underserved groups with disabilities

- What groups of individuals would you consider un-served or underserved by CT BRS? (Prompt for different disability groups, minority status, and other characteristics)
- For each identified group: What needs are not being met?

Need for supported employment

- Please describe how effective the SE program is in Connecticut for people with disabilities.
- What recommendations do you have, if any, to improve the SE program for people with disabilities?

Transition-related needs

- How well is CT BRS working with youth in transition who have disabilities?
- What unmet needs are encountered by these youth?
- What would you recommend to improve transition services in Connecticut?
- How well are the high schools in Connecticut preparing young people for the world of postsecondary education or employment? What can the schools do differently to prepare young people to be successful in postsecondary education or employment?

Needs of individuals served through the Workforce Development System

- How effectively does the workforce development system in Connecticut serve individuals with disabilities?
- How effectively is CT BRS working in partnership with the AJCs? Do you have any recommendations about how to improve this partnership if needed?
- What would you recommend to improve the workforce development system's service to people with disabilities in Connecticut?

Need for establishment, development or improvement of CRPs

- What community-based programs or services should be created/improved that focus on quality of life for Connecticut's people with disabilities and their families, meeting basic needs and ensuring inclusion and participation?
- What CRP services need to be offered in new locations in order to meet people's needs?
- What community-based rehabilitation services are most successful? How are they most successful or what makes them so?

Business

- How effectively is CT BRS engaging with and partnering with businesses in order to increase employment opportunities for people with disabilities?

- What can they do better to serve the needs of business as it relates to recruiting, hiring, accommodating and retaining people with disabilities?

Need for improvement of services or outcomes

- What can CT BRS do to improve services or increase the number of employment outcomes that are achieved by the people they serve?

Focus Group Protocol - CT BRS staff

[Introductions/confidentiality/purpose statements]

Barriers to employment

- What barriers do people with disabilities in Connecticut face in getting or keeping a job?
Follow up: Transportation, education, not enough jobs, discrimination, attitudes, and lack of communication, fear of loss of benefits, lack of knowledge of options

Barriers to accessing services

- What barriers do people with disabilities encounter when trying to access rehabilitation services?

Impressions of needs of individuals with significant and most significant disabilities

- What are the unmet rehabilitation needs of individuals with significant and most significant disabilities and what can be done to meet those needs?

Needs of underserved groups with disabilities

- What groups of individuals with disabilities would you consider un-served or underserved by the vocational rehabilitation system?
- What needs are not being met?
- What can be done to more effectively meet those needs?

Need for supported employment

- Do you use SE for people with disabilities? If so, how effective is this program in helping people with disabilities get and keep jobs? What can be done to improve the program?

Technology

- What are the technology needs for people with disabilities?
- How effectively do you think CT BRS meets those needs?

Transition-related needs

- How effectively is CT BRS working with transition age youth with disabilities? What are the needs of these individuals and what can CT BRS do differently to better meet these needs?
- How well are the high schools in Connecticut preparing young people for the world of postsecondary education or employment? What can the schools do differently to prepare young people to be successful in postsecondary education or employment?

Needs of individuals served through the Workforce Development System

- How effectively does the workforce development system in Connecticut serve individuals with disabilities?
- How effectively is CT BRS working in partnership with the AJCs? Do you have any recommendations about how to improve this partnership if needed?
- What would you recommend to improve the workforce development system's service to people with disabilities in Connecticut?

Need for establishment, development or improvement of CRPs

- What community-based programs or services should be created/improved that focus on quality of life for Connecticut's people with disabilities and their families, meeting basic needs and ensuring inclusion and participation?
- What services need to be offered in new locations in order to meet people's needs?
- What community-based rehabilitation services are most successful? How are they most successful or what makes them so?

Business

- How effectively is CT BRS engaging with and partnering with businesses in order to increase employment opportunities for people with disabilities? What can they do better to serve the needs of business as it relates to recruiting, hiring, accommodating and retaining people with disabilities?

Need for improvement of services or outcomes

- What needs to be done to improve the vocational rehabilitation services that people receive?

Need for improvement of services or outcomes

- What other agencies should CT BRS be partnering with?

Focus Group Protocol – Businesses

[Introductions/confidentiality/purpose statements]

Relationship with BRS

Please discuss your familiarity with CT BRS and the services they provide to people with disabilities and to businesses.

Recruiting/Hiring Needs

What needs do you have regarding recruiting and hiring people with disabilities for employment?

- Do you do anything specific to attract candidates with disabilities? Please describe.
- Are you aware of the incentives for hiring people with disabilities? Would these incentives influence your decision to hire?

Applicant Qualities Sought

What are the qualities you are looking for in an applicant for a given job and an employee?

Applicant Preparedness

Please discuss your experience as to how qualified and prepared individuals with disabilities are when they apply for employment with your business.

Employer Capacity-building

What needs do you have regarding employees with disabilities?

- Sensitivity training
- Understanding and compliance with applicable laws
- Reasonable accommodations
- Accessible technologies and accessibility features of mainstream technologies

Job Retention

What challenges do employees with disabilities face with job retention?

CT BRS Services

What services can CT BRS provide to you and to other businesses to increase employment opportunities for people with disabilities in Connecticut?

Focus Group Protocol - CT BRS Senior Leadership and SRC

- Introductions: name, position, responsibilities, length of time with agency
- What do you see are the barriers to employment for the consumers of this agency?
- Who do you consider to be unserved and underserved?
- What are the challenges of the agency in serving these populations?
- What recommendations do you have to address these challenges?
- How well does the agency currently work with the required Workforce System partners (DD, MH, Medicaid, and CT Work Centers)?
- How well does this agency work with Education partners on a state and local level?
- What do you see are the biggest gaps in services for Transition age youth?
- What other recommendations do you have to improve the services of this agency?
- What are your expectations of this CSNA?

APPENDIX B: Connecticut Regional Demographics

NORTHERN REGION

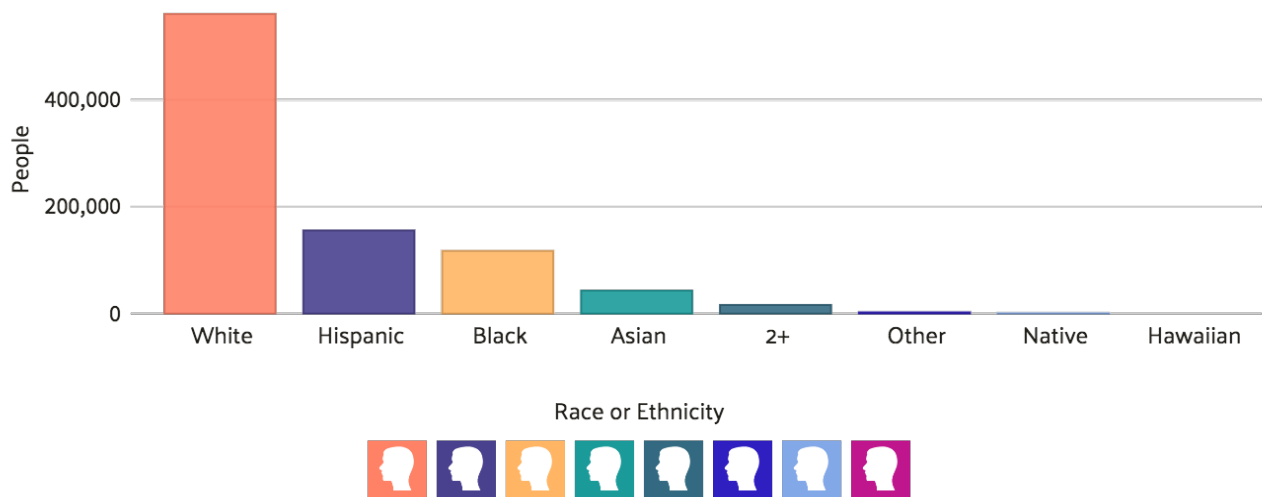
The Northern Region consists of three counties: Hartford, Tolland, and Windham. Bordered by Rhode Island to the East and Massachusetts to the North, this region makes up 32% of the State's population as a whole. Hartford, the State capitol, has the 2nd highest population in the State. Hartford also has the highest crime rates, and diabetes prevalence. Windham has the highest rates of obesity and substance abuse, as well as the lowest rate of Education Level at or Above

Bachelor’s Degree (-14.5%) in the State. The average Poverty Rate for the Northern region is 9.7% (-0.8%), which is slightly lower than the State average, with Tolland county having a significantly low rate of poverty (-3.4%). The Median Household income in the North is estimated at \$68,471.00, which is slightly below (-\$1,577.00) the State median.

The predominant Industry in the Northern market is Healthcare and Social Assistance, which employs an estimated 14.6% of the labor force across all three counties. Manufacturing (11.6%) was the only other industry that showed prevalence amongst all three counties, while two (2) other industries were prevalent in at least two counties: Retail Trade (12.1%) and Education Services (14.5%). There is a wide variety of Educational Institutions in this region with the majority being academically-focused. Located in Hartford are Central Connecticut State University, University of Hartford, University of St. Joseph, Manchester Community College, Trinity College, and Charter Oak State College. Windham hosts Eastern Connecticut State University and Quinebaug Valley Community College, while Tolland has access to the University of Connecticut, and the region’s only vocationally-based institution: New England Tractor Trailer Training School.

Note: The city of Hartland, located in the Northern county of Hartford, is considered by BRS to be in the Western region. Therefore, statistics for that city will be presented separately in that corresponding region.

Race & Ethnicity in Hartford County, Ct



Dataset: ACS 1-year Estimate
Source: Census Bureau

DATAUSA

Although 62.7% of the population identifies as White, Hartford is the most racially diverse county in Connecticut with 17.4% Hispanic/Latino and 15.3% Black/African American.

FINDINGS: NORTHERN REGION

Disabilities Under the Age of 65

The Northern region has a higher rate (+1%) of people who are Under the Age of 65 and have a disability when compared against the State Average. Windham has the highest rate (+2.7%) in the State.

Youth Under the Age of 18

The Northern region has a lower rate (-1.5%) of Youth Under the Age of 18 when compared against the State Average. Tolland has the lowest rate of Youth (-3.3%) in the State.

High School Graduate Rates

In comparison with the other regions in Connecticut, the North had average numbers of High School Graduates.

Education Level at or above Bachelor's Degree

The Northern region has a significantly lower rate (-5.1%) of Education Level at or above a Bachelor's Degree when compared against the State Average.

Unemployment Rates

On average, the Northern Region is right on par with the State in regard to Unemployment Rates although Windham has the highest Unemployment Rate in the State (+0.6%) whereas Tolland has one of the lowest (-0.8%).

Item			Difference
	Northern Region	State	
Population	1,163,834	3,590,886	0.32
Primary Demographic (<i>WH</i>)	77.2	68.2	9
Secondary Demographic (<i>HI</i>)	11.2	15.4	-4.2
Disabilities <65	8.1	7.1	1
Youth <18	19.8	21.3	-1.5
High School Graduate	90.2	89.9	0.3
Education Level BA/BA+	32.5	37.6	-5.1
Unemployment	5.6	5.6	0

SOUTHERN REGION

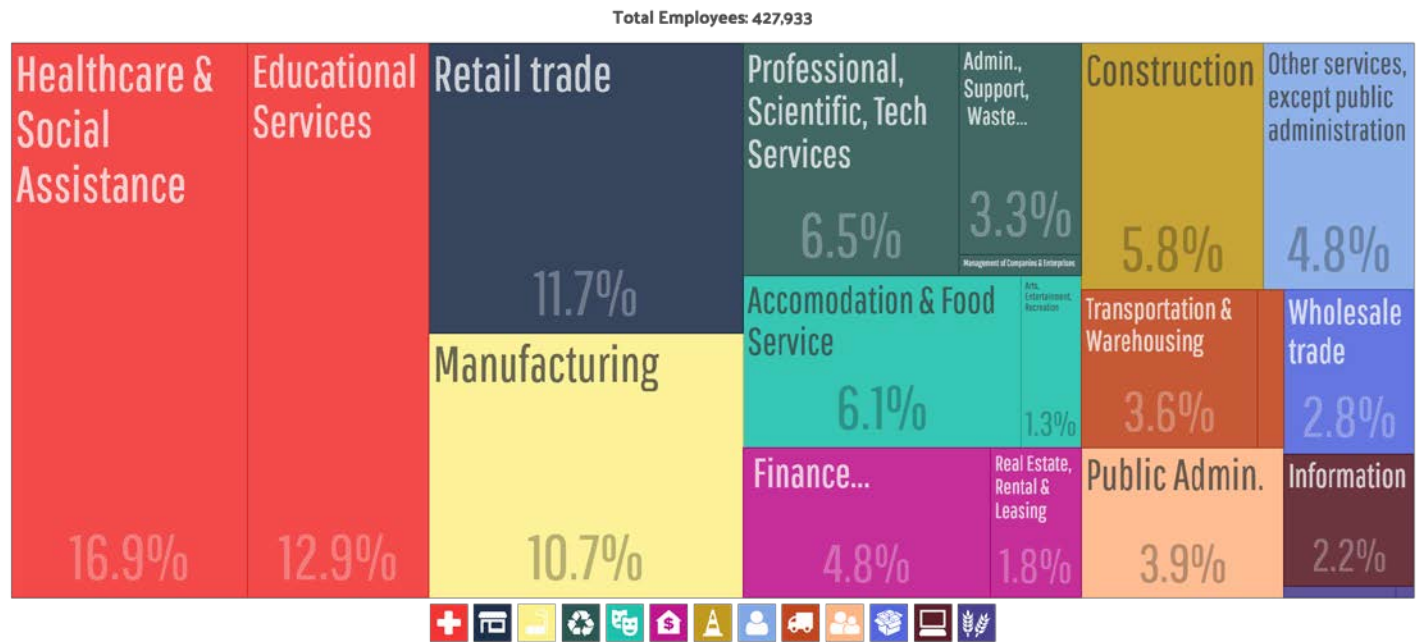
The Southern Region consists of three counties: New Haven, Middlesex, and New London. Sharing a small border with Rhode Island to the East, this is the most highly populated region in the Connecticut and makes up 36% of the State's population as a whole. The average Poverty Rate for the Southern region is 10.5%, which is on par with the State Average, although New Haven has the highest Poverty Rate in the State (+3.1%) and was also identified as having multiple co-occurring factors that put its population at a higher risk including the highest rate of

Sexually Transmitted Diseases. New Haven also ranks in the top three for Crime Rate, Diabetes, and Substance Abuse. New London ranked in the top three for Obesity and Diabetes. In turn, both New Haven and New London have the highest Healthcare Costs in the State. The Median Household income in the South is estimated at \$69,255.00, which is slightly below the State median. Middlesex County has the 2nd highest Median Household Income in the State.

The predominant Industry in the Southern region market is Healthcare and Social Services, which employs an estimated 15.4% of the labor force across all three counties. Several other industries took prominence including Manufacturing (11.8%), Educational Services (11.9%). The South has a large variety of academic institutions available in the region ranging from ivy league Yale University to Southern Connecticut State University, as well as lower division institutions like Middlesex Community College and Three Rivers Community College. In addition, there are vocationally-based facilities like the Marinello School of Beauty and the U.S. Coast Guard Academy.

Note: Four cities (Southbury, Middlebury, Waterbury, and Wolcott) located in the Southern county of New Haven are considered by BRS to be in the Western region. Therefore, statistics for those cities will be presented separately in that corresponding region.

Industries by Share in New Haven County, Ct



Dataset: ACS 1-year Estimate
Source: Census Bureau

DATAUSA:

With the highest Healthcare Costs in the State, New Haven county has a strong labor market in the Healthcare and Social Services

FINDINGS: SOUTHERN REGION

Disabilities Under the Age of 65

On average, the South is on par with State statistics concerning people with Disabilities under the Age of 65 although New London had a noticeably higher rate (+2%).

Youth Under the Age of 18

The Southern region has a lower rate (-1.4%) of Youth Under the Age of 18 when compared against the State Average. Middlesex has the lowest rate (-2.4%) in the State

High School Graduate Rates

The Southern region has the highest rates of High School Graduation (+1.5%) when compared against the State. Middlesex has the highest rate (+3.8%) of Graduation in the State.

Education Level at or above Bachelor’s Degree

On average, the South has modestly lower levels (-2%) of Education at or Above Bachelor’s Degree when compared against the State, although Middlesex has the 2nd highest (+3%) Level of Education in the entire State.

Unemployment Rates

On average, the Southern is equivalent to the State in regards to Unemployment Rates although New Haven has the 2nd highest Unemployment Rate in the State (+0.5%) and Middlesex has one of the lowest (-0.8%).

Item			Difference
	Southern Region	State	
Population	1,295,396	3,590,886	0.36
Primary Demographic (WH)	74.8	68.2	6.6
Secondary Demographic (HI)	11.2	15.4	-4.2
Disabilities <65	7.5	7.1	0.4
Youth <18	19.9	21.3	-1.4
High School Graduate	91.4	89.9	1.5
Education Level BA/BA+	35.6	37.6	-2
Unemployment	5.6	5.6	0

WESTERN REGION

The Western Region consists of two counties: Litchfield and Fairfield. For the purposes of BRS regional services, five additional cities are included separately at the end of this description: Hartland, Southbury, Middlebury, Waterbury, and Wolcott. In general, the West makes up 31% of the State’s population as a whole, and borders Massachusetts to the North, and New York to the East. Fairfield County has the highest population in the entire State, and ranks in the top three for Substance Abuse, Sexually Transmitted Diseases and Crime Rate. The average Poverty Rate for the Western region is 8.2%, which is lower (-2.3%) than the State Average. The Median Household Income in the Western region is estimated at \$78,147, which is significantly higher

(+\$8,099) than the State median. Fairfield County has the highest (+\$14,185) Median Household Income in the entire State.

The predominant industry in the Western market is Healthcare and Social Services, employing an estimated 14.4% of the labor force across both counties. Apart from Healthcare, the two counties differed in regard to Industry prevalence. Litchfield had strong labor markets in Manufacturing (12.3%) and Educational Services (11.8%) while Fairfield had a more diverse spread with a majority share in Retail Trade (10.3%), Professional, Scientific and Technical Services (10%), and Finance and Insurance (9.8%). Although Litchfield is more limited in educational options with only one institution (Northwestern Connecticut Community College), Fairfield has many educational facilities including Western Connecticut State University, Norwalk Community College, and several private schools such as Sacred Heart University and Porter and Chester Institute of Stratford.

Median Household Income in Fairfield County, Ct



Dataset: ACS 1-year Estimate
Source: Census Bureau

DATA USA

Fairfield county has the highest Median Household Income in the State (+\$14,185), which also well surpasses the National Median (+\$28,458).

FINDINGS: WESTERN REGION

Disabilities Under the Age of 65

On average, the Western region has a low rate (-1%) of people with Disabilities Under the Age of 65 when compared against the State.

Youth Under the Age of 18

The Western region is statistically similar to the State regarding percent of Youth below the Age of 18.

High School Graduate Rates

The West was statistically on par with the State in regard to High School Graduation rates.

Education Level at or above Bachelor's Degree

On average, the Western region has higher levels (+2.1%) of Education at or Above a Bachelor's Degree with Fairfield boasting the highest Education Level rates in the State (+8.2%).

Unemployment Rates

On average, the Western region had a slightly lower (-0.5%) Unemployment Rate when compared against the State.

Item			Difference
	Western Region	State	
Population	1,131,656	3,590,886	0.32
Primary Demographic (<i>WH</i>)	76.3	68.2	8.1
Secondary Demographic (<i>HI</i>)	12.4	15.4	-3
Disabilities <65	6.1	7.1	-1
Youth <18	21.2	21.3	-0.1
High School Graduate	90.5	89.9	0.6
Education Level BA/BA+	39.7	37.6	2.1
Unemployment	5.1	5.6	-0.5

WESTERN REGION Supplement

Southbury, Middlebury, Waterbury, Wolcott, and Hartland

These five cities are classified by BRS as being separate from the counties in which they are located, and are included within the Western Region for the purposes of BRS services. There were several issues encountered when attempting to research these cities and townships, specifically concerning the accuracy of Census data. Census Quick Facts provided 2010 Total Population data for Southbury, Middlebury, Waterbury and Wolcott which was determined to be more accurate in comparison to the absence, partial or estimated data available for 2015. Concerning Hartland, Census data through the American Fact Finder resource provided information for 2015, but it was presented in an alternate manner. Therefore, although information is more up to date for Hartland, some data was unable to be located (Disabilities under the Age of 65) or varying statistics were presented and hard numbers had to be calculated for averages. In addition, Unemployment Rates were derived from Census data because the Bureau of Labor Statistics (BLS) could not locate these towns' individual statistics. BRS only had Waterbury unemployment rates readily available.

Southbury Originating in New Haven county, Southbury is nestled between Litchfield county to the north and Fairfield county to the south. When compared against the State, Southbury's

prevalent demographic skews significantly White alone (+24.6%) and rates much lower than average (-12.8%) on the secondary demographic, Hispanic or Latino. Several categories also showed significant findings: High School Graduates (+2.5%), Education Level (+10%), Poverty Rates (-2.1%) and Median Household Income (+\$14,010).

The prevalent Industry in Southbury is Education Services, Healthcare and Social Services employing an estimated 28.2% of the labor force in that area. Two other industries showed some prevalence: Professional, Scientific, Management, Administrative, and Waste Management Services (13.3%) and Manufacturing (12.2%).

Item	Southbury	State	Difference
	Population	19,904	3,590,886
Primary Demographic (<i>WH</i>)	92.8	68.2	24.6
Secondary Demographic (<i>HI</i>)	2.6	15.4	-12.8
Disabilities <65	7.0	7.1	-0.1
Youth <18	20.3	21.3	-1
High School Graduate	92.4	89.9	2.5
Education Level BA/BA+	47.6	37.6	10
Unemployment	5.9	5.6	.03

Middlebury

Originating in New Haven county, Middlebury is a small township (population 7,634) with primary demographic White alone (+23.2%) and less prevalence for the secondary demographic Hispanic or Latino (-12.7%). Although Connecticut has generally above average levels of Education at or Above a Bachelor's Degree, Middlebury had a uniquely high rate (+16.3%) in this category and showed higher levels of High School Graduates (+5.9%). The town also has a significantly high Median Household Income (+\$27,708). Conversely, Census data showed Middlebury's Unemployment Rate to be outstandingly high (+7.4%) when compared against the State and the Nation. The prevalent Industry in Middlebury is Educational Services, Healthcare and Social Services which employs an estimated 34% of the labor force. Three other industries showed prevalence in the labor market: Professional, Scientific, Management, Administrative and Waste Management Services (12.4%), Retail Trade (10.5%), and Manufacturing (10.4%).

Item	Middlebury	State	Difference
	Population	7,634	3,590,886
Primary Demographic (<i>WH</i>)	91.4	68.2	23.2
Secondary Demographic (<i>HI</i>)	2.7	15.4	-12.7
Disabilities <65	4.6	7.1	-2.5
Youth <18	24.6	21.3	3.3
High School Graduate	95.8	89.9	5.9
Education Level BA/BA+	53.9	37.6	16.3
Unemployment	13	5.6	7.4

Waterbury

Situated in New Haven county, Waterbury has a relatively high population with 108,802 people, and is dramatically more racially diverse than its adjoining townships, with fewer citizens (-

22.8%) identifying as White alone and more in comparison identifying as Hispanic or Latino (+15.8%). Waterbury had significantly lower levels of High School Graduates (-10.8%), Education Level at or Above a Bachelor’s Degree (-22.4%) and Median Household Income (-\$29,581) when compared against the State.

The prevalent Industry in Waterbury is Educational Services, Healthcare and Social Services which employs an estimated 28% of the labor force. Two other industries took prevalence in the labor market: Manufacturing (14.6%) and Retail Trade (12.8%).

Item			Difference
	Waterbury	State	
Population	108,802	3,590,886	X
Primary Demographic (<i>WH</i>)	45.4	68.2	-22.8
Secondary Demographic (<i>HI</i>)	31.2	15.4	15.8
Disabilities <65	10.1	7.1	3
Youth <18	25.6	21.3	4.3
High School Graduate	79.1	89.9	-10.8
Education Level BA/BA+	15.2	37.6	-22.4
Unemployment	7.1	5.6	1.5

Wolcott

Located in New Haven county, Wolcott borders Hartford county to the north and Litchfield to the west. Demographically, Wolcott has a significantly higher rate of White alone (+23.9%) and a significantly lower rate of Hispanic or Latino (-11.7%). In general, Wolcott rates statistically average in a majority of categories, with the exception of Education Level (-8.8%).

The prevalent Industry in Wolcott is Educational Services, Healthcare and Social Services which employs an estimated 25% of the labor force. Two other industries showed prevalence in the labor market: Retail Trade (14.1%) and Manufacturing (14.0%).

Item			Difference
	Wolcott	State	
Population	16,673	3,590,886	X
Primary Demographic (<i>WH</i>)	92.1	68.2	23.9
Secondary Demographic (<i>HI</i>)	3.7	15.4	-11.7
Disabilities <65	5.5	7.1	-1.6
Youth <18	23.4	21.3	2.1
High School Graduate	91.0	89.9	1.1
Education Level BA/BA+	28.8	37.6	-8.8
Unemployment	6.6	5.6	1

Hartland

Located in Hartford county, Hartland borders Litchfield county to the west, and Massachusetts to the north. Hartland’s small population skews significantly to one demographic with White alone (+28.5%) encompassing the mass majority. In general, Hartland ranked statistically average when compared against the State. Data for people with Disabilities Under the Age of 65 could not be located.

The prevalent industry in Hartland is Educational Services, Healthcare and Social Services which employs an estimated 21.2% of the labor force. Two other industries showed prevalence in the labor market: Retail Trade (14.6%) and Construction (13.8%).

Item	Hartland	State	Difference
	Population	2,114	3,590,886
Primary Demographic (<i>WH</i>)	96.7	68.2	28.5
Secondary Demographic (<i>HI</i>)	.06	15.4	-15.3
Disabilities <65	X	7.1	X
Youth <18	24.4	21.3	3.1
High School Graduate	93.5	89.9	3.6
Education Level BA/BA+	34.2	37.6	-3.4
Unemployment	7.2	5.6	1.6

APPENDIX C: Overall Agency Performance

OVERALL AGENCY PERFORMANCE

KEY INFORMANT SURVEY RESULTS

Consumer Survey Results

Surveys were distributed to BRS consumers electronically (via a web-based survey application) and by postal mail. Three hundred seventy valid surveys were returned, with two hundred ninety-six completed electronically and 74 hard copy surveys returned by mail.

Questions appearing on the consumer survey addressed three general areas:

- Barriers to achieving employment goals
- Barriers to accessing BRS services
- Desired changes in BRS services

Respondent Profile The following analysis describes consumer survey respondents.

Gender- Table 15 summarizes the self-reported gender of the 391 individual survey respondents.

Table 15

Gender of Respondents

Individual Respondent Gender	N	%
Male	208	53.2
Female	178	45.5
Gender neutral	5	1.2

Slightly more males (53.2%) than females (45.5%) responded to the survey, with 5 individuals identifying as gender neutral.

Race/Ethnicity- Individuals were asked to report their primary race or ethnic group. Responses to this question are detailed in Table 16.

Table 16

Ethnicity of Respondents

Individual Respondent Race or Ethnic Group	N	%
Caucasian or White	305	78.6
Hispanic or Latino	40	10.3
African American/Black	34	8.7
Other	9	2.3
Asian	6	1.5
American Indian or Alaska Native	6	1.5
Hawaiian or Other Pacific Islander	2	0.5

The primary race/ethnicity groups identified were Caucasian or White (78.6%), Hispanic or Latino (10.3%), and African American/Black (8.8%).

Region- Respondents were also asked to identify their region of residence, which is detailed in Table 17.

Table 17

Region of Residence

Individual Region of Residence	N	%
Southern Connecticut	178	47.2
Northern Connecticut	120	31.8
Western Connecticut	79	20.9

The highest proportion of the respondents (47.2%) indicated that they reside in Southern Connecticut, with a substantial segment (31.8%) indicating that they live in the Northern region.

Disabling Conditions- Respondents were presented with a checklist and asked to identify their primary disabling condition. Table 18 summarizes the primary disabling conditions reported by the individual survey respondents.

Table 18
Primary Disability of Respondents

Primary Disability	N	%
Deaf or Hard of Hearing	139	35.4
Physical/Mobility	63	16.0
Intellectual Disability (ID)/Developmental Disability (DD) Or Cognitive	61	15.5
Mental Health	60	15.3
Other (please describe)	49	12.5
Unsure	7	1.7
No impairment	6	1.5
Communication	4	1.0
Blindness or visually impaired	2	0.5
Deaf-Blind	1	0.2

Deaf or Hard of Hearing (35.5%) were the most frequently reported primary disabling condition, followed by Physical/Mobility (16.1%), Intellectual Disability (ID)/Developmental Disability (DD) or Cognitive (15.6%) and Mental Health (15.3%). Respondents were also asked to identify their secondary disabling condition, if they had one. Table 19 details the secondary conditions reported by respondents.

Table 19
Secondary Disability of Respondents

Secondary Disability	N	%
Other (please describe)	104	41.4
Unsure	48	19.1
Mental Health	27	10.7
Physical/Mobility	23	9.1
Communication	21	8.3
Intellectual Disability (ID)/Developmental Disability (DD) Or Cognitive	11	4.3
Blindness or visually impaired	9	3.5
Deaf or Hard of Hearing	8	3.1
Deaf-Blind	0	0

Approximately one hundred and three of respondents reported they had secondary disabling conditions that needed to be further described, while another 19.1% stated they

were unsure if they had secondary disabling conditions. Of those who reported secondary disabling conditions, mental health (10.8%) was the most frequently mentioned disabling condition.

Association with BRS- Individuals were presented with a question that asked them to identify the statement that best described their association with BRS. Their responses to this question appear in Table 20.

Table 20

Respondent Association with BRS

Association with BRS	N	%
I am a current consumer of BRS	253	58.1
I am a previous consumer of BRS, my case has been closed, successfully employed	83	19.0
I am a previous consumer of BRS, my case has been closed, not successfully employed	41	9.4
Other (please describe)	36	8.2
I have never used the services of BRS	20	4.6
I am not familiar with BRS	2	0.4
Total	435	

The majority of respondents (58.1%) indicated they were current consumers of BRS. Fewer respondents (28.5%) indicated that they were previous consumers, about two-thirds of whom had become successfully employed and about one-third had not become successfully employed.

SSI/SSDI Status- Respondents were presented with a checklist and asked to indicate whether they received Social Security disability benefits. Table 21 summarizes the responses to this series of questions. It should be noted that individuals were allowed to select more than one response in the series of items (for example, in the case of an individual who received both SSI and SSDI).

Table 21

SSA Benefit Status

Indicate Whether You Receive Social Security Benefits	N	%
I do not receive Social Security disability benefits	263	61.5
I receive SSDI (Social Security Disability Insurance)	86	20.1
I receive SSI (Social Security Income)	74	17.3
I receive a check from the Social Security Administration every month, but I do not know which benefit I get	13	3
I don't know if I receive Social Security disability benefits	11	2.5

Most respondents (61.5%) indicated they do not receive Social Security disability benefits. A much smaller proportion (20.1%) indicated that they receive SSDI, while 17.3% indicated that they receive SSI.

Employment-Related Needs and Barriers Respondents were presented with a series of yes/no questions about potential barriers to achieving employment goals and were asked to indicate whether each was a barrier for them. Table 22 summarizes the number of individuals who identified each barrier as an obstacle to achieving their employment goals.

Table 22
Consumers: Barriers to Achieving Employment Goals

Consumers: Barriers to Achieving Employment Goals	Identified as barrier (%)
Not enough jobs available.	37.2
Employer perceptions that people with disabilities can't work or that the cost of accommodations is too high.	29.9
Health issues besides mental health and substance abuse challenges.	28.5
Lack job search skills.	27.5
Lack of education or training.	24.0
Mental health issues.	22.7
Lack of job skills.	21.0
Transportation issues, such as not having a reliable means to go to and from work.	16.6
Concerns regarding how earning money will affect Social Security benefits.	14.7
Lack of assistive technology (such as adaptive computers, screen readers, etc.).	13.4
Lack of disability-related transportation (such as accessible buses).	10.7
Lack of attendant care.	8.8
Issues with housing.	6.1
Lack of English language skills.	3.9
Prior convictions or criminal offenses.	3.4
Substance abuse issues.	1.7
Issues with childcare.	1.7

The barriers most often identified (77%) by consumers related to lack of job preparedness (job search skills, education, training and job skills, language proficiency) and labor market issues (70%) such as lack of jobs available, employers' perceptions, criminal history. These were followed by health issues including mental health and substance abuse (52%) and basic needs (35%) including transportation, housing and child care. Supports such as assistive technology and attendant care were less frequently identified (22%) as barriers to employment.

Most significant barrier to employment- Individuals were presented with an open-ended question asking them to identify the most significant barrier to achieving their employment goals. Three hundred sixteen (316) individuals responded to this question. Content analysis of their responses yielded the following six themes that were expressed in two or more responses:

- Disability related factors including the disability itself (e.g. deafness/hearing loss), symptoms of disability, managing conditions, and job suitability (n=110)
- Employment and workplace discrimination including interview process, accommodations, and age related factors (n=30)
- Transportation issues including lack of public transportation and location of jobs (n=34)
- Lack of training or experience needed to obtain suitable job (n=26)
- Lack of job opportunities such as weak labor markets and too much competition (n=24)
- BRS process including slow response time, “cookie cutter” approach to consumers and lack of connections to employers who hire people with disabilities (n=17)

Barriers to Accessing BRS Services Consumers were presented with several questions describing potential barriers to accessing BRS services and asked to indicate whether the barriers had made it difficult for them to access BRS services. Table 23 summarizes the responses of the individuals who answered the questions about barriers to accessing BRS services.

Table 23

Consumers: Barriers to Accessing BRS Services

Consumers: Barriers to Accessing BRS	Percent
Lack of information about BRS services	14.9
Other difficulties working with BRS staff	12.2
Difficulties scheduling meetings with your counselor	11.3
Other challenges or barriers	10.5
Limited accessibility to BRS via public transportation	7.9
Difficulties completing the Individualized Plan for Employment	6.6
BRS’ hours of operation	5.2
Other challenges related to the physical location of the BRS office	4.2
Lack of disability-related accommodations	3.5
Language barriers	2.7
Difficulties completing the BRS application	1.8
Cultural barriers	1.0

Consumers’ most commonly cited barriers to accessing BRS services related to working with BRS staff (23.5%) and logistical or operational factors (21%) including lack of public transportation and disability accommodations, and hours of operation. This was followed by lack of information about services available (15%). “Other” represented 10.5% of barriers identified.

Counselor Contacts- A separate question asked respondents to indicate where they usually met with their counselor. Three hundred and twenty-three (81.7%) respondents indicated that they go to BRS to meet with their counselor, fifteen (3.8%) usually meet their counselor in their community/school and fourteen individuals (3.5%) indicated that they meet at other locations. Thirty-eight (9.6%) indicated that they did not have a BRS counselor.

Other Challenges- Individuals were presented with an open-ended question asking them if there were any other challenges or barriers not already mentioned that have made it difficult to access

BRS services. Thirty-nine individuals provided narrative responses to this question. Content analysis of the responses yielded one prevalent theme: Limitations in BRS services including eligibility constraints, slow service delivery, unresponsive counselors, ineffective service plans and inaccessible location.

Desired Changes to BRS Services Respondents were presented with an open-ended question asking them to describe desired changes that would improve their experience with BRS and help them to achieve their employment goals. Two hundred seventeen (217) individuals provided narrative responses to this question. Content analysis of the responses indicated that consumers believe BRS services could be improved if the agency provided better job supports including directed job search, more options for employment (e.g. work from home), better relationships with businesses and better job matching (for higher functioning individuals). Respondents also indicated that they believe BRS services could be improved if counselors had more time to connect with consumers, responded in a timely manner and treated consumers with empathy and understanding. Eighty (80) respondents stated that they were satisfied with the services they received from BRS, or that they had no comment or changes to suggest at this time.

Partner Survey Results

A total of 37 valid partner surveys were completed. Questions appearing on the partner survey addressed four general areas:

- Services readily available to persons with disabilities
- Barriers to achieving employment goals
- Barriers to accessing BRS services
- Desired changes in BRS services

Respondent Profile The following analysis describes the characteristics of partner survey respondents.

Job Title- The survey started with an open-ended question asking respondents to indicate their job title. The majority of respondents provided job titles associated with administration (e.g. program manager, vocational services director, community services coordinator, senior vice president) while a lesser portion were associated with direct service provision (e.g. job placement counselor, special education teacher, associate instructor, and interpreter).

Consumer Populations Served- Respondents were provided with a list and asked to identify which consumer populations they worked with on a regular basis. Table 24 illustrates the consumer populations indicated by the partner survey respondents.

Table 24
Partners: Consumer Populations Served Regularly by Respondents

Partners: Consumer Populations	n
Individuals seeking employment	55
Individuals who need long-term supports and extended services to maintain employment	52
Transition-aged youth	47
Individuals with most significant disabilities	42
Individuals who are racial or ethnic minorities	41
Individuals from unserved or underserved populations	40
Individuals served by America’s Job Centers	18

Almost all the respondents reported working with individuals seeking employment and individuals who need long-term supports and extended services to maintain employment. A much smaller portion, less than a third, indicated that they worked regularly with individuals served by America’s Job Centers.

Barriers to Achieving Employment Goals

Partner survey respondents were given a list of barriers and asked to identify the top three barriers to achieving employment goals for BRS consumers. Table 25 below lists the barriers along with the number of times each of the barriers was mentioned as one of the top three barriers by partner survey respondents.

Table 25

Partners: Top Three Barriers to Achieving Employment Goals for BRS Consumers

Partners: Top Three Barriers to Achieving Employment Goals - General	Times identified as a barrier (n)
Not having job skills	25
Little or no work experience	22
Employers’ perceptions about employing persons with disabilities	22
Other transportation issues	21
Not enough jobs available	14
Not having education or training	13
Poor social skills	13
Convictions for criminal offense	12
Disability-related transportation issues	12
Amount of time needed to develop or secure services	10
Not having job search skills	9
Perceptions re. impact of income on Social Security benefits	8
Mental health issues	6
Other (please describe)	5
Language barriers	4
Childcare issues	4
Cultural barriers	3
Lack of help with disability-related personal care	2
Housing issues	2
Substance abuse issues	1
Not having disability-related accommodations	0
Other health issues	0

Not having job skills (n=25), little or no work experience (n=22), employers’ perceptions about employing persons with disabilities (n=22) and other transportation issues (n=21) were the items most frequently cited by partners as being among the top three barriers to achieving employment goals.

Other Challenges- Partner agency respondents were presented with an open-ended question asking if there was anything else that should be known about the primary barriers to achieving employment goals for BRS consumers. Twenty-five responses were provided expressing a variety of needs. Common themes or issues that appeared in two or more of the responses included:

- Job readiness assessment and job matching (n=6)
- Lack of long-term employment supports (n=5)
- Job development and placement opportunities (n=4)

Difficulties Accessing BRS Services Partners were presented with a question that prompted them to indicate the top three reasons that people with disabilities might find it difficult to access BRS services. There were fourteen response options. Table 26 below lists the barriers to BRS access along with the number of times each of the barriers was mentioned as one of the top three barriers by the respondents.

Table 26

Partners: Top Three Reasons People Find it Difficult to Access BRS Services

Partners: Barriers to Accessing BRS Services - General	Times identified as a Barrier (n)
Slow service delivery	20
Limited accessibility of BRS via public transportation	20
Other (please describe)	19
Difficulties completing application	17
BRS staff do not meet consumers in the communities where the consumers live	12
Difficulties accessing training or education program	8
Inadequate assessment services	7
BRS staff are not responsive to communication from Consumers or potential consumers	7
Difficulties completing the Individualized Plan for Employment	5
Language barriers	5
Lack of options for use of technology to communicate with IDVR staff such as Skype, text, etc.	3
Cultural barriers	3
Inadequate disability-related accommodations	2
Other challenges related to the physical location of the BRS office	1

Slow service delivery (n=20), limited accessibility to BRS via public transportation (n=20), and other reasons described (n=19) were the most frequently identified barriers to accessing BRS services.

Other Challenges- Partner survey respondents were presented with an open-ended question asking if there was anything else that should be known about why individuals with disabilities might find it difficult to access BRS services. Thirty responses were provided which outlines a

variety of concerns associated with accessing BRS services. Several themes were evident across the narrative response:

- Lack of awareness and understanding of BRS services (n=10)
- Initial intake process is confusing and expectations are not clear (n=6)
- Transportation issues (n=4)

Desired Changes Partner survey respondents were presented with an open-ended question that asked them to describe the most important change BRS could make to support consumers’ efforts to achieve their employment goals. Forty individuals provided narrative response to this question. Themes evident across two or more of the responses included:

- Long-term ongoing supports after consumers become employed (n=8)
- More presence in community and outreach to employers (n=6)
- Pre-employment readiness training to improve consumer preparedness (n=5)

Staff Survey Results

The staff survey was created using an Internet-based survey application. Invitations to complete the survey were distributed internally by BRS staff. A total of 51 valid staff surveys were completed. Questions appearing on the staff survey addressed four general areas:

- Services readily available to persons with disabilities
- Barriers to achieving employment goals
- Barriers to accessing BRS services
- Desired changes in BRS services

Respondent Profile The following analysis describes the characteristics of partner survey respondents.

Job Title- The first survey question was open-ended, asking respondents to indicate their job title. Fourteen of the forty-two respondents indicated that they were Vocational Rehabilitation Counselors, while eight identified as Vocational Rehabilitation Specialists. A smaller proportion of respondents identified other titles, including Employment Consultant, Education Consultant, Secretary and Vocational Rehabilitation Supervisor/ Director.

Consumer Populations Served: Respondents were provided with a list and asked to identify the category that best described their caseload. Table 27 illustrates the type of caseloads indicated by the staff survey respondents.

Table 27
Staff: Consumer Populations Served Regularly

Staff: Consumer Populations	n
General caseload	15
Employment consultant	6
Transition	3
Other (please describe)	3
Hispanic/Monolingual Spanish specialty	0

A substantial majority of the respondents reported having a General caseload. A lesser portion of respondents indicated working with “Other” which was described as a combination of all caseload options, and consumers with mental health conditions.

Barriers to Achieving Employment Goals Staff survey respondents were given a list of barriers and asked to identify the top three barriers to achieving employment goals for BRS consumers. Table 28 lists the barriers along with the number of times each was mentioned by staff as one of the top three barriers.

Table 28

Staff: Top Three Barriers to Achieving Employment Goals for BRS Consumers

Staff: Top Three Barriers to Achieving Employment Goals - General	Times identified as a barrier (n)
Convictions for criminal offenses	19
Other transportation issues	15
Not having job skills	14
Poor social skills	10
Little or no work experience	10
Not having education or training	9
Not enough jobs available	9
Employers' perceptions about employing persons with disabilities	8
Mental health issues	8
Not having job search skills	7
Amount of time needed to develop or secure services	5
Perceptions regarding impact of income on Social Security benefits	4
Language barriers	3
Disability-related transportation issues	3
Substance abuse issues	3
Other (please describe)	3
Cultural barriers	2
Childcare issues	2
Not having disability-related accommodations	1
Lack of help with disability-related personal care	1
Housing issues	1
Other health issues	1

Issues related to job preparedness (n = 53) were most frequently mentioned by staff as being among the top three barriers to employment. These included lack of job skills, work experience, social and language skills, education and training, etc. Labor market issues (n = 36) were the next most often cited, including lack of available jobs, employer perceptions and criminal

convictions. These were followed by challenges with basic needs (n = 25) including transportation, and health-related issues (n = 12) including mental health and substance abuse.

Other Challenges- Staff survey respondents were presented with an open-ended question asking if there was anything else that should be known about the primary barriers to achieving employment goals for BRS consumers. Sixteen responses were provided expressing a variety of barriers such as length of processing and service delivery, transportation, lack of counselor contact, consumer motivation, and lack of soft skills and limitations of the job market.

Barriers to Accessing BRS Services Staff were presented with a question that prompted them to indicate the top three reasons that people with disabilities might find it difficult to access BRS services. There were thirteen response options. Table 29 lists the barriers to BRS access along with the number of times each was mentioned by staff as one of the top three barriers.

Table 29

Staff: Top Three Reasons People Find it Difficult to Access BRS Services

Staff: Barriers to Accessing (agency) Services - General	Times Identified as a Barrier (n)
Slow service delivery	17
Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc.	17
Limited accessibility of BRS via public transportation	15
Difficulties accessing training or education programs	14
Difficulties completing the application	10
Cultural barriers	9
Other (please describe)	9
BRS staff do not meet consumers in the communities where the consumers live	7
Language barriers	6
Inadequate assessment services	3
Other challenges related to the physical location of the BRS office	2
Difficulties completing the Individualized Plan for Employment	2
Inadequate disability-related accommodations	1

Appearing most frequently (n = 34) among the top three barriers identified by staff were BRS operational issues including slow service delivery and lack of technology for communications. This was followed by (n = 29) difficulties with or inadequacy of programs or services such as training and education, application, assessment and IEP. Issues associated with physical location of services were next most frequently mentioned (n = 24).

Other Challenges- Staff survey respondents were presented with an open-ended question asking if there was anything else that should be known about why individuals with disabilities might find it difficult to access BRS services. Eighteen responses were provided expressing a variety of concerns associated with accessing BRS services. Themes evident in two or more of the

narrative responses: lack of cultural competency or counselor ability to meet consumer needs, transportation issues and lack of familiarity with BRS services within the community including medical and social service agencies.

Desired Changes Staff survey respondents were presented with an open-ended question that asked them to describe the most important change BRS could make to support consumers’ efforts to achieve their employment goals. Twenty-two (22) individuals provided narrative responses to this question. Themes evident across two or more of the responses included:

- More flexibility in service provision in order to better meet consumer needs (n = 11)
- Increase contact with consumers to provide more counseling and guidance (n=5)
- Allow funding for better transportation supports (n=3)
- Faster delivery of services (n=3)

Staff were presented with a list of thirteen options and asked to identify the top three changes that would enable them to better assist their BRS consumers. Table 30 details the staff responses to this question.

Table 30

Staff: Top three changes that would enable staff to better assist consumers.

Staff: Changes That Would Enable Staff to Better Serve Consumers	Times Identified among Top Three Changes (n)
More streamlined processes	21
More effective community-based service providers	15
Smaller caseload	14
Improved business partnerships	13
Better assessment tools	12
Better data management tools	9
Other (please describe)	7
Increased outreach to consumers in their communities	6
More administrative support	4
Increased options for technology to communicate with consumers	4
Decreased procurement time	3
More supervisor support	1

Identified most frequently (n = 25) among the top three changes that would enable staff to better serve consumers were better tools for assessment, data management and consumer communications; increased efficiencies (n = 24) including streamlined processes and decreased procurement time; improved workload and administrative supports (n = 19) and improved outreach to businesses and consumers (n = 19). More effective community-based service providers were cited by fifteen respondents as a change that would help staff better serve consumers.

OVERALL AGENCY PERFORMANCE

KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS

Themes identified in key informant interviews and focus groups are categorized below according to barriers to employment, barriers to services and perceptions of BRS service delivery and performance.

Barriers to Employment The following barriers were identified by key informants representing partner agencies and BRS leadership and staff unless otherwise indicated. Quotes and specific examples are included where possible.

- *Low expectations:* Many people with disabilities do not visualize themselves working. This may be because they are not exposed to the notion that they can work, especially in an integrated, competitive job, or they come from an over-protective upbringing, or simply that they are not raised in a work-oriented environment. It was noted that this is particularly problematic for youth and individuals with intellectual disabilities. Lack of self-motivation, encouragement or expectation can place significant limits on an individual's willingness and ability to seek or succeed in employment.
 - One consumer who expressed a need for encouragement said, "Simple encouragement is a key factor for me: Help me figure out what I can do, what is a realistic expectation."
 - One provider observed: "We don't always hold or set high expectations."
- *Family issues:* Some families of people with disabilities are not willing to let the individual grow, be exposed and even make mistakes. Others are already dependent on the system themselves, e.g., the benefits check, or the Monday-to-Friday, 9-to-3 day program, and view the prospect of competitive employment as a threat to their way of life.
- *Labor market:* The changing nature of the labor market and the limited quantity of jobs were identified as an impediment to employment. It was noted that many of the types of jobs formerly considered well-suited for people with disabilities no longer exist, e.g., mom-and-pop stores or blue-collar work. Even the traditionally higher-paying positions are now contracted out. Also, just the lack of jobs generally makes it more difficult for people with disabilities to compete. One CRP representative pointed out, "The labor supply is high enough that employers don't need our consumers."
- *Logistics:* The perennial challenges of getting to and from a job were very frequently identified as a barrier to employment for individuals with disabilities, most of whom do not have their own means of transportation. Connecticut's transportation infrastructure was described as "terrible" – especially outside the cities where there is no public transportation, or if there is, it is not accessible or the schedules are not compatible with work hours. Hail services "take up half their paycheck" and some who might drive

cannot afford to renew their driver's license. For individuals willing to relocate to where the jobs are, most jobs don't pay enough to make it worth their while.

- *Preparedness:* A significant barrier mentioned often by key informants was that many individuals with disabilities are not prepared for work. They may not have job search or interview skills or work experience, they may be lacking in the social, language or cultural competencies to function in the workplace, or they may lack the ability, qualifications or credentials to perform job-specific functions and tasks.
- *Employer attitudes:* The fact that most employers do not view individuals with disabilities as workers was often identified as a barrier. They either do not accept or are afraid of the prospect of an employee who is "different" in any way, and most do not see how these workers can benefit their bottom line. Stigma, lack of awareness, cost, legal concerns and workplace culture are among the factors associated with this barrier.
- *Hiring protocols:* The current structure and operating environment for hiring puts applicants with disabilities, especially, at a disadvantage. The impersonal, centralized nature of most corporate HR makes it difficult to get a foot in the door in the traditional ways, with local managers inaccessible or having less hiring discretion. Many individuals do not have the technology access or skills to navigate online applications or personality testing. It was also noted that now some businesses' risk management rules don't allow on-site supports or programs such as job coaches or on-the-job training due to security concerns.
- *Basic needs:* Poverty and social needs were identified as a significant barrier to employment for many people with disabilities. Those who cannot afford food, housing, clothing, day care or transportation are in no position to think about – much less look for – employment. In addition, lack of health insurance impedes their ability to address their physical and behavioral health needs.
- *Perceived threat to benefits:* Many individuals receiving government benefits have the misperception that the income from a job will jeopardize their SSI or SSDI, so they are reluctant to seek or accept employment or advancement.

Barriers to Services The following barriers were identified by key informants representing partner agencies and BRS leadership and staff unless otherwise indicated. Quotes and specific examples are included where possible.

- *Logistics:* The ability to get to and from an agency, program or service is as much a barrier to services as to employment itself, for people with disabilities who do not have their own means of transportation. Services are not always situated where consumers can readily get to them, and this is increasingly the case with budget cuts and office consolidations. People shouldn't have to use up their resources just to get to services. As noted above, Connecticut's transportation infrastructure was described by key informants as "terrible" – especially outside the cities where there is no public transportation, or if

there is, it is not accessible. Hail services are costly, and some individuals who might otherwise drive cannot afford to renew their driver's license.

- *Consumer awareness:* Many individuals with disabilities and their families are unaware of the services that are available to assist them in finding or keeping employment, or as applicable, the services available to help them meet basic needs so they can prepare to seek or accept employment. Consumers' knowledge about the Consumer Assistance Program was mixed. Interview participants indicated that many employers also are unaware of BRS services.
- *Overwhelming bureaucracy:* For consumers and their families who are aware of the services that are available, the systems and processes are so overwhelming that it is difficult for them to engage in or benefit from them. This is especially a concern for individuals served by multiple systems. Case management across systems is lacking, and many parents or consumers are ill-equipped to navigate themselves. Different agencies (or offices within agencies) have different priorities or inconsistent interpretations of the rules. Multiple and/or lengthy application and eligibility processes, long wait-lists, bureaucratic rules and paperwork are additional factors that contribute to confusion, discouragement and disengagement.
- *Socio-economic status:* Key informants reinforced that an individual's economic, social and cultural profile directly shapes their service access and experience, indicating that consumers with opportunity and exposure are much more likely to manage and succeed in services as well as employment.
 - One BRS staff member observed that "An affluent suburb will have a million-dollar workforce center and in the next town it's in a janitor's closet."
 - A Spanish-speaking counselor noted that case management limitations pose difficulties for those working with Latino consumers, many of whose behaviors are culturally driven and take time and social work methods to address, making a discernable difference in the staff's workload and the consumer's ability to succeed in the current service environment.
- *Digital divide:* Respondents pointed out that most consumers have limited access to computers and technology with the possible exception of phones. This is a serious impediment to their utilization of many services that are only accessible online (distance learning, job search, applications, scheduling). Staff assistance not only requires additional time but invades consumers' privacy when they need to disclose information as well as user names and passwords.
- *Low inventory of services:* Key informants made reference to several types of service resources that are in very short supply in Connecticut, across the service system. Among these are skills training, long-term supports, mental health care – in addition to the basic needs / case management services discussed above.
 - Training resources for job preparation and skills development are deemed by respondents to be either lacking or inaccessible.

- Supported employment services rely on the availability long-term support resources which are sorely under-funded in Connecticut, resulting in wait lists that are unacceptably high (reportedly as many as seven years for one agency).
- The mental health population is unable to take advantage of services because mental health care is neither affordable nor accessible. Staff noted, “This is a population we see a lot. If someone is depressed, experiencing trauma and living in poverty, that makes life extra difficult. If someone is referred to us who is still symptomatic, doesn’t know about getting up in the morning, housing isn’t stable, the best we can do is give them a plan to follow and if they do, they come back and we can work with them.”

BRS Service Delivery and Performance

- *General:* Most key informants acknowledged that state and federal budget cutbacks drive many of BRS’ problems, citing increased demand in the face of shrinking resources, erosion of staff at all levels and office closures. Internal to BRS it was indicated that new responsibilities since the enactment of WIOA are being absorbed at leadership levels to ensure direct service staff are able to continue to do their jobs, but that was compromising leadership ability to set policy and support staff, and despite that, with turnover and inability to backfill, ultimately there is less staff to meet increased demand. Leadership indicated that they are trying to be creative, build bridges with partners, share information and resources and come up with ways to meet common goals.
 - One CRP observed, “Compared to other state agencies, BRS makes a valiant effort to be as creative as they can; they’ve done a remarkable job trying to move things in a positive direction. The economy is tough, the individuals are challenging.”
- *Structure:* BRS respondents expressed concerns about the agency’s approaches to CRPs, transition and business relations.
 - “We spend too much in contracting out, but we are in the process of changing that.”
 - BRS’ new transition program, Level Up, has had a very inconsistent start and received mixed reviews. Also, there is a perception that it is drawing agency resources away from adult services.
 - The recent establishment of the employment division, while applauded by most key informants, was perceived to be under-resourced and working at cross-purposes with CRPs.
- *Caseloads:* There were very mixed messages about caseload size. On the one hand, concerns were raised about increasing caseloads resulting from staff reductions and the creation of Level Up and the Business Relations division, but there were also remarks about decreasing caseloads due to population trends (“we are no longer the industrial state”) and lack of consumer awareness or confidence that BRS could effectively meet their needs. Complicating the picture was the observation that there are nevertheless so many individuals who are underserved.
- *Customer service:* Consumer respondents and advocates were discouraged with the treatment they receive from BRS. Some instances of BRS response to this feedback were reported.
 - One consumer observed, “I’ve fallen through the cracks my entire life.” Another reflected on the lack of communication: “If they would let me know every once in

a while I'd feel things are in motion more than I do now. I'd like to feel like I'm not being ignored. I feel like I'm bothering my counselor all the time." One parent asked the interviewers, "Do you know a state that does this really well? If so, I'll move there."

- Consumer advocates suggested that BRS needs customer service training to be more receptive to feedback. One noted that consumers are sometimes afraid to "stir the pot." Another remarked about informal hearings: "Of course BRS never overturns their own determinations, so the matter has to go to an administrative hearing which then drags things out even more."
- BRS leadership acknowledged, "Retirement plans cleared out a lot of our more seasoned staff; now it's a more junior level workforce. There were complaints of occasional insensitivity in dealing with consumers so we've put together a conflict resolution training for all supervisors."
- *Performance:* While some consumers expressed frustration with the process and the outcomes, there were statements about BRS' effectiveness.
 - "After I left Ticket to Work (because they had no long-term coaching), I went to BRS and they got me going in the right direction."
 - "The program worked best when I was in high school (getting me money for college). When I came back as an adult they farmed that out to other companies who don't necessarily do the best job. I did get one interview in the two years, but the jobs that stuck for more than a year were ones I found myself."
- *Operations:* Key informants both internal and external cited numerous examples of real and perceived operational issues that diminish BRS' effectiveness.
 - "The process is so slow it feels like it doesn't move at all; I feel no progress has been made." (Consumer)
 - "If an individual has trouble getting to the office to complete an eligibility application, they should be able to have it mailed to them. They should not have to be screened over the phone." (Advocate)
 - "We need to be able to text and use social media to communicate with youth." (Staff)
 - "The 60-days to plan rule doesn't appreciate the circumstances of some of these consumers, e.g., ppl in shelters or unstable situations – you know they will come back but now you can't hold the case open." (Staff)
 - "Staff need more discretion on small expenditures, e.g., \$20 to renew a driver's license or pay for transportation especially when no one minds when we spend \$100 at Walmart." (Staff)
 - There is a lack of consistency from one BRS office to another (or even within a given office) in how rules are interpreted and applied. You get one answer from one person, another answer from the next. (Partner)
 - Quality vs. quantity: BRS staff expressed frustration that demand for numbers and documentation impede their ability to do good work.
 - "VRCs need to reach certain numbers so we don't have time to spend with consumers who have the most significant challenges. Then people are coming back through our doors.
 - "Paperwork has doubled or tripled, I sit at the computer all day – there's no time to be creative or problem solve."

- “We are buckled to our computers – there are so many time-sensitive things and so much paperwork that we can’t be as flexible and creative as we’d like.”
 - *Programming*: BRS was applauded for the effectiveness of such initiatives as benefits counseling, the Business Relations division and the initial stages of Level Up. The information fairs for subminimum wage consumers received mixed reviews, and most respondents found its supported employment services, including customized employment and self-employment, to be less than adequate.
 - *Human resources*: Key informants observed that BRS’ high staff turnover at the direct service level was impacting agency performance and caseload sizes. While high caseloads were cited as one possible explanation for the turnover, another was that lower caseloads diminish staff chances for advancement, and the requirement of an 80+ caseload doesn’t take into account that transition cases are now being diverted to dedicated transition staff. It was also suggested that high turnover could be attributed to staff frustration with the conflicting demands for quantity vs. quality.
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APPENDIX D: Most Significant Disabilities

NEEDS OF INDIVIDUALS WITH MOST SIGNIFICANT DISABILITIES

KEY INFORMANT SURVEY RESULTS

Barriers to Employment for Individuals with Most Significant Disabilities

Partner Survey Results

Respondents were asked if the barriers to achieving employment goals for individuals with the most significant disabilities are different from the overall population of persons with disabilities. Of the 58 respondents, 82.7% (n = 48) indicated that the barriers to achieving employment goals are different for individuals with the most significant disabilities. Respondents were then asked to indicate the top three barriers to achieving employment goals for BRS consumers with the most significant disabilities from a list of 22 barriers. Table 31 lists the barriers along with the number of times each was mentioned by partner survey respondents as being one of the top three barriers for BRS consumers with the most significant disabilities.

Table 31

Partners: Top Three Barriers to Achieving Employment Goals for BRS Consumers with Most Significant Disabilities

Partners: Top Three Barriers to Achieving Employment Goals - MSD	Times identified as a barrier (n)
Little or no work experience	24
Employers' perceptions about employing persons with disabilities	21
Not having job skills	18
Disability-related transportation issues	15
Not having education or training	14
Poor social skills	9
Not having disability-related accommodations	9
Amount of time needed to develop or secure services	8
Perceptions regarding impact of income on Social Security benefits	7
Lack of help with disability-related personal care	6
Mental health issues	6
Not enough jobs available	5
Other transportation issues	4
Not having job search skills	3
Other health issues	1
Convictions for criminal offenses	1
Language barriers	1
Cultural barriers	1

Issues relating to work preparedness, such as little or no work experience, not having job skills, education and training, were most frequently identified (n = 70) as being among the top three barriers to employment for individuals with most significant disabilities. Labor market issues such as employer perceptions and not enough jobs (n = 27) and basic needs including transportation (n=26) were the next most frequently mentioned.

Staff Survey Results

Staff were asked if the barriers to accessing BRS services encountered by individuals with the most significant disabilities are different from the overall population. Ten staff members responded to this question and all indicated that the barriers are not different. They were asked to identify the top three barriers to accessing BRS services for consumers with the most significant disabilities. Table 32 details their responses to this question.

Table 32

Staff: Top Three Barriers to Achieving Employment Goals for Individuals with Most Significant Disabilities

Staff: Top Three Barriers to Achieving Employment Goals - MSD	N
Little or no work experience	24
Employers' perceptions about employing persons with disabilities	21
Not having job skills	18
Disability-related transportation issues	15
Not having education or training	14
Poor social skills	9
Not having disability-related accommodations	9
Amount of time needed to develop or secure services	8
Perceptions regarding impact of income on Social Security benefits	7
Lack of help with disability-related personal care	6
Mental health issues	6
Not enough jobs available	5
Other transportation issues	4
Not having job search skills	3
Other health issues	1
Convictions for criminal offenses	1
Language barriers	1
Cultural barriers	1

Issues relating to work preparedness, such as little or no work experience, not having job skills, education and training, were most frequently identified (n = 59) as being among the top three barriers to employment for individuals with most significant disabilities. Basic needs including transportation (n = 32) and labor market issues such as employer perceptions and not enough jobs (n = 27) were the next most frequently mentioned.

Barriers to Accessing BRS Services for Individuals with the Most Significant Disabilities

Partner Survey Results

Partners were asked if the barriers to accessing BRS services for individuals with the most significant disabilities are different from the overall population of persons with disabilities. Of the 52 respondents, 48% (n = 25) indicated that the barriers to accessing BRS services are different for individuals with the most significant disabilities while 51.9% (n=27) said they are not. Respondents were then asked to indicate the top three barriers to accessing services for BRS consumers with the most significant disabilities from a list of 14 barriers. Table 33 lists the barriers along with the number of times each was mentioned by partners as one of the top three barriers for BRS consumers with the most significant disabilities.

Table 33

Partners: Top Three Barriers to Accessing Services for BRS Consumers with Most Significant Disabilities

Partners: Top Three Barriers to Accessing Services - MSD	Times identified as a barrier (n)
Limited accessibility of BRS via public transportation	12
Difficulties completing the application	11
Difficulties completing the Individualized Plan for Employment	8
Difficulties accessing training or education programs	7
Other (please describe)	7
Inadequate assessment services	6
Slow service delivery	6
Language barriers	4
BRS staff do not meet consumers in the communities where the consumers live	3
Other challenges related to the physical location of BRS office	2
Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc.	2
Inadequate disability-related accommodations	1
Cultural barriers	1

Partners most frequently (n = 32) cited difficulty with or inadequacy of BRS services and programs as being among the top three barriers to access (e.g., difficulties completing the application or the IPE, inadequate assessment services). The next most frequently mentioned were transportation and physical location issues (n = 14) and operational issues (n = 12) such as slow service delivery, not meeting consumers in their communities and lack of technology or disability-related accommodations.

Staff Survey Results

Staff were asked if the reasons for finding it difficult to access BRS services by individuals with most significant disabilities are different from the general population of persons with disabilities. Of the 38 respondents, 39.4% (n = 15) indicated that the reasons for finding it difficult to access BRS services are different from the general population of persons with disabilities while 60.5% (n=23) said they are not different. Respondents were then asked to indicate the top three reasons individuals with most significant disabilities find it difficult to access BRS services. Table 34 lists the reasons along with the number of times each was mentioned as one of the top three barriers for individuals with most significant disabilities.

Table 34

Staff: Difficulties Accessing BRS Services for Individuals with Most Significant Disabilities

Staff: Barriers to Accessing (agency) Services - MSD	Times Identified as a Barrier (n)
Limited accessibility of BRS via public transportation	8
Difficulties accessing training or education programs	6
Slow service delivery	6
Difficulties completing the application	5
Inadequate disability-related accommodations	4
Cultural barriers	3
Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc.	3
BRS staff do not meet consumers in the communities where the consumers live	2
Language barriers	1
Difficulties completing the Individualized Plan for Employment	1
Inadequate assessment services	1

Staff most frequently (n = 15) cited operational issues such as slow service delivery, not meeting consumers in their communities and lack of technology or disability-related accommodations as being among the top three barriers to access. The next most frequently mentioned was (n = 13) was difficulty with or inadequacy of BRS services and programs (e.g., difficulties completing the application or the IPE, inadequate assessment services), followed by lack of public transportation issues (n = 8).

NEEDS OF INDIVIDUALS WITH MOST SIGNIFICANT DISABILITIES
KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS

Themes identified in key informant interviews and focus groups are presented below in terms of barriers to employment, barriers to services and perceptions of BRS service delivery and performance relating to individuals with the most significant disabilities.

Barriers to Employment Key informants representing partner agencies and BRS leadership and staff confirmed that all of the barriers to employment identified for the general population of individuals with disabilities apply to an even greater degree to individuals with most significant disabilities. This can be attributed to the fact that these individuals have greater needs and multiple challenges, requiring more support in the community, service network and workplace. In particular, their employment is likely to require long-term workplace supports which are costly or scarce (see discussion below).

Barriers to Services The following barriers to services for individuals with most significant disabilities were identified by key informants representing partner agencies and BRS leadership and staff unless otherwise indicated. Quotes and specific examples are included where possible.

General barriers- Key informant testimonials confirm that all of the barriers to services identified for the general population of individuals with disabilities apply to an even greater extent to individuals with most significant disabilities, especially youth. This can be attributed to the fact that the provider community has differing philosophies, definitions and approaches, as well as very limited expertise and resources to deliver the more specialized services required for this population.

Lack of Supported and Customized Employment services- Among the service barriers respondents added to the general list is the lack of specialized services to support individuals with most significant disabilities in finding and succeeding in jobs and careers. While all of the general barriers are factors, this system-wide deficiency was largely attributed to lack of time, expertise and resources.

- BRS provides Supported Employment (SE) on a very limited basis to individuals who do not qualify for other agencies' SE programs. Its funding was drastically cut and is reportedly in serious jeopardy of further cuts. BRS respondents anticipate a shift to Order of Selection to resolve this, but that will marginalize those who don't quite qualify for this category of services. Staff indicated that they do not have the time to work with individuals with most significant disabilities due to caseload and documentation demands. Many key informants observed that CRPs do not have the expertise to provide this level of services.
- As WIOA has sparked greater interest and urgency regarding the adoption of Customized Employment, BRS is considering options to build the model into its service portfolio but has not fully embraced it nor invested in a statewide intensive training initiative currently under way to introduce it within the provider community. One supervisor said, "It's a huge job to develop the expertise and we don't have the resources." Advocates were concerned that BRS might claim to know the model (without being trained or certified) just to satisfy the new requirements.

Lack of long-term supports- Respondents acknowledged that the success of SE and CE services and the resulting employment of individuals with the most significant disabilities relies on long-term supports. As creative as a provider may be, resources sufficient to sustain long-term supports are not available to most consumers. If they cannot access agency services due to wait lists or qualifications, and cannot afford to self-pay, they will not receive SE or CE services in the first place, as the availability of long-term supports is a prerequisite to eligibility.

BRS Performance

Supported and Customized Employment- Advocates reported having addressed BRS about its not serving people with most significant disabilities, especially intellectual disabilities. They also questioned BRS' eligibility determinations, pointing to an instance where a person with a strong work history was told they were not employable and that they should try volunteering. With regard to BRS' lack of Customized Employment services one advocate observed, "If they knew

how to do it we wouldn't have the problems we're seeing with people with most significant disabilities.”

Subminimum wage- It was reported that Connecticut currently has 2900 persons with disabilities in sheltered or “group” employment at subminimum wage. While this is a result of a decision external to BRS, WIOA now requires BRS to divert individuals with disabilities from subminimum wage employment. BRS is partnering with DDS to do pre-graduation planning for youth under 24 years, and to offer information fairs for individuals already in sheltered employment to encourage and help them to consider competitive employment. The information fairs bring together all the partners in reaching out and talking to individuals about the merits of competitive employment. It was reported that they are well-organized and a lot of people attend but that it is perhaps too many people, not enough time and lacking in advance preparation for families. One key informant was hopeful that this measure will help some individuals get out of the workshop system, but cautioned that these are people who have never even had employment discussed with them: “It’s meaningless for someone who has never known what it means to be competitively employed.”

APPENDIX E: Ethnic, Unserved or Underserved

NEEDS OF INDIVIDUALS WITH DISABILITIES FROM DIFFERENT ETHNIC GROUPS, INCLUDING NEEDS OF INDIVIDUALS WHO HAVE BEEN UNSERVED OR UNDERSERVED BY THE VR PROGRAM

KEY INFORMANT SURVEY RESULTS

Barriers to Employment for Consumers who are Racial or Ethnic Minorities

Partner Survey Results

Respondents were asked if the barriers to achieving employment goals for consumers who are racial or ethnic minorities are different from the overall population of persons with disabilities. Of the 51 respondents, 45.1% (n = 23) indicated that the barriers to achieving employment goals are different for consumers who are racial or ethnic minorities. Respondents were then asked to indicate the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities from a list of 22 barriers. Table 35 lists the barriers along with the number of times each was cited by partner survey respondents as one of the top three barriers to employment for consumers who are racial or ethnic minorities.

Table 35

Partners: Top Three Barriers to Achieving Employment Goals for Consumers who are Racial or Ethnic Minorities

Partners: Top Three Barriers to Achieving Employment Goals - Racial or Ethnic Minorities	Times Identified as a Barrier (n)
Language barriers	15
Cultural barriers	12
Not having education or training	8
Not having job skills	7
Little or no work experience	5
Other transportation issues	4
Not enough jobs available	3
Employers' perceptions about employing persons with disabilities	3
Convictions for criminal offenses	3
Not having job search skills	2
Poor social skills	2
Mental health issues	2
Childcare issues	2
Other (please describe)	2
Amount of time needed to develop or secure services	1
Not having disability-related accommodations	1
Disability-related transportation issues	1
Housing issues	1
Perceptions regarding impact of income on benefits	1

Language and cultural barriers (n = 27) were most frequently identified by partners as being among the top three barriers to achieving employment goals for individuals with disabilities who are racial or ethnic minorities. These were followed by issues associated with preparedness for work (n = 24) such as lack of education or training, job skills, work experience and job search skills.

Staff Survey Results

Staff were asked if the barriers to achieving employment goals for consumers who are racial or ethnic minorities are different from the overall population of persons with disabilities. Of the 38 staff respondents, 60.5% (n = 23) indicated that the barriers to achieving employment goals are different for consumers who are racial or ethnic minorities. These 38 respondents were then asked to indicate the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities from a list of 22 barriers. Table 36 lists the barriers along with the number of times each was mentioned by staff survey respondents as one of the top three barriers for consumers who are racial or ethnic minorities.

Table 36

Staff: Top Three Barriers to Achieving Employment Goals for Consumers who were Racial or Ethnic Minorities

Staff: Top Three Barriers to Achieving Employment Goals - Racial and Ethnic Minorities	Times Identified as a Barrier (n)
Cultural barriers	16
Language barriers	12
Not having education or training	7
Convictions for criminal offenses	6
Employers' perceptions about employing persons with disabilities	5
Little or no work experience	4
Other (please describe)	4
Other transportation issues	3
Mental health issues	3
Perceptions regarding impact of income on Social Security benefits	3
Not having job search skills	2
Not enough jobs available	1
Substance abuse issues	1
Amount of time needed to develop or secure services	1
Housing issues	1

Cultural and language barriers (n = 28) were most frequently mentioned by staff as being among the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities. Lack of job preparedness (n = 13) and labor market issues (n = 12) were next most frequently cited among the top three barriers.

**Barriers to Accessing BRS Services
for Consumers Who are Racial or Ethnic Minorities**

Partner Survey

Partners were asked if the reasons consumers who are racial or ethnic minorities find it difficult to access BRS services are different from the general population of persons with disabilities. Of the 51 respondents, 31.3% (n = 16) indicated that the reasons are different from the general population of persons with disabilities. Respondents were then asked to indicate the top three reasons for finding it difficult to access BRS services by consumers who were racial or ethnic minorities. Table 37 lists the reasons along with the number of times each was mentioned by partners.

Table 37

Partners: Difficulties Accessing BRS Services for Consumers who are Racial or Ethnic Minorities

Partners: Barriers to Accessing BRS Services - Racial or Ethnic Minorities	Times Identified as a Barrier (n)
Language barriers	13
Cultural barriers	7
Limited accessibility of BRS via public transportation	5
Slow service delivery	5
Difficulties accessing training or education programs	2
DVR staff do not meet consumers in the communities where the consumers live	2
Other challenges related to the physical location of the BRS office	1
Inadequate disability-related accommodations	1
Difficulties completing the Individualized Plan for Employment	1
Inadequate assessment services	1
BRS staff are not responsive to communication from consumers or potential consumers	1
Other (please describe)	1

Language and cultural barriers (n = 20) were identified by partner respondents as the most prevalent barriers to accessing BRS services. Other barriers mentioned related to operational and programmatic issues (n = 10), and physical location (n = 8).

Other Challenges- Partner survey respondents were presented with an open-ended question asking if there was anything else that should be known about why individuals with disabilities might find it difficult to access BRS services. Thirty responses were provided offering a variety of additional considerations associated with accessing BRS services. Three themes were mentioned by two or more respondents: Lack of knowledge of services and expectations of process (n = 12), slow service delivery and lack of assistance with required documentation (n = 6), and lack of transportation for appointments and employment (n = 4).

Staff Survey

Staff were asked if the reasons consumers who are racial or ethnic minorities find it difficult to access BRS services are different from the general population of persons with disabilities. Of the 37 respondents 48.6% (n = 18) said the challenges are different from the general population of persons with disabilities. Respondents were then asked to indicate the top three reasons consumers who are racial or ethnic minorities find it difficult to access BRS services. Table 38 lists the reasons along with the number of times each was mentioned among the top three.

Table 38

Staff: Difficulties Accessing BRS Services for Consumers who are Racial or Ethnic Minorities.

Staff: Barriers to Accessing BRS Services - Racial or Ethnic Minorities	Times Identified as a Barrier (n)
Language barriers	13
Cultural barriers	13
Slow service delivery	5
Difficulties accessing training or education programs	5
Difficulties completing the application	4
BRS staff do not meet consumers in the communities where the consumers live	4
Other (please describe)	3
Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc.	2
Limited accessibility of BRS via public transportation	1
Inadequate disability-related accommodations	1
Inadequate assessment services	1

Language and cultural barriers (n = 26) were the most commonly identified barriers to accessing BRS services identified for consumers who are racial or ethnic minorities. Other barriers mentioned related to programmatic (n = 12) and operational (n = 11) issues.

NEEDS OF INDIVIDUALS WITH DISABILITIES FROM DIFFERENT ETHNIC GROUPS, INCLUDING NEEDS OF INDIVIDUALS WHO HAVE BEEN UNSERVED OR UNDERSERVED BY THE VR PROGRAM
KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS

Themes identified in key informant interviews and focus groups are categorized below according to barriers to employment, barriers to services and perceptions of BRS service delivery and performance relating to individuals who are racial or ethnic minorities, including those who are un-served or underserved by BRS.

Barriers to Employment and Services Key informants representing partner agencies and BRS leadership and staff confirmed that many of the general barriers to both employment and services apply to an even greater degree to ethnic and racial minority populations as well as other individuals who tend to be unserved or underserved by BRS. This can be attributed in part to language and cultural issues, and in part to the lack of specialization in the service provider community to address their employment-related needs.

Populations- There was general agreement that the minority and un/under-served populations are the same as they have been in the past ten years. Most frequently named by key informants included:

- Psychiatric/Mental Health
 - 57% have Mental Health /Substance Abuse challenges; those who have insurance (wch disqualifies them for DMHAS) but it doesn't cover mh or no one will accept it; their basic needs must be met before they can think about a job
 - MH is the issue in the bulk of the MSD caseload
- Developmental Disabilities
- Autism – need for social skill development
- Transition
- Latino/ African American
 - 70% Latinos are monolingual
 - Immigrants from Puerto Rico (and Cuba?)
 - Takes 2-to-3 sessions to build trust
 - More likely to worry about losing benefits
 - Stigma attached to state agencies
- Deaf/ASL and Deaf-Blind

Additional populations listed include individuals with unmet basic needs, criminal backgrounds and multiple diagnoses, as well as private school students and individuals who reside in remote locations.

BRS Performance While key informants openly acknowledged the deficits in the system and BRS in serving these populations, it was recognized that many of the shortcomings were not for lack of trying.

Language/Cultural barriers- BRS pointed to internal and external resource gaps that include both funding and personnel, as factors in the challenges of addressing the needs of such consumer groups as Latino and Deaf/Deaf-Blind. For example, BRS has tried to incentivize CRPs by offering rate differentials to retain specialized staff, and CRPs have tried to hire accordingly but report that either reimbursement rates are still not sufficient or there are very few individuals interested in this type of work. Staff did note that agency efforts to translate forms and resource materials have stalled, and it is exceedingly time-consuming for staff to spend the time to translate on a case-by-case basis. Further, budget cutbacks have impeded BRS' ability to backfill specialist vacancies internally. Closing of the Office for Deaf/ Hearing Impaired has meant privatization and ongoing challenges to attract staff and maintain interpreter services. It was noted that CRPs are especially not qualified to work with individuals who are Deaf-Blind.

Autism Spectrum- According to BRS respondents, the agency only does the vocational piece of a wide array of needed services, and “We can initiate a process but long-term follow-up is the issue and for the most part, the resources are not there.” A partner pointed out that “There is nothing for families who have no money.” Many expressed hope that the impending shift of responsibility for this population to DSS will mean positive change.

Psychiatric- There was agreement among most key informants that mental illness is an issue for BRS' entire caseload of individuals with most significant disabilities. BRS' challenges and limitations in serving individuals with most significant disabilities (see Section 2) translate into this population being deemed underserved. Staff reported that it becomes especially complicated to assist individuals with mental illness whose employer insurance disqualifies them for DMHAS

services but doesn't sufficiently cover the psychiatric treatment they need to stabilize and remain employed.

APPENDIX F: Other Components of Workforce System

NEEDS OF INDIVIDUALS WITH DISABILITIES SERVED THROUGH OTHER COMPONENTS OF THE STATEWIDE WORKFORCE DEVELOPMENT SYSTEM

KEY INFORMANT SURVEY RESULTS

Consumer Survey Results

Respondents to the consumer survey were presented with several questions pertaining to their experiences with America's Job Centers (AJCs).

AJC Utilization- The first question asked respondents if they had ever tried to use AJC services. Of those who replied to the question 307 (77.5%) indicated that they had not tried to use services, whereas 89 (22.4%) indicated that they had.

Physical Accessibility of AJCs- Of the 89 who had tried to use AJC services, 82 (93.1%) indicated that they did not experience difficulties with the physical accessibility of the building. The remaining 6 (6.8%) indicated that they that they did experience difficulties.

Program Accessibility of AJCs- Respondents were asked if they had any difficulty accessing the programs at the center. Of those who responded to the question, 78 (89.6%) indicated that they did not have difficulty accessing programs at the center and nine (10.3%) indicated that they did have difficulty.

Training Utilization and Outcomes- Thirty-four (39%) respondents indicated that they went to the center for training. Seventeen (50%) said they got the training they sought. Respondents were then asked if the training resulted in employment. Thirty-three individuals responded to this question, with thirty-one (93.9%) indicating that the training did not result in employment and two (6%) indicating that the training did result in employment.

Job Search and Placement- Of the 87 individuals responding to a question about whether they went to AJCs seeking a job, sixty-four (73.5%) indicated that they did and twenty-three (26.4%) indicated that they did not go to AJCs to find a job. Respondents were then asked if AJCs helped them to find a job. Sixty-three individuals responded to this question, with thirty-two (50.7%) indicating that they did not get help finding employment and thirty-one (49.2%) indicating that they did get help finding employment. Respondents who said they got help finding employment were asked if they had found a job after receiving help from AJC. Sixty-three individuals responded, with forty-six (73%) indicating that they did not find a job after receiving help, and seventeen (26.9%) indicating that they did.

Staff Assistance- Eighty-seven respondents answered a question asking them to describe their opinion of the helpfulness of the staff at AJCs. Thirty-five (40%) described the staff as “somewhat helpful,” thirty-four (39%) as “very helpful,” and eighteen (20.6%) described the staff as “not helpful.”

AJC Value- Eighty-six respondents answered a question asking them to describe their opinion of the value of the services at the center. Thirty-four (39.5%) described the services as “very valuable,” thirty-four (39.5%) described the services as “somewhat valuable” and eighteen (20.9%) described the services as “not valuable.”

NEEDS OF INDIVIDUALS WITH DISABILITIES SERVED THROUGH OTHER COMPONENTS OF THE STATEWIDE WORKFORCE DEVELOPMENT SYSTEM

KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS

The following information was gathered from the individuals interviewed for this assessment in the area of the needs of individuals with disabilities served through other components of the Statewide Workforce Development System:

- Leadership observations
 - Dwindling state and federal resources makes it all the more important to leverage system-wide resources for people with disabilities, e.g., for job development and placement, youth services
 - BRS is doing a pretty good job so far in collaborating, consolidating, co-location
 - Unified State plan is still a work in progress, getting close on data-sharing and MOUs; probably furthest out on common measures
 - We’re years away from one-stops being able to do job placement, but job development is low-hanging fruit
 - Very good relationship with DDS
 - [echoed by partners] MH is still a work in progress – wide divide on how we define voc. outcomes (low expectations for people with ID); also high turnover means constant re-education and managing expectations
 - Local collaboration – well represented on local WIBs but partner sites have to be accessible for us to be able to kick in \$
- CAP observations
 - BRS is reaching out to workforce partners, it’s going really well so far
 - Benefits counselors are excellent, knowledgeable, go above and beyond (come talk at our trainings, incl. in Spanish)
- Partner observations
 - Glad for WIOA promoting collaboration; tremendous potential to step in and support training, create work-based exp., serve ppl with DD – but there’s not much leadership
 - Connect-Ability (2011 funding) – a lot of collaboration across the state to dev resources and materials; too bad we weren’t able to keep it up
 - Good relationships, quarterly meetings, shared trainings btw DDS and DORS

- Would love to do the CE or AT training on a larger scale but resources are so slim
- Transition
 - DDS has a person at VR one day a week and we have monthly meetings of transition advisors (DD, Ed., BRS)
 - There've been more changes in the Ed. agency than I've seen in 30 years, getting communication out to all 169 BoEs
- Employers
 - Not unusual for employers to have never heard of (or believe) what's available, for example On-the-Job Training (OJT) or work site assessment
 - There hasn't been enough marketing and ed. for employers
 - Need better system coordination around employers – providers are supposed to be networking with their WIBs but they're not; and it's great to have a statewide job dev. network but they need to listen to employer feedback (being approached by too many people from diff providers) and streamline that process
- CT Works
 - Very uneven. Co-location is a good thing. Promotes integration. Other places it's not quite as good – staff don't know how to work with PWDs, esp. those who don't disclose. Having an embedded VRC – it's good to have that knowledge, and they can pay for things
 - Would love to see one-stops do more in the way of job clubs, peer mentoring, AT and microenterprises for people with IDD
 - Transition – Level Up counselor great at getting 18+ kids into one-stop programs. New youth track: SYEP and youth career academy for national customer service exam – youth with disabilities are automatically eligible; students have gotten and kept part time jobs.
- CRP observations re. CT Works: CRPs – not integrated at all
- Staff observations
 - DSS – staff don't understand what we do; consumers wait all day, don't know what to bring
 - CT Works
 - Cert. of employability; customer service rep. training – good features
 - [multiple staff] We do refer there and coach them but there's so much paperwork – such a process to get services (eligibility, learning center, or a \$3000 WIOA training grant) – consumers feel overwhelmed with the system, they get frustrated and angry
 - Even where there's co-location and there are fewer barriers, you still have to be found eligible for the trainings
 - There's a need for training in a lot of areas
 - Deaf interpreter – they're not sure how to handle that
- Consumer observations
 - CT Works
 - I was given the contact info but I never really used it
 - It's difficult to get there (transportation)
 - When I do go, they just refer me to the computers
 - [multiple] I've never heard of it

APPENDIX G: Youth in Transition

NEEDS OF YOUTH WITH DISABILITIES IN TRANSITION

KEY INFORMANT SURVEY RESULTS

Barriers to Employment for Youth in Transition

Partner Survey Results

Respondents were asked if the barriers to achieving employment goals for youth in transition are different from the overall population of persons with disabilities. Of the 53 partner respondents, 71.7% (n = 38) indicated that the barriers to achieving employment goals are different for youth in transition. Respondents were then asked to indicate the top three barriers to achieving employment goals for youth in transition from a list of 22 barriers. Table 39 lists the barriers along with the number of times each was mentioned by partners as one of the top three barriers to employment for youth in transition.

Table 39

Partners: Top Three Barriers to Achieving Employment Goals for Youth in Transition

Partners: Top Three Barriers to Achieving Employment Goals - Youth in Transition	Times Identified as a Barrier (n)
Little or no work experience	26
Not having job skills	19
Not having job search skills	14
Other transportation issues	14
Poor social skills	10
Not having education or training	7
Lack of family support	6
Employers' perceptions about employing persons with disabilities	6
Disability-related transportation issues	5
Not enough jobs available	4
Perceptions regarding impact of income on Social Security benefits	4
Other (please describe)	4
Language barriers	2
Amount of time needed to develop or secure services	2
Not having disability-related accommodations	2
Cultural barriers	1
Lack of help with disability-related personal care	1
Other health issues	1

Partners most frequently (n = 68) cited issues associated with job preparedness as being among the top three barriers to employment for youth in transition. These were followed by basic needs (n = 30) including transportation and family support.

Staff Survey Results

Staff were asked if barriers to achieving employment goals for youth in transition are different from the overall population of persons with disabilities. Of the 38 staff respondents, 78.9% (n = 30) indicated that the barriers to achieving employment goals are different for youth in transition. Respondents were then asked to indicate the top three barriers to achieving employment goals for youth in transition from a list of 22 barriers. Table 40 lists barriers along with the number of times each was mentioned by staff as one of the top three for transition youth in transition.

Table 40

Staff: Top Three Barriers to Achieving Employment Goals for Youth in Transition

Staff: Top Three Barriers to Achieving Employment Goals - Youth in Transition	Times Identified as a Barrier (n)
Little or no work experience	23
Not having job skills	14
Other transportation issues	10
Lack of family support	9
Poor social skills	8
Not having education or training	6
Not having job search skills	3
Other (please describe)	3
Not enough jobs available	2
Amount of time needed to develop or secure services	2
Disability-related transportation issues	2
Language barriers	1
Employers' perceptions about employing persons with disabilities	1
Childcare issues	1
Housing issues	1

Staff most frequently (n = 55) cited issues associated with job preparedness as being among the top three barriers to employment for youth in transition. This was followed (n = 23) by issues related to basic needs including transportation and family support.

Barriers to Accessing BRS Services for Youth in Transition

Partner Survey Results

Partner survey respondents were asked if the reasons youth in transition find it difficult to access BRS services are different from the general population of persons with disabilities. Of the 51 respondents, 58.8% (n = 30) indicated that the reasons for finding it difficult to access BRS services are different from the general population of persons with disabilities. These respondents

were then asked to indicate the top three reasons youth in transition find it difficult to access BRS services. Table 41 lists the reasons along with the number of times each was mentioned as one of the top three barriers to access for youth in transition.

Table 41

Partners: Difficulties Accessing BRS Services for Youth in Transition.

Partners: Barriers to Accessing BRS Services Youth in Transition	Times identified as a Barrier (n)
Other (please describe)	11
Difficulties completing the application	8
Difficulties accessing training or education programs	6
Slow service delivery	6
Limited accessibility of BRS via public transportation	5
Language barriers	5
Difficulties completing the Individualized Plan for Employment	4
Inadequate assessment services	3
Cultural barriers	2
DVR staff do not meet consumers in the communities where the consumers live (consumers must meet at DVR locations)	2
Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc.	2
Other challenges related to the physical location of the BRS office	1
Inadequate disability-related accommodations	1
BRS staff are not responsive to communication from consumers or potential consumers	1

Partners most frequently (n = 21) identified difficulties with or inadequacy of such BRS services as applications, training and education, IPE and assessment. This was followed (n = 11) by operational issues such as slow service delivery and communication challenges. Eleven partners also selected “Other (please describe),” with reasons such as lack of parental/guardian support and lack of early transition services/outreach.

Staff Survey Results

Staff was asked if the reasons youth in transition find it difficult to access BRS services are different from the general population of persons with disabilities. All 18 respondents indicated that the reasons youth in transition find it difficult to access BRS services are not different from the general population of persons with disabilities. These respondents were then asked to indicate the top three reasons youth find it difficult to access BRS services. Table 42) lists the reasons along with the number of times each was mentioned as one of the top three barriers to access for youth in transition.

Table 42

Staff: Difficulties Accessing BRS Services for Youth in Transition.

Barriers to Accessing DVR Services - Youth in Transition	Times Identified as a Barrier (n)
Other (please describe)	12
Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc.	10
Limited accessibility of BRS via public transportation	9
Slow service delivery	6
Difficulties accessing training or education programs	4
Inadequate assessment services	3
BRS staff do not meet consumers in the communities where the consumers live	3
Other challenges related to the physical location of the BRS office	2
Cultural barriers	2
Language barriers	1
Difficulties completing the application	1

Staff most frequently (n = 19) identified operational issues such as communication challenges and slow service delivery among the top three barriers for youth in transition. Twelve staff selected “Other (please describe),” citing reasons such as lack of parental/ guardian support and lack of understanding of expectations with regard to work and adult services.

***NEEDS OF YOUTH WITH DISABILITIES IN TRANSITION
KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS***

Themes identified in key informant interviews and focus groups are presented below in terms of barriers to employment, barriers to services and perceptions of BRS service delivery and performance relating to youth with disabilities transitioning from school to higher education or employment.

Barriers to Employment Key informants representing partner agencies and BRS leadership and staff confirmed that many of the barriers to employment identified for the general population of individuals with disabilities apply equally if not more so to youth with disabilities transitioning from school to higher education or employment. This can be attributed to the fact that many have never ventured outside the home and school safety net and most have never worked. As one respondent put it, “Youth have never worked, and many lack core work values, pre-employment skills and realistic expectations. Most have never had real life places to practice work skills and learn from their mistakes.”

While many schools offer some form of preparation, there was general agreement that their definitions of “work,” “internship” and “job coaching” are very different from what is actually expected by employers, and that schools (and sometimes families) foster a sense of entitlement

that doesn't carry over to the community or the service delivery system – transportation is a prime example.

Barriers to Services Key informant testimonials confirm that most of the barriers to services identified for the general population of individuals with disabilities apply equally or more so to youth with disabilities. This can be attributed to the fact that they (and their families) rely heavily on the education system as the primary source of their services, so if the school's higher education and employment services are inadequate or lacking altogether, and the school is not connected to community services, the student is ill-prepared to transition into the real world and take advantage of community resources. One possible exception of general barriers applying equally to youth is employer attitudes. It was reported that employers typically like partnering with youth employment programs.

The following recurring themes emerged from interviews with key informants representing partners, BRS and consumers:

School disparity- It was widely acknowledged that transition services lack continuity from one district to the next due to the decentralized structure of Connecticut's school system. This disparity and lack of continuity applies to traditional public schools, alternative schools and private schools alike. It means that one district may have a high-quality transition program and the next may have a poor one or none.

School programs- Key informants felt that schools do not effectively prepare youth and families because employment is a side consideration. Many schools feel they can do transition well enough on their own so they don't need to make VR referrals, yet most school transition programs that do exist are not aligned with real world principles, measures and expectations. As a result, most youth are exiting school with little or no understanding of what is required of them in the workplace and what realistic education or employment goals should include. It was also noted that school program quality doesn't necessarily correspond to the size of the investment or the level of parental involvement.

Pre-ETS program- In anticipation of WIOA regulations, BRS created Level Up, with 10 dedicated transition counselors (15% of BRS staff) including a supervisor, contracts with CRPs, serving youth ages 16-to-18 (or 21 if still in school) who are eligible for VR services. The program was highly regarded as being individualized. When the actual regulations came out, and with subsequent funding cuts, Level Up had to be redesigned and reorganized, shifting the focus to group services and shifting more of the work to CRPs. One observer questioned why a group model would be chosen for students who haven't been successful in a traditional classroom; and many concerns were raised about CRP methods and protocols for transition programs. Respondents expressed dismay that the funding is nowhere near sufficient to serve all transition students, particularly given that not all youth are eligible for Level Up (younger students, those attending private school and students in foster care). It was also noted that the redesigned program now has less connection with jobs and is no longer cultivating work sites that capture students' strengths. Most key informants were pleased that there is a strong compliment of dedicated staff who have avenues to build (or rebuild) relationships with schools. Staff did

question whether the funding and staffing structure takes into account the impact on adult services.

BRS Performance Level Up started out with a strong success rate (serving 1600 youth, with 800-1000 getting work-based experiences), but the programmatic changes caused confusion and instability among all stakeholders, unraveled the relationships built with schools and yielded diminished outcomes. There is much misinformation, and families do not know what to expect from BRS. Respondents considered work-based experience services to be the greatest casualty of the reversal. Staff did still feel Level Up has served the purpose of giving a face, a presence and a structure to the concept and principles of transition services, and has filled a gap where there had not been services in the past. It was also noted that the program's design was influenced by the WIOA requirement to divert students from subminimum wage employment, "helping people think about a more qualitative experience in school, and introduce ideas about real jobs vs. made-up jobs and having jobs while they're in school."

APPENDIX H: Community Rehabilitation Programs

NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY REHABILITATION PROGRAMS IN CONNECTICUT

KEY INFORMANT SURVEY RESULTS

Services Readily Available to Individuals with Disabilities

This analysis describes the ability of the service system (including community rehabilitation programs) to meet the needs of individuals with disabilities.

Partner Survey Results

Service Availability- Respondents were provided with a list of services and asked to identify which are readily available to individuals with disabilities served by BRS. Table 43 summarizes the responses of the 56 partner survey respondents.

Table 43

Partners: Services Readily Available to Individuals with Disabilities.

Partners: Services Readily Available	% Indicating Available
Job search services	91.0
Job training services	76.7
Mental health treatment	76.7
Medical treatment	73.2
Substance abuse treatment	69.6
Other education services	64.2
Health insurance	62.5
Housing	62.5
Benefits planning assistance	60.7
Other transportation assistance	58.9
Assistive technology	53.5
Personal care attendants	51.7
Vehicle modification assistance	39.2
Home modification	37.5
I do not know which services are readily available to individuals with disabilities who are served by BRS	3.5

The services most often identified by partners as readily available were job search (91%), job training services and mental health and medical treatment (76.7% each). Services identified as readily available by the fewest respondents were vehicle modification (39.2%) and home modification (37.5%).

Provider Capacity- Partner survey respondents were asked if the network of community rehabilitation service providers in Connecticut can meet BRS consumers’ vocational rehabilitation service needs. Thirty-eight respondents (68%) indicated that the network of providers in Connecticut is able to meet BRS consumers’ service needs, while nineteen respondents (33.3%) indicated that the network cannot meet consumers’ needs.

Those who indicated that the network of rehabilitation providers is not able to meet BRS consumers’ VR needs were asked to identify the service needs that the network of providers is unable to meet. Thirteen individuals provided narrative responses. Needs expressed by two or more of the respondents were lack of funding for long-term supports (n = 4), lack of employment opportunities and employer incentives (n = 4), services not provided in a timely manner (n = 2) and constraints posed by the new WIOA regulations. These same respondents were provided with a list of responses and asked to identify the primary reasons that vocational rehabilitation service providers were unable to meet consumers’ service needs. Table 44 summarizes the responses to this question.

Table 44

Partners: Reasons Providers are Unable to Meet Consumers’ Needs

Partners: Reasons Provider are Unable to Meet Consumers' Needs	n
Other (please describe)	11
Not enough providers available in the area	9
Consumer barriers prevent successful interactions with providers	8
Low quality of provider services	3

The most commonly identified reasons that the network of rehabilitation service providers was unable to meet consumers’ vocational rehabilitation services needs were that there are not enough providers available in the area (n = 9) and consumer barriers prevent successful interactions with providers (n = 8). Individuals who indicated “Other” were asked to describe the reasons. Those endorsed by at least two respondents pertained to lack of employment opportunities (n = 3) and lack of funding (n = 3).

Staff Survey Results

Service Availability- Staff were provided with a list and asked to identify which of the services listed are readily available to individuals with disabilities served by BRS. Table 45 summarizes the responses of the 47 staff survey respondents.

Table 45

Services readily available to individuals with disabilities.

Services Readily Available	% Indicating Available
Mental health treatment	93.6
Job search services	91.4
Job training services	89.3
Substance abuse treatment	89.3
Medical treatment	87.2
Other education services	78.7
Housing	76.6
Health insurance	74.4
Income assistance	70.2
Personal care attendants	70.2
Benefits planning assistance	65.9
Assistive technology	65.9
Other transportation assistance	63.8
Vehicle modification assistance	59.5
Other (please describe)	8.5

The services most often identified by staff as readily available were mental health treatment (93.6%), job search (91.4%), job training (89.3%), and substance abuse treatment (89.3%). Services identified as readily available by the fewest respondents were benefits planning assistance (65.9%), assistive technology (65.9%), transportation assistance (63.8%) and vehicle modification assistance (59.5%).

Provider Capacity- Staff survey respondents were asked if the network of vendors and service providers in Connecticut is able to meet BRS consumers' vocational rehabilitation service needs. Forty-seven respondents (70.2%) indicated that the network of service providers is able to meet BRS consumers' needs, while fourteen respondents (29.7%) indicated that it is not able to meet BRS consumers' needs.

Those who indicated that the network of rehabilitation service providers is not able to meet BRS consumers' VR service needs were asked to identify the needs that the network is unable to meet. Twelve individuals provided narrative responses detailing perceived service gaps. These same respondents were provided with a list of possible responses and asked to identify the primary reasons that vocational rehabilitation service providers are unable to meet consumers' service needs. Table 46 summarizes the responses to this question.

Table 46

Staff: Reasons Providers Are Unable to Meet Consumers' Needs

Staff: Reasons Providers are Unable to Meet Consumer Needs	n
Low quality of vendor/service provider services	9
Low levels of accountability for poor performance by vendors/service providers	8
Not enough vendors/service providers available in the area	5
Cultural barriers	5
Consumer barriers prevent successful interactions with vendors	4
Language barriers	4
Low rates paid for services	2
Other (please describe)	2

Among the thirteen staff who were prompted to respond to this question, the most commonly identified reasons that providers are unable to meet consumers' needs were low quality of vendor/service provider services (n=9) and low levels of accountability for poor performance by vendors/service providers (n=8).

***NEED TO ESTABLISH, DEVELOP OR IMPROVE COMMUNITY
REHABILITATION PROGRAMS IN CONNECTICUT
KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS***

The following themes emerged from the interviews and focus groups for this assessment in the area of the need to establish, develop or improve community rehabilitation programs (CRPs) serving individuals with disabilities in Connecticut:

CRP services- CRPs were described as community agencies under contract to perform a range of consumer services, including assessment, job search, job development, placement and coaching and transition services. Many key informants indicated that BRS relies on CRPs to provide specialized services (Spanish, ASL, most significant disabilities). One CRP representative explained, “I get a lot of the really difficult consumers, a lot with mental health issues. BRS knows the consumer will get the right representation, reports, coaching.” The relationship between an Employment Consultant (EC) and a CRP was characterized by one respondent: “The EC will look at which CRP can handle which disabilities. It’s supposed to be the consumer’s choice but they’re easily swayed.” Another said, “ECs don’t have time to build and maintain relationships with employers so typically they will take the higher functioning consumers, and those with more significant disabilities go to the CRPs.”

BRS’ structure and funding framework- BRS indicated that at the time of the interviews, 60% of its purchase of service contracts were with CRPs, and that there were large disparities in rates due to grandfathering (from \$50 to \$80 per hour). It was disclosed that as of March 1, 2017, the agency would start a process of re-procuring, tweaking the model and looking at doing more of

the direct service work internally. A BRS administrator said, “We need them, they need us – we’re looking at how to restructure, and pair that with use of more comparable benefits (AJCs, ILCs, DD, MH).” CRPs interviewed were aware that a restructuring would be taking place, but had not been informed of specifics. Partners were also aware of the change; one referred to it as “downsizing.” One partner observed that “The move seems more of an administrative convenience than consumer-driven,” but acknowledged that BRS had not consulted with partner agencies on this. Another partner cautioned that comparable benefits may be difficult to arrange in a situation where a CRP providing specialized services (e.g., for a deaf individual with dual diagnosis) doesn’t have a contract with the partner who will provide long-term supports.

CRP availability and quality- CRPs received very mixed reviews from BRS respondents, with some saying their availability fluctuates (“We could always use more.”) and others saying, “There are enough, the issue is quality” and “They’re helping us less and less.” There was agreement that some CRPs are good and some are not, and it was noted that not all BRS offices have geographic access to the good CRPs. One respondent indicated that the successful CRPs focus on job coaching and independent living skills. One partner noted that CRP staffs need to be trained in different approaches, and specialized strategies for special populations, but that it’s a struggle to find and pay for training. Some of the quality issues mentioned by BRS staff included:

- There’s no one-on-one anymore.
- Lack of creativity: they just reconnect with the same people; they’re not developing new locations or thinking out of the box.
- Their job developers aren’t willing or skilled to go after quality jobs; even if a consumer has higher level skills, CRPs prefer to go after the entry level job because it’s faster. The better placements take longer, and the work that goes into finding good jobs isn’t billable.
- Products (resumes, etc.) they develop are amateurish so staff have to re-do them.

BRS-CRP relationship (state)- According to BRS, this is an ongoing relationship: “We’re constantly revising the approach, getting feedback from staff.” The CRP Committee was designed to identify needs, best practices, best ways to collaborate. CRP representatives indicated that BRS has not been holding meetings recently, and they offered mixed assessments of the relationship. Most CRP representatives characterized the relationship as not being open or a team approach. In the words of one CRP respondent, “Working with BRS is very tricky. We never know what it’s going to look like.” For example, in 2016, CRPs hired more staff to meet expected demand but referrals from BRS did not follow. Many indicated that it is not a constructive relationship and that BRS does not welcome feedback. “You have to walk on eggshells. If an Employment Consultant (EC) comes and takes over a site we developed, there’s no recourse – there’s no one we can address it with.”

BRS-CRP relationship (local)- One CRP said, “We’re very close with some counselors, they respect that we know the consumer better than they do, because they are not in the field like we are. Others just think we are here to abuse BRS money.” A BRS representative bore this out, observing that most CRPs have evolved to a mindset where “If they don’t make money on it they don’t do it.” Another added, “We pay well for the service so when they don’t deliver we confront them.” Some CRPs reported that working with VR Counselors (VRCs) can be difficult, that some are not respectful or responsive. It was also noted that messages can vary from one VRC to

the next. CRP respondents described the relationship with some ECs as competitive rather than a team, which works against the best interests of both the consumer and the employer. One CRP representative said, “ECs coming to a work site just creates another layer of confusion for the employer.” Other practices that add confusion and diminish the system’s credibility include, for example, an EC reversing a decision on an authorization, but to maintain the relationship with the employer we honor the original agreement even though we lose money. Also, instances were reported where “the EC comes in and takes over a site that we’ve worked hard to develop. We do all the work and they get all the credit.”

Operational issues (BRS perspective)

- The “good ones” have a culture that encourages and values good work. They are more efficient, staff can work remotely; there’s not a lot of overhead. Some staff are specialized and their job developers have marketing backgrounds. Workers are good people who love their job, have flexibility and are paid well.
- “Bad ones” are in a vicious cycle. Overhead costs are high; they don’t have high standards, don’t care about their staff, burn them out. Job developer is a stepping-stone job, most don’t have credentials and they tend to be overworked. When BRS offers free training it’s often the supervisors who attend and the skills never trickle down. So the low pay / per diem, coupled with high demand, high pressure work they might not be trained to do, leads to high turnover. Good staff move on. “These agencies need to scale back at the top so they can pay their staff.”
- The more highly regarded CRPs will manage caseloads and traffic “The great ones will put you on hold because they have enough referrals,” whereas the others will have high caseloads (due to not enough employees), get overwhelmed and not tell us.
- CRP protocols that jeopardize quality were also noted, for example, due to the time it takes get into the agency, then to find employment, a consumer disengages; or in transition services that are designed for group programs where the CRP nevertheless wants to spend a full hour on each youth in the group.

Operational framework (CRP perspective)

- Nature of referrals: One CRP observed, “VRCs have unrealistic expectations about the employability of their referrals. They don’t know the labor market.” Another noted, “Our understanding is it’s BRS’ job to prepare people for work but consumers are coming to us without the fundamentals.” One supervisor acknowledged that CRPs are sometimes asked to do more than what they’re contracted to do, e.g., sometimes counselors will refer people who are not necessarily ready, so that bogs them down.
- Specialized staff: One CRP indicated it’s hard to attract Spanish-speaking job developers. “If you find anyone, they want to be counselors.” Another CRP representative suggested that reimbursement rates are not sufficient for CRPs to pay someone with a specialty, e.g., working with someone who is monolingual.
- Employer relations:
 - “Once you place someone there has to be a contract with the state and the EC gets involved, which scares the employer.”
 - “We lose out when the counselor promises an authorization and it never materializes, or it changes in midstream and we’ve agreed to it with the employer and we still have to pay the job coach. This is happening more lately.”

- BRS is good about reimbursement, and currently there is a rate for job placement referrals but not for work evaluations or working interviews. There is a lot of upfront work done before getting paid, and if the consumer doesn't obtain a work evaluation or working interview, that upfront effort represents free labor for BRS.

APPENDIX I: Business Services and Relations

BUSINESS SERVICES AND RELATIONS

KEY INFORMANT SURVEY RESULTS

A link to an Internet-based survey was distributed by BRS to representatives of the business community. A total of five valid business surveys were completed and submitted during the survey time period. Questions appearing on the business survey addressed disability in the workplace, applicants and employees with disabilities, familiarity with BRS and general demographic information regarding their businesses.

Respondent Profile Two employers provided descriptive information on their businesses. Each classified their business as being in the “Services” category, with one reporting 1-250 employees and the other 251-999 employees.

Business Survey Results This analysis describes the responses provided by business survey respondents. While the small number of responses limits our ability to generalize these findings to the larger population of businesses in Connecticut, they are offered to provide BRS with information to support ongoing conversations about how to effectively engage employers and meet their recruiting and hiring needs. It is not unusual for the response rate of businesses to be low for the CSNA. The project team has some recommendations to more effectively engage businesses in the next CSNA conducted by BRS, provided in the Business Relations section of the Findings area of this report.

Disability in the Workplace- Employer respondents were presented eight yes/no questions about whether their business needs help with a variety of concerns related to disability and employment. Table 47 summarizes the responses to the eight questions according to the number of respondents indicating a need for help in the respective area.

Table 47
Disability in the Workplace

Does Your Business Need Help	Yes (n)
Obtaining information about On-The-Job training programs available for workers with disabilities?	2
Recruiting job applicants who are people with disabilities?	2
Obtaining information such as mentoring opportunities or work experiences for students with disabilities?	2
Identifying job accommodations for workers with disabilities?	2
Understanding disability-related legislation such as the Americans with Disabilities Act as amended, the Workforce Innovation and Opportunity Act and the Rehabilitation Act as amended?	2
Helping workers with disabilities to retain employment?	2
Obtaining incentives for employing workers with disabilities?	1
Obtaining training on the different types of disabilities?	1
Obtaining training on disability awareness?	1

There were two respondents to this survey question. They indicated that their businesses need help obtaining information about OJT programs available for workers with disabilities, recruiting job applicants with disabilities, obtaining information such as mentoring opportunities or work experiences for students with disabilities, identifying job accommodations for workers with disabilities, understanding disability-related legislation such as the Americans with Disabilities Act as amended, WIOA as amended and helping workers with disabilities to retain employment. One respondent each identified needs relating to incentives for employing workers with disabilities and training on different types of disabilities and disability awareness.

Applicants with Disabilities- Employers were asked to respond to six yes/no questions about job applicants with disabilities. Table 48 summarizes the results of the responses according to the number of respondents who indicated a need for help in the respective area.

Table 48
Applicants with Disabilities

Does your business need help	Yes (n)
Recruiting applicants who meet the job qualifications?	1
Recruiting applicants with good social/interpersonal skills?	1
Recruiting applicants with good work habits?	1
Assessing applicants' skills?	1
Identifying reasonable job accommodations for applicants?	1
Discussing reasonable job accommodations with applicants?	1

Only two respondents answered this question. Each area of assistance received one endorsement.

Employees with Disabilities / Job Retention- Business survey respondents were presented with a list of nine job-related challenges and asked to identify the top three barriers to job retention that they had experienced. Table 49 presents the number of respondents who identified each challenge as being among the top three barriers to job retention.

Table 49
Barriers to Job Retention

Top three barriers to job retention	n
Overcoming perceived/expected barriers	2
Slow work speed	1
Mental health concerns	1
Lack of transportation	1
Communication barriers	1

There were only two respondents to this question. Both indicated that overcoming perceived/expected barriers is among the top three job retention barriers. One each replied that help was needed in the other areas.

BRS Awareness and Utilization- Respondents were asked to rate their knowledge of BRS and the services that BRS can provide to businesses using a three-point scale. Two submitted ratings and both selected “Somewhat knowledgeable.” Respondents were also asked if they had utilized any of the services that are provided to businesses by BRS. There was only one response, and that respondent had utilized the BRS business services identified in Table 50.

Table 50
Business Services Utilized by Respondents

Which of the following services did BRS provide to your business?	n
Assistance identifying job accommodations for workers with disabilities	1
Recruiting job applicants who are people with disabilities	1
Helping workers with disabilities to retain employment	1
Assessing applicants’ skills	1
Discussing reasonable job accommodations with applicants	1
Identifying reasonable job accommodations for applicants	1

Customer Satisfaction- Two businesses responded to a question about their satisfaction with BRS services. One each indicated they were “satisfied” and “neither satisfied or dissatisfied.”

BUSINESS SERVICES AND RELATIONS

KEY INFORMANT INTERVIEW AND FOCUS GROUP RESULTS

The following information was gathered from key informants including two business representatives interviewed for this assessment in the area of business services and relations:

- *Employer testimonials*- The business respondents indicated that they have a good relationship with BRS, although one had previously never heard of BRS. One had hired 13-14 individuals in computer tech, sales, maintenance. Both were appreciative that they could work with BRS on screening and hiring; and one was impressed at how user-friendly the process was.
- *BRS services*- One employer indicated that he usually declines the job coaching, having run in to problems with them either not being involved or being on the phone or doing too much hand-holding.
- *Employment Division*- Many staff interviewed gave the Division high marks:
 - It's one of the positive things; a great idea and we're doing a great job but there's still a lot more we could be doing and the ECs are overloaded, and there are vacancies.
 - ECs have been more effective than CRPs, but they take the higher end placements (e.g., IT).
 - We would be more cost-effective if we expanded the division, and instead we are down several people.
- *Business relations services and processes*
 - Training programs like basic disability awareness or the benefits of hiring people with disabilities are a great service. BRS should market it more so more employers take advantage.
 - Problem with employer training programs is they are for upper management, the material never trickles down to middle mgt.
 - Sometimes our own processes get in the way, e.g., takes so long for approval of a letter of agreement that we lose the employer in that time.
 - CRPs commented that BRS needs to build employer awareness of the role of CRPs and advocate on their behalf. The CRP will act as a consultant, be open with them, earn their trust.
 - Customized Employment – Employers need to be informed about it and convinced it's worth it.
 - ISTPP (Industry-specific Training) program has seen success, where employers hire more skilled workers, e.g., distribution ctrs.
 - OFCCP – Staff indicated that employers are not using BRS supports in the most effective way. A workforce partner observed that there aren't very many federal contractors who could benefit from the program.
- *Employer commitment*
 - Partners work hard to set up internships but the employers rarely hire because they know they will get more internship placements.
 - Larger employers are very open, seem willing to do something and be supportive

- CT BLN is very aware of the benefits of hiring people with disabilities and the services available to support them, but that's a very small no. (50-60 corporate members)
- If you don't have a relationship with someone at the work site to speak with or override the system, consumers can't manage the technology (applications, scheduling)

APPENDIX I: CSNA Surveys

Connecticut Bureau of Rehabilitation Services Consumer Survey 2017

Q1 Connecticut Bureau of Rehabilitation Services Consumer Survey

The Connecticut Bureau of Rehabilitation Services (BRS), a division of the Department of Rehabilitation Services (DORS), is working collaboratively with the State Rehabilitation Council and staff at the Interwork Institute at San Diego State University to conduct an assessment of the employment needs of individuals with disabilities who live in Connecticut. The results of this needs assessment will help improve programs and services for persons with disabilities in Connecticut. The following survey includes questions that ask you about the unmet, employment-related needs of persons with disabilities. We anticipate that it will take about 20 minutes of your time to complete the survey. If you prefer, you may ask a family member, a personal attendant, or a caregiver to complete the survey for you. If you are a family member, personal attendant or caregiver for a person with a disability and are responding on behalf of an individual with a disability, please answer the survey questions based upon your knowledge of the needs of the person with the disability. Your participation in this needs assessment is voluntary. If you decide to participate, your responses will not be linked to any information that will identify you. You will not be asked for your name or other identifying information anywhere in this survey. If you have any questions regarding this survey or if you would prefer to complete this survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address or phone number:
 mtucker@mail.sdsu.edu
 (619) 594-3498

Thank you very much for your time and input!

Q2 Which statement best describes your association with the Connecticut Bureau of Rehabilitation Services (BRS)? (select one response)

- I have never used the services of BRS
- I am a current consumer of BRS
- I am a previous consumer of BRS, my case has been closed, successfully employed
- I am a previous consumer of BRS, my case has been closed, not successfully employed
- I am not familiar with BRS
- Other (please describe) _____

Q3 Please indicate whether you receive the following Social Security disability benefits (please check all that apply).

- I receive SSI (Supplemental Security Income).
- I receive SSDI (Social Security Disability Insurance. SSDI is provided to individuals that have worked in the past and is based on the amount of money the individual paid into the system through payroll deductions)
- I do not receive Social Security disability benefits
- I receive a check from the Social Security Administration every month, but I do not know which benefit I get
- I don't know if I receive Social Security disability benefits

Q4 Employment-Related Needs

The next several questions ask you about employment-related needs that you may have.

Q5 Do you have the education or training to achieve your employment goals?

- Yes
- No

Q6 Do you have the job skills to achieve your employment goals?

- Yes
- No

Q7 Do you have the job search skills to achieve your employment goals?

- Yes
- No

Q8 Have you been prevented from achieving your employment goals because of prior convictions for criminal offenses?

- Yes
- No

Q9 Are English language skills preventing you from achieving your employment goals?

- Yes
- No

Q10 Do you believe you have difficulty achieving your employment goals because there are not enough jobs available?

- Yes
- No

Q11 Sometimes employers have perceptions that people with disabilities can't work or that the cost of accommodations will be too high. Do you think that employers' perceptions of people with disabilities prevent you from achieving your employment goals?

- Yes
- No
- Unsure

Q12 Has a lack of assistive technology (such as adaptive computers, screen readers, etc.) prevented you from achieving your employment goals?

- Yes
- No

Q13 Has a lack of attendant care prevented you from achieving your employment goals?

- Yes
- No

Q14 Has a lack of disability-related transportation (such as accessible buses) prevented you from achieving your employment goals?

- Yes
- No

Q15 Have other transportation issues, such as not having a reliable means to go to and from work, prevented you from achieving your employment goals?

- Yes
- No

Q16 Have mental health issues prevented you from achieving your employment goals?

- Yes
- No

Q17 Have substance abuse issues prevented you from achieving your employment goals?

- Yes
- No

Q18 Besides mental health and substance abuse issues, have any other health issues prevented you from achieving your employment goals?

- Yes (please describe) _____
- No

Q19 Have issues with childcare prevented you from achieving your employment goals?

- Yes
- No

Q20 Have issues with housing prevented you from achieving your employment goals?

- Yes
- No

Q21 Have concerns regarding how earning money will affect your Social Security benefits prevented you from achieving your employment goals?

- Yes
- No

If No Is Selected, Then Skip to Question 24

Q22 Have you received counseling from a Benefits Specialist to discuss how working may impact any benefits you are receiving?

- Yes
- No

If Yes Is Selected, Then Skip to Question 24

Q23 Do you want counseling from a Benefits Specialist?

- Yes
- No

Q24 Is there anything else that has prevented you from achieving your employment goals?

- Yes (please describe) _____
- No

Q25 What is the most significant barrier to achieving your employment goals?

Q26 Barriers to Accessing the Connecticut Bureau of Rehabilitation Services (BRS)

The next several questions ask you about barriers to accessing the Connecticut Bureau of Rehabilitation Services.

Q27 Has limited accessibility to public transportation made it difficult for you to access BRS?

- Yes
- No

Q28 Have other challenges related to the physical location of the BRS office made it difficult for you to access BRS?

- Yes
- No

Q29 Have BRS' hours of operation made it difficult for you to access BRS?

- Yes
- No

Q30 Has a lack of information about the services available from BRS made it difficult for you to access BRS?

- Yes
- No

Q31 Has a lack of disability-related accommodations (such as sign language interpreters, reader services or assistive technology) made it difficult for you to access BRS?

- Yes
- No

Q32 Have language barriers made it difficult for you to access BRS?

- Yes (Please describe) _____
- No

Q33 Have cultural barriers made it difficult for you to access BRS?

- Yes (please describe) _____
- No

Q34 Have challenges scheduling meetings with your counselor made it difficult for you to access BRS?

- Yes (please describe) _____
- No

Q35 Have other challenges working with BRS staff made it difficult for you to access BRS?

- Yes (please describe) _____
- No

Q36 Have challenges completing the BRS application made it difficult for you to access BRS?

- Yes (please describe) _____
- No

Q37 Have challenges completing the Individualized Plan for Employment made it difficult for you to access BRS?

- Yes (please describe) _____
- No

Q38 Have you had any other challenges or barriers not already mentioned that have made it difficult for you to access BRS?

- Yes (please describe) _____
- No

Q39 Where do you usually meet with your counselor?

- I usually meet with my counselor in my community/school
- I go to a BRS office to meet with my counselor
- Public library
- Other location
- I don't have a BRS counselor

Q40 What changes to BRS do you recommend to improve your experience with BRS and help you to achieve your employment goals?

Q41 Please indicate which of the following services you are aware of through the Department of Rehabilitation Services (please check all apply).

- Bureau of Education Services for the Blind
- Connect to Work (Benefits Counseling)
- Connecticut Tech Act Project (Assistive Technology)
- Deaf and Hard of Hearing Resources
- Driver Training Program for Persons with Disabilities
- Independent Living Center Services
- Worker's Rehabilitation Services
- Other (please identify) _____
- I am not aware of any other services available through the Department of Rehabilitation Services

Q42 Which communication method do you prefer?

- Email
- Postal mail
- Social Media (please identify your preferred social media platform such as Facebook, Twitter, etc.) _____
- Telephone
- Text

Q43 American Job Centers through the Connecticut Department of Labor

The next several questions ask you about experiences you may have had with American Job Centers (formerly referred to as One-Stops or Career Centers through the Connecticut Department of Labor)

Q44 Have you ever tried to use the services of American Job Centers (formerly referred to as the One-Stop or Career Center through the Connecticut Department of Labor)?

- Yes
- No

If No Is Selected, Then Skip to Question 55

Q45 Did you experience any difficulties with the physical accessibility of the building?

- Yes (If yes, please describe the difficulties you experienced) _____
- No

Q46 Did you have any difficulty accessing the programs at the Center (i.e. no available assistive technology, no interpreters, etc.)?

- Yes
- No

Q47 Did you go to the Center to get training?

- Yes
- No

If No Is Selected, Then Skip to Question 50

Q48 Did you get the training that you were seeking?

- Yes
- No

Q49 Did the training result in employment?

- Yes
- No

Q50 Did you go to the Center to find a job?

- Yes
- No

If No Is Selected, Then Skip to Question 53

Q51 Did you get help finding a job?

- Yes
- No

Q52 Did you find a job?

- Yes
- No

Q53 Please describe your opinion of the helpfulness of the staff at the Center.

- Very helpful
- Somewhat helpful
- Not helpful

Q54 Please describe your opinion of the value of the services at the Center.

- Very valuable
- Somewhat valuable
- Not valuable

Q55 Demographic Information

Q56 What is your gender?

- Male
- Female
- Gender neutral

Q57 In what year were you born

Q58 What is your primary race or ethnic group (check all that apply)?

- African American/Black
- American Indian or Alaska Native
- Asian
- Caucasian/White
- Hawaiian or Other Pacific Islander
- Hispanic/Latino
- Other (please describe) _____
- I don't know

Q59 What is your language of preference for communication?

- English
- Spanish
- Hawaiian
- Chinese
- Japanese
- American Sign Language
- Other (Please identify) _____

Q60 In what region of Connecticut do you live?

- Western Connecticut
- Southern Connecticut
- Northern Connecticut

Q61 Which of the following would you use to describe your primary disability? (select one)

- Blindness or visually impaired
- Deaf or Hard of Hearing
- Deaf-Blind
- Intellectual Disability (ID)/developmental disability (DD) or cognitive
- Communication
- Mental Health
- Physical/Mobility
- Other (please describe) _____
- Unsure
- No impairment

Q62 If you have a secondary disabling condition, which of the following would you use to describe it? (select one) If you do not have a secondary disabling condition, please select "No impairment" below.

- Blindness or visually impaired
- Deaf or Hard of Hearing
- Deaf-Blind
- Intellectual disability (ID)/developmental disability (DD) or cognitive
- Communication
- Mental Health
- Physical/Mobility
- Other (please describe) _____
- Unsure

Q63 Is there anything else you would like to add about BRS or its services?

Q64 This is the end of the survey! Your information and feedback is valuable to BRS. Thank you for completing the survey. Please return the survey in the self-addressed stamped envelope provided.

Connecticut Bureau of Rehabilitation Services Staff Survey 2017

Q1 Connecticut Bureau of Rehabilitation Services Staff Survey The Connecticut Bureau of Rehabilitation Services (BRS) is working collaboratively with the State Rehabilitation Council and staff at the Interwork Institute at San Diego State University in order to conduct an assessment of the needs of individuals with disabilities who live in Connecticut. The results of this needs assessment will inform the development of the BRS Unified State Plan for providing rehabilitation services and will help planners make decisions about programs and services for persons with disabilities. The following survey includes questions that ask you about the unmet, employment-related needs of persons with disabilities. You will also be asked about the type of work you do and whether you work with specific disability populations. We anticipate that it will take about 20 minutes of your time to complete the survey. Your participation in this needs assessment is voluntary. If you decide to participate, your responses will be anonymous; that is, recorded without any identifying information that is linked to you. You will not be asked for your name anywhere in this survey. If you have any questions regarding this survey or would like to request the survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address or phone: mtucker@mail.sdsu.edu (610) 594-3498 Thank you for your time and input!

Q2 What is your job title?

Q3 How long have you worked with BRS?

- Less than one year (1)
- 1-5 years (2)
- 6-10 years (3)
- Over 10 years (4)

Q4 Please indicate which populations you work with on a regular basis (please check all that apply).

- Individuals with the most significant disabilities (1)
- Individuals that need long-term supports and extended services to maintain employment (2)
- Individuals that are racial or ethnic minorities (3)
- Individuals from unserved or underserved populations (4)
- Transition-aged youth (14 - 24) (5)
- Individuals served by American Job Centers (formerly referred to as One-Stops or Career Centers funded through the Connecticut Department of Labor) (6)

Q5 Please indicate which of the following services are readily available in your community to the individuals you serve. By "readily available" we mean that services are available in the geographic area where you provide services (check all that apply).

- Job search services (1)
- Job training services (2)
- Other education services (3)
- Assistive technology (4)
- Vehicle modification assistance (5)
- Other transportation assistance (6)
- Income assistance (7)
- Medical treatment (8)
- Mental health treatment (9)
- Substance abuse treatment (10)
- Personal care attendants (11)
- Health insurance (12)
- Housing (13)
- Benefit planning assistance (14)
- Other (please describe) (15) _____

Q6 Services provided by vendors or other service providers: The next section asks you about services provided to BRS consumers through vendors or other service providers.

Q7 In your experience, are vendors/service providers able to meet BRS consumers' vocational rehabilitation service needs?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To What services do you feel DVR does th...

Q8 What service needs are vendors/service providers unable to meet?

Q9 What are the top three reasons that vendors/service providers are generally unable to meet consumers' service needs (Please check only three)?

- Not enough vendors/service providers available in area (2)
- Low quality of vendor/service provider services (3)
- Low rates paid for services (1)
- Low levels of accountability for poor performance by vendors/service providers (6)
- Client barriers prevent successful interactions with vendors (4)
- Other (please describe) (5) _____

Q10 What services do you feel BRS does the best job providing to its clients (either directly or through community partners)?

Q11 Barriers to achieving employment goals: The next section asks you to identify some of the barriers that the individuals you serve experience in trying to achieve their employment goals.

Q12 What would you say are the top three barriers to achieving employment goals for BRS consumers (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q41 Barriers for individuals with the most significant disabilities

Q13 Are the barriers to achieving employment goals for consumers with the most significant disabilities different from the overall population?

- Yes (3)
- No (4)

Q14 What would you say are the top three barriers to achieving employment goals for BRS consumers with the most significant disabilities (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q42 Barriers for youth in transition

Q15 Are the barriers to achieving employment goals for youth in transition different from the overall population?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Are the barriers to achieving employm...

Q16 What would you say are the top three barriers to achieving employment goals for youth in transition (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q43 Barriers for racial or ethnic minorities

Q17 Are the barriers to achieving employment goals for consumers who are racial or ethnic minorities different from the overall population?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Is there anything else we should know...

Q18 What would you say are the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q19 Is there anything else we should know about the primary barriers to achieving employment goals for BRS consumers?

Q20 Barriers to accessing services: The next section asks you to identify barriers that individuals with disabilities might experience in accessing BRS services.

Q21 What would you say are the top three reasons that people with disabilities find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (13)
- BRS staff do not meet clients in the communities where the clients live (11)
- Other (please describe) (10) _____

Q44 Accessing services for individuals with the most significant disabilities

Q22 Are the reasons for finding it difficult to access BRS services by individuals with the most significant disabilities different from the general population of people with disabilities?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Are the reasons for finding it difficult

Q23 What would you say are the top three reasons that individuals with the most significant disabilities find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (13)
- BRS staff do not meet clients in the communities where the clients live (11)
- Other (please describe) (10) _____

Q45 Accessing services for youth in transition

Q24 Are the reasons for finding it difficult to access BRS services by youth in transition different from the general population of people with disabilities?

- Click to write Choice 1 (3)
- Click to write Choice 2 (4)
- Click to write Choice 3 (5)

Q25 What would you say are the top three reasons that youth in transition find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (13)
- BRS staff do not meet clients in the communities where the clients live (11)
- Other (please describe) (10) _____

Q46 Accessing services for racial or ethnic minorities

Q26 Are the reasons for finding it difficult to access BRS services by consumers who are racial or ethnic minorities different from the general population of people with disabilities?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Is there anything else we should know...

Q27 What would you say are the top three reasons that consumers who are racial or ethnic minorities find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (13)
- BRS staff do not meet clients in the communities where the clients live (11)
- Other (please describe) (10) _____

Q28 Is there anything else we should know about why individuals with disabilities find it difficult to access BRS services?

Q29 What is the most important change that BRS could make to support consumers' efforts to achieve their employment goals?

Q30 What is the most important change that vendors/service providers could make to support consumers' efforts to achieve their employment goals?

Q31 What are the top three changes that would enable you to better assist your BRS consumers (please select a maximum of three changes)?

- Smaller caseload (1)
- More streamlined processes (12)
- Better data management tools (3)
- Better assessment tools (4)
- Additional training (5)
- More administrative support (7)
- More supervisor support (8)
- Improved business partnerships (9)
- Decreased procurement time (6)
- More effective community-based service providers (2)
- Increased outreach to clients in their communities (11)
- Increased options for technology use to communicate with clients (23)
- Other (please describe) (10) _____

Q32 Connecticut Department of Labor (DOL) Programs: The next section asks you about the Connecticut Department of Labor programs, often referred to as American Job Centers, and how well they serve individuals with disabilities in Connecticut.

Q33 How frequently do you work with the American Job Centers through the Connecticut Department of Labor in Connecticut?

- Very frequently (1)
- Somewhat frequently (2)
- Infrequently (3)
- Not at all (4)

If Not at all Is Selected, Then Skip To Your feedback is valuable to us, and ...

Q34 In your opinion, how effectively do the American Job Centers through the Connecticut Department of Labor serve individuals with disabilities?

- Very effectively (1)
- Effectively (2)
- Not effectively (3)
- They do not serve individuals with disabilities (4)

Q35 What can the American Job Centers through the Connecticut Department of Labor do to improve services to individuals with disabilities (Check all that apply)?

- Improve physical accessibility (1)
- Improve programmatic accessibility (2)
- Train their staff on how to work with individuals with disabilities (3)
- Include individuals with disabilities when purchasing training for their clients (4)
- Partner more effectively with BRS (5)
- Other (please describe) (6) _____

Q36 Your feedback is valuable to us, and we would like to thank you for taking the time to complete the survey! Please select the "NEXT" button below to submit your responses.

Connecticut Bureau of Rehabilitation Services Partner Survey 2017

Q1 Connecticut Bureau of Rehabilitation Services Community Partner Survey The Connecticut Bureau of Rehabilitation Services (BRS) is working collaboratively with the State Rehabilitation Council and staff at the Interwork Institute at San Diego State University in order to conduct an assessment of the needs of individuals with disabilities who live in Connecticut. The results of this needs assessment will inform the development of the BRS State Plan for providing rehabilitation services and will help planners make decisions about programs and services for persons with disabilities. The following survey includes questions that ask you about the unmet, employment-related needs of persons with disabilities. You will also be asked about the type of work you do and whether you work with specific disability populations. We anticipate that it will take about 20 minutes of your time to complete the survey. Your participation in this needs assessment is voluntary. If you decide to participate, your responses will be anonymous; that is, recorded without any identifying information that is linked to you. You will not be asked for your name anywhere in this survey. If you have any questions regarding this survey or would like to request the survey in an alternate format, please contact Mark Tucker at San Diego State University at the following e-mail address or phone: mtucker@mail.sdsu.edu (619) 594-3498 Thank you for your time and input!

Q2 What is your job title?

Q3 How long have you worked in your agency?

- Less than one year (1)
- 1-5 years (2)
- 6-10 years (3)
- Over 10 years (4)

Q4 Please indicate which client populations you work with on a regular basis (please check all that apply).

- Individuals with most significant disabilities (1)
- Individuals that need long-term supports and extended services to maintain employment (2)
- Individuals that are racial or ethnic minorities (3)
- Individuals from unserved or underserved populations (4)
- Transition-aged youth (14 - 24) (5)
- Individuals served by American Job Centers (formerly referred to as One-Stops or Career Centers funded through the Connecticut Department of Labor) (6)

Q5 Please indicate which of the following services are readily available in your community to the individuals you serve. By "readily available" we mean that services are available in the geographic area where you provide services (check all that apply).

- Job search services (1)
- Job training services (2)
- Other education services (3)
- Assistive technology (4)
- Vehicle modification assistance (5)
- Other transportation assistance (6)
- Income assistance (7)
- Medical treatment (8)
- Mental health treatment (9)
- Substance abuse treatment (10)
- Personal care attendants (11)
- Health insurance (12)
- Housing (13)
- Benefit planning assistance (14)
- Other (please describe) (15) _____
- I do not know which services are readily available to individuals with disabilities who are served by BRS (16)

Q6 Services provided by vendors or other service providers: The next section asks you about services provided to BRS consumers through vendors or other service providers.

Q7 In your experience, is the network of rehabilitation service providers in Connecticut able to meet BRS consumers' vocational rehabilitation service needs?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To What would you say are the top three ...

Q8 What service needs is the network of rehabilitation service providers in Connecticut unable to meet?

Q9 What are the primary reasons that vocational rehabilitation service providers are generally unable to meet consumers' service needs?

- Not enough providers available in area (2)
- Low quality of provider services (3)
- Client barriers prevent successful interactions with providers (4)
- Other (please describe) (5) _____

Q10 Barriers to achieving employment goals: The next section asks you to identify some of the barriers that the individuals you serve experience in trying to achieve their employment goals.

Q11 What would you say are the top three barriers to achieving employment goals for BRS consumers (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q12 Barriers for individuals with the most significant disabilities

Q13 Are the barriers to achieving employment goals for consumers with the most significant disabilities different from the overall population?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Are the barriers to achieving employm...

Q14 What would you say are the top three barriers to achieving employment goals for BRS consumers with the most significant disabilities (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q15 Barriers for youth in transition

Q16 Are the barriers to achieving employment goals for youth in transition different from the overall population?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Are the barriers to achieving employment...

Q17 What would you say are the top three barriers to achieving employment goals for youth in transition (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q18 Barriers for racial or ethnic minorities

Q19 Are the barriers to achieving employment goals for consumers who are racial or ethnic minorities different from the overall population?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Is there anything else we should know...

Q20 What would you say are the top three barriers to achieving employment goals for consumers who are racial or ethnic minorities (please select a maximum of three barriers to achieving employment goals)?

- Not having education or training (1)
- Not having job skills (2)
- Little or no work experience (48)
- Not having job search skills (3)
- Convictions for criminal offenses (32)
- Language barriers (4)
- Poor social skills (18)
- Not enough jobs available (5)
- Employers' perceptions about employing persons with disabilities (6)
- Not having disability-related accommodations (7)
- Lack of help with disability-related personal care (8)
- Disability-related transportation issues (9)
- Other transportation issues (10)
- Mental health issues (11)
- Substance abuse issues (12)
- Other health issues (13)
- Childcare issues (14)
- Housing issues (15)
- Perceptions regarding the impact of income on Social Security benefits (16)
- Other (please describe) (17) _____

Q21 Is there anything else we should know about the primary barriers to achieving employment goals for BRS consumers?

Q22 Barriers to accessing services: The next section asks you to identify barriers that individuals with disabilities might experience in accessing BRS services.

Q23 What would you say are the top three reasons that people with disabilities find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (11)
- Difficulties accessing training or education programs (9)
- BRS staff do not meet clients in the communities where the clients live (12)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (15)
- BRS staff are not responsive to communication from clients or potential clients (13)
- Other (please describe) (10) _____

Q24 Accessing services for individuals with the most significant disabilities

Q25 Are the reasons for finding it difficult to access BRS services by individuals with the most significant disabilities different from the general population of people with disabilities?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Are the reasons for finding it difficult...

Q26 What would you say are the top three reasons that individuals with the most significant disabilities find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- BRS staff do not meet clients in the communities where the clients live (11)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (14)
- BRS staff are not responsive to communication from clients or potential clients (12)
- Other (please describe) (10) _____

Q27 Accessing services for youth in transition

Q28 Are the reasons for finding it difficult to access BRS services by youth in transition different from the general population of people with disabilities?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Are the reasons for finding it diffic...

Q29 What would you say are the top three reasons that youth in transition find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- BRS staff do not meet clients in the communities where the clients live (11)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (14)
- BRS staff are not responsive to communication from clients or potential clients (12)
- Other (please describe) (10) _____

Q30 Accessing services for racial or ethnic minorities

Q31 Are the reasons for finding it difficult to access BRS services by consumers who are racial or ethnic minorities different from the general population of people with disabilities?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Is there anything else we should know...

Q32 What would you say are the top three reasons that consumers who are racial or ethnic minorities find it difficult to access BRS services (please select a maximum of three reasons)?

- Limited accessibility of BRS via public transportation (1)
- Other challenges related to the physical location of the BRS office (2)
- Inadequate disability-related accommodations (3)
- Language barriers (4)
- Difficulties completing the application (5)
- Difficulties completing the Individualized Plan for Employment (6)
- Inadequate accessing assessment services (7)
- Slow service delivery (8)
- Difficulties accessing training or education programs (9)
- BRS staff do not meet clients in the communities where the clients live (11)
- Lack of options for the use of technology to communicate with BRS staff such as Skype, text, etc. (14)
- BRS staff are not responsive to communication from clients or potential clients (12)
- Other (please describe) (10) _____

Q33 Is there anything else we should know about why individuals with disabilities find it difficult to access BRS services?

Q34 What is the most important change that BRS could make to support consumers' efforts to achieve their employment goals?

Q35 What is the most important change that the network or rehabilitation service providers in Connecticut could make to support consumers' efforts to achieve their employment goals?

Q36 Your feedback is valuable to us, and we would like to thank you for taking the time to complete the survey! Please select the "NEXT" button below to submit your responses.

Connecticut Bureau of Rehabilitation Services Business Survey 2017

The purpose of this survey is to learn more about the needs of businesses and employers with respect to partnering with the Connecticut Bureau of Rehabilitation Services (BRS), a division of the Department of Rehabilitation Services (DORS), and employing and accommodating workers with disabilities. The information that you provide will help BRS to more effectively respond to the needs of businesses and will influence the planning and delivery of vocational services to persons with disabilities. For the purposes of our survey, an individual with a disability is a person who: This survey will take approximately to complete. Your responses will be kept confidential and you will not be asked for your name or the name of your organization anyin the survey Please select the response to each question that best describes your needs at this time.
 Thank you for your time and input

Q2 Disability in the Workplace: Does your business need help... (select one response for each question)

	Yes	No
Understanding disability-related legislation such as the Americans with Disabilities Act, the Workforce Innovation and Opportunity Act and/or the Rehabilitation Act?	<input type="radio"/>	<input type="radio"/>
Identifying job accommodations for workers with disabilities?	<input type="radio"/>	<input type="radio"/>
Recruiting job applicants who are people with disabilities?	<input type="radio"/>	<input type="radio"/>
Helping workers with disabilities to retain employment?	<input type="radio"/>	<input type="radio"/>
Obtaining training on the different types of disabilities?	<input type="radio"/>	<input type="radio"/>
Obtaining training on disability awareness?	<input type="radio"/>	<input type="radio"/>
Obtaining incentives for employing workers with disabilities?	<input type="radio"/>	<input type="radio"/>
Obtaining information about On-The-Job (OJT) training programs available for workers with disabilities?	<input type="radio"/>	<input type="radio"/>
Obtaining information such as mentoring opportunities or work experiences for students with disabilities	<input type="radio"/>	<input type="radio"/>

Q3 If you have additional comments or needs regarding disability concerns in the workplace, please describe them in the space below.

Q4 Regarding applicants with disabilities: With respect to applicants with disabilities, does your business need help... (select one response for each question)

	Yes	No
Recruiting applicants who meet the job qualifications?	<input type="radio"/>	<input type="radio"/>
Recruiting applicants with good work habits?	<input type="radio"/>	<input type="radio"/>
Recruiting applicants with good social/interpersonal skills?	<input type="radio"/>	<input type="radio"/>
Assessing applicants' skills?	<input type="radio"/>	<input type="radio"/>
Discussing reasonable job accommodations with applicants?	<input type="radio"/>	<input type="radio"/>
Identifying reasonable job accommodations for applicants?	<input type="radio"/>	<input type="radio"/>

Q5 If you would like to comment further on any of your answers above, or if you have additional comments or needs regarding applicants with disabilities, please describe them in the space below.

Q6 Regarding employees with disabilities: With respect to employees with disabilities you have now or have had in the past, what are the top three challenges you have experienced with them regarding job retention? (select a maximum of three items)

- Poor attendance
- Difficulty learning job skills
- Slow work speed
- Poor work stamina
- Poor social skills
- Physical health concerns
- Mental health concerns
- Communication barriers
- Cultural barriers
- Identifying effective accommodations
- Lack of transportation
- Managing changes in job tasks, description or duties
- Expanding the understanding/acceptance of staff
- Overcoming perceived/expected barriers
- Employee took another job
- Other (please describe) _____

Q7 If you have additional comments or needs regarding employees with disabilities, please describe them in the space below.

Q8 How would you rate your knowledge of BRS and the services they can provide to businesses?

- Very knowledgeable
- Somewhat knowledgeable
- Little or no knowledge

Q9 Have you utilized any of the services provided to businesses by BRS?

- Yes
- No
- I don't know

Q10 Which of the following services did BRS provide to your business (please select all that apply)?

- Training in understanding disability-related legislation such as the Americans with Disabilities Act, the Workforce Innovation and Opportunity Act and/or the Rehabilitation Act?
- Assistance identifying job accommodations for workers with disabilities?
- Recruiting job applicants who are people with disabilities?
- Helping workers with disabilities to retain employment?
- Obtaining training on the different types of disabilities?
- Obtaining training on sensitivity to workers with disabilities?
- Obtaining incentives for employing workers with disabilities?
- Obtaining information on training programs available for workers with disabilities?
- Recruiting applicants who meet the job qualifications?
- Recruiting applicants with good work habits?
- Recruiting applicants with good social/interpersonal skills?
- Assessing Applicants' skills?
- Discussing reasonable job accommodations with applicants?
- Identifying reasonable job accommodations for applicants?
- Other (please describe) _____
- None, but look forward to working with BRS

Q11 How satisfied were you with the services you received from BRS?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Q12 Which of the following best describes your type of business? (select one response)

- Service
- Retail
- Manufacturing
- Agriculture/Forestry/Fishing
- Construction
- Government
- Education
- Health care
- Banking/Finance
- Other (please describe) _____

Q13 If your business has any needs related to applicants or workers with disabilities that are not currently being met please describe them here:

Q14 How many years has your business been in operation?

Q15 How many people are employed at your business? (select one response)

- 1 - 15
- 16 - 50
- 51 - 250
- 251 - 999
- 1,000 or more

Q16 Your feedback is valuable to us, and we would like to thank you for taking the time to complete the survey! Please select the "NEXT" button below to submit your responses.